

TECHNICAL REPORT

ABOUT THE VULNERABILITY OF THE XAVANTE PEOPLE TO THE COVID-19 PANDEMIC



THIS TECHNICAL REPORT ANALYZES THE SITUATION OF XAVANTE SOCIETY IN THE FACE OF THE CURRENT COVID-19 PANDEMIC, INDICATING FACTORS THAT MAKE THIS INDIGENOUS PEOPLE HIGHLY VULNERABLE TO THE DISEASE. These factors justify urgent, special procedures that should be adopted by the public authorities to protect the lives of the most numerous indigenous populace in the state of Mato Grosso.

The recent death of a Xavante baby, the first death among the indigenous population of the state, indicates the need for an in-depth discussion regarding the matter and points to a series of aggravating factors that, due to the current circumstances, can contribute to an accelerated and deadly spread of the disease.

Among the main factors that contribute to the increased vulnerability of the Xavante people are the **precarious and insufficient basic healthcare infrastructure available to them, specific socio-cultural aspects of their communities, their epidemiological profile, and outside threats encroaching on Xavante lands.**

As of May 29th, 2020, out of the four individuals who tested positive for COVID-19 among the indigenous populace of Mato Grosso, every one of them was Xavante, three of which were from the Marãiwatsédé Indigenous Land.



THE PANDEMIC AND SESAI PROTOCOLS AND STANDARDS

ON JANUARY 30th, 2020, THE WORLD HEALTH ORGANIZATION (WHO) DECLARED THAT THE OUTBREAK CAUSED BY THE NOVEL CORONAVIRUS (COVID-19) CONSTITUTED A **PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**. On March 11th, 2020, because outbreaks of COVID-19 had emerged in several countries and regions around the world, the spread of the disease was characterized as having reached the level of a pandemic. In Brazil, on February 3rd, 2020, the Brazilian Health Department recognized that the arrival of the disease constituted a **public health emergency of national concern** and on March 20th, declared that **community spread** of COVID-19 was taking place throughout the country, meaning that it was impossible to track the origin (epidemiological link) of the majority of SARS-CoV-2 infections. Certain segments of the population are especially vulnerable to the respiratory infection caused by the novel coronavirus, presenting a high risk of developing the most severe cases of the COVID-19 disease. The groups considered to be at highest risk include the elderly, pregnant women, women who have recently given birth, and people with comorbidities such as high blood pressure, diabetes, and obesity, among others.

Historically, indigenous populations have been more vulnerable to respiratory infections due to both immunological issues and their communal ways of life. In the case of COVID-19, this vulnerability is also increased by the social conditions and health situations of the different ethnic groups that originally inhabited Brazil. Furthermore, it is unknown how the infection caused by the novel coronavirus may develop among indigenous communities or what its impact on different ethnic groups may be.

The *Plano de Contingência Nacional para Infecção Humana pelo novo coronavírus (Covid-19) em Povos Indígenas (National Contingency Plan for Human Infection of the Novel Coronavirus (COVID-19) among Indigenous Peoples)*¹ presents the disease prevention and control measures being taken by the Subsistema de Atenção à Saúde Indígena (Indigenous Health Subsystem or SASISUS) with regard to the indigenous population of Brazil in the face of the pandemic. **These measures are organized according to different response levels that reflect the advance of the pandemic on indigenous communities.** The plan proposes measures according to three levels of response to the spread of the novel coronavirus: Warning, Imminent Danger, and Public Health Emergency. The Warning response level corresponds to a situation in which the risk of the SARS-CoV-2 virus being introduced to Brazil is high, but there are no suspected cases.² The Imminent Danger response level corresponds to a situation in which there is confirmation of a suspected case.³ And finally, the

Public Health Emergency of National Significance (ESPIN of its initials in Portuguese) response level corresponds to a situation in which there is confirmation of transmission of the first case of the novel coronavirus in the country or recognition of an ESPII (Public Health Emergency of International Significance) declared by the WHO⁴.

1 HEALTH DEPARTMENT. *Plano de Contingência Nacional para Infecção Humana pelo novo Coronavírus (COVID-19) em Povos Indígenas*. Brasília, Distrito Federal, 2020a.

2 BRAZILIAN HEALTH DEPARTMENT, 2020a: 4.

3 BRAZILIAN HEALTH DEPARTMENT, 2020a: 9.

4 BRAZILIAN HEALTH DEPARTMENT, 2020a: 15

Although the federal Health Department has recognized community transmission of the novel coronavirus within Brazil, the Secretária Especial de Saúde Indígena (Special Department of Indigenous Health or SESI) has not yet recognized that this is the case in indigenous villages, despite the fact that numerous cases of COVID-19 have been confirmed among a number of indigenous communities of different ethnicities, including the Xavantes. This position, as is to be expected, has influenced the stance of the Distritos Sanitários Especiais Indígenas (Special Indigenous Health Districts or DSEIs), as we can conclude from their document *Plano de Contingência sobre Infecção Humana pelo novo Coronavírus (COVID-19) em Povos Indígenas do Distrito Sanitário Especial Indígena Xavante (Contingency Plan for Human Infection by the Novel Coronavirus (COVID-19) among Indigenous People in the Xavante Special Indigenous Health District⁵)*, hereafter referred to as "PC-DSEI Xavante," when reading the following lines:

[U]ntil community transmission begins to appear in the villages, cases of flu-like illness (ILI) and Severe Acute Respiratory Syndrome (SARS) that do not meet the clinical-epidemiological criteria for COVID-19, must be registered according to the recommendations of the Influenza Monitoring Protocol: ILI or SARS⁶.

Since the social network and interactions of many different indigenous peoples in Brazil are not limited to their lands but extend to farms, settlements, other indigenous lands, surrounding cities, and even other states and countries, it is imperative that the Secretaria Especial de Saúde Indígena (SESAI) recognize that indigenous communities are also effectively facing a situation of community transmission and, this being the case, it should declare a Public Health Emergency to direct the DSEIs to swiftly take action with indigenous people to combat the COVID-19 pandemic. In Mato Grosso, it is very common to have a high presence of indigenous people in the cities surrounding their lands, especially Xavantes, and this has been a concern for health authorities and the Federal Prosecutor's Office in the city of Barra do Garças.

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THE INDIGENOUS HEALTHCARE INFRASTRUCTURE OF XAVANTE TERRITORY AND THOSE WHO DEPEND ON IT

THE MORE THAN 55,000 INDIGENOUS PEOPLE LIVING IN MATO GROSSO RECEIVE HEALTHCARE FROM SIX DSEIs. The Xavante people, the most numerous indigenous people in the state, with a total of 21,433 individuals living on nine indigenous lands, are served by the Xavante DSEI. Despite the Xavante being the most prominent indigenous ethnicity, the public healthcare facilities dedicated to providing care to them are proportionally fewer than those available to other indigenous groups, according to research by OPAN.

5 BRAZILIAN HEALTH DEPARTMENT. *Plano de Contingência sobre Infecção Humana pelo novo Coronavírus (COVID-19) em Povos Indígenas do Distrito Sanitário Especial Indígena Xavante*. Barra do Garças, 2020b.

6 BRAZILIAN HEALTH DEPARTMENT, 2020b: 51.

We present below (tables 1 and 2) information about population, ethnicity, healthcare units of the DSEIs of Mato Grosso, and the relationship between the number of people served and the available infrastructures, restricted here, by way of example, to the Unidades Básicas de Saúde Indígena (Basic Indigenous Healthcare Clinics or UBSIs)⁷, the Polos Base de Saúde Indígena (Main Indigenous Healthcare Clinics)⁸ and the Indigenous Health Support Houses (CASAI)⁹.

TABLE 1
GENERAL INFORMATION ABOUT INDIGENOUS HEALTHCARE UNITS IN MATO GROSSO¹⁰

DSEI	STATE	POPULATION	VILLAGES	UBSI	MAIN CLINIC	CASAI
Xavante DSEI	Mato Grosso	21,433	317	32 ¹¹	6	2
Cuiabá DSEI	Mato Grosso	8,667	178	51	11	4
Xingu DSEI	Mato Grosso	8,000	109	23	4	4
Araguaia DSEI	Mato Grosso	6,290	40	19	4	0
Kaiapó DSEI in Mato Grosso	Mato Grosso	4,939	53	24	3	3
Vilhena DSEI ¹²	Rondônia	5,933	187	27	5	5

TABLE 2
NUMBER OF PEOPLE SERVED PER HEALTHCARE UNIT AND INDIGENOUS HEALTH MANAGEMENT IN THE DSEIs OF MATO GROSSO

DSEI	STATE	POPULATION	UBSI*	CENTER**	CASAI***
Xavante DSEI	Mato Grosso	21,433	1 UBSI for 670 people	1 Polo Base for 3,572 people	1 CASAI for 10,717 people
Cuiabá DSEI	Mato Grosso	8,667	1 UBSI for 170 people	1 Polo Base for 788 people	1 CASAI for 2,167 people
Xingu DSEI	Mato Grosso	8,000	1 UBSI for 348 people	1 Polo Base for 2,000 people	1 CASAI for 2,000 people
Araguaia DSEI	Mato Grosso	6,290	1 UBSI for 331 people	1 Polo Base for 1,573 people	Non-existent
Kaiapó DSEI in Mato Grosso	Mato Grosso	4,939	1 UBSI for 206 people	1 Polo Base for 1,646 people	1 CASAI for 1,646 people
Vilhena DSEI	Rondônia	5,933	1 UBSI for 220 people	1 Polo Base for 1,187 people	1 CASAI for 1,187 people

7 This is a healthcare clinic, equivalent to healthcare clinics, healthcare units or healthcare centers existing in all municipalities in Brazil where public medical and dental care is offered.

8 These are the first reference for the Equipes Multidisciplinares de Saúde Indígena (Multidisciplinary Indigenous Health Teams or EMSIs), who are responsible for providing care in several villages, which may or may not have a UBSI.

9 Houses that host indigenous people and their companions when visiting the cities for healthcare reasons.

10 Information available at <http://saudeindigena.net.br/dsei/>. Accessed on April 3, 2020.

11 According to the Xavante DSEI District Plan, only 28 of this total are active (BRAZILIAN HEALTH DEPARTMENT, 2020b: 56).

12 Vilhena DSEI is included in this list because it serves the Arara, Cinta Larga, Nambikwara, and Rikbaktsa peoples, inhabitants of Mato Grosso.

From this information, it can be seen that the Xavante DSEI is the district in the most critical situation with regard to its infrastructure. There are 670 Xavantes for each Unidade Básica de Saúde Indígena (UBSI), whereas, in the Xingu DSEI, the second most critical, that figure drops to 348, almost half. In the Cuiabá DSEI, the ratio is 170 people per UBSI. According to data from the Xavante PC-DSEI, only 8.5% of Xavante villages have a UBSI¹³, which leaves about 91.5% of the local communities outside health monitoring measures most of the time. This limitation is recognized in the same document when considering cases of acute respiratory infection (ARI), where it states that "there are villages in which there are no healthcare professionals available at all times, which hinders health monitoring and registration of cases in these villages, in addition to possibly contributing to acute respiratory infections being under-reported in these DSEIs."¹⁴

ARIs are respiratory tract infections caused by viruses (about 90% of cases), bacteria, and other microorganisms that cause illnesses with varying degrees of severity, ranging from temporary and bearable discomfort, such as in the case of flu-like illness (ILI), to severe cases leading to severe acute respiratory syndrome (SARS), which can be fatal. Included in the various viruses that can cause ARIs are those in the coronavirus family, including SARS-CoV-2, the virus that causes COVID-19.

Also regarding the limitations of the monitoring and the registration of IRA, in the District Plan of Xavante DSEI it is asserted that "there are villages in which they do not have professionals available during all epidemiological weeks, and **in some cases, EMSIs¹⁵ are only able to visit them once every 15 days or even only once a month¹⁶.**" It is unclear whether and how the Xavante DSEI intends to correct this issue, which can significantly compromise its ability to manage and identify cases of COVID-19. This measure is included in the Contingency Plan of the Xavante DSEI, as the symptoms of COVID-19 are similar to other types of ARIs.

With regard to the Polos Base de Saúde Indígena, the ratio of Xavante to each one is 3,572, while in the Xingu DSEI, which has the second-highest ratio of patients to Polos Base, the number is 2,000. When it comes to the availability of Casas de Apoio à Saúde Indígena (Indigenous Health Support Houses or CASAI) the situation is even more severe: there are 10,716 individuals for each house in the Xavante DSEI, almost five times more than the district with the second-highest ratio, the Cuiabá DSEI, which has 2,167 people per CASAI.

It is not only the lack of basic healthcare infrastructure that makes the Xavante one of the indigenous peoples most vulnerable to COVID-19 in the state of Mato Grosso, but also socio-cultural aspects of their communities and, primarily, their epidemiological profile. In addition to high rates of ARIs, which mainly affect children and the elderly¹⁷, the Xavante also are experiencing an epidemiological transition process marked by the emergence of high rates of chronic non-communicable diseases, such as hypertension, diabetes, and obesity.¹⁸

¹³ BRAZILIAN HEALTH DEPARTMENT, 2020b: 9.

¹⁴ BRAZILIAN HEALTH DEPARTMENT, 2020b: 14.

¹⁵ Equipes Multidisciplinares de Saúde Indígena (Multidisciplinary Indigenous Health Teams).

¹⁶ BRAZILIAN HEALTH DEPARTMENT, 2020c: 64 (emphasis ours).

¹⁷ BRAZILIAN HEALTH DEPARTMENT, 2020b: 10-15.

¹⁸ BRAZILIAN HEALTH DEPARTMENT, 2020c: 15-17.

These conditions, which are comorbidities that can complicate cases of COVID-19, tend to increase the vulnerability of this population to SARS-CoV-2.

An article published in a medical journal¹⁹ that presented the results of a research on the Xavante living on the São Marcos and Sangradouro Indigenous Lands reported that 66% of the Xavantes over 20 years old included in the study were found to have metabolic syndrome, a condition in which the risk factors for cardiovascular diseases and diabetes occur in the same individual. Comorbidity rates seem to indicate that a large contingent of the Xavante population is in a high-risk group for COVID-19, especially women, as 76.2% of them were found to have metabolic syndrome. In comparison, 55.6%²⁰ of men were found to have the syndrome.

Furthermore, the way in which Xavante villages are organized, with houses built close to one another, added to the high number of residents per house, and the dynamic of social life in these villages, in which daily contact between members of the village is inevitable, can facilitate the spread of the virus. More sensitive aspects of Xavante culture, such as burial customs, for example, present considerable potential to become factors that highly increase the spread of COVID-19 in Xavante villages. As these are sensitive issues, effective intercultural dialogue leading to concrete results with regard to the education and mobilization of these communities in relation to the spread of the disease is essential for the successful implementation of any indigenous health policy addressing the pandemic.

Such being the case, the recently-published Technical Opinion nº 1/2020²¹, of the Rede Interinstitucional de Saúde Mental do Povo Indígena Xavante (Inter-institutional Mental Health Network of the Xavante Indigenous People) presents a consistent ethnographic synthesis of Xavante funerary customs, points out their potential for facilitating the spread of the disease, and presents guidelines and recommendations in the case that a Xavante dies of COVID-19, considering the possibility of a:

[C]lash between the normal procedures of the villages with the protocols and rules established by non-indigenous public health agencies. Thus, we believe that, at the present time, trying to prevent traditional funerary customs entirely can result in strong resistance from the indigenous community, which can lead to a total breach of any protocol required to curb the transmission of the virus.²²

After reaffirming the seriousness of the COVID-19 pandemic, the note emphasizes the need to comply with the recommendations of the Brazilian Health Department²³ regarding the management of bodies in the face of the threat of the novel coronavirus for containing

19 SOARES, Luana Padua *et al.* Prevalence of metabolic syndrome in the Brazilian Xavante indigenous population. In: **Diabetology & Metabolic Syndrome**, Volume 7, 2015.

20 SOARES, Luana Padua *et al.*, 2015: 3.

21 REDE INTERINSTITUCIONAL DE SAÚDE MENTAL DO POVO INDÍGENA XAVANTE. (INTER-INSTITUTIONAL MENTAL HEALTH NETWORK OF THE XAVANTE INDIGENOUS PEOPLE). **Technical Opinion no. 1 - "Processo de luto na covid-19: orientações e estratégias de abordagem e cuidado ao povo indígena Xavante"** ("Mourning Process in the Face of COVID-19: Guidelines and Strategies for Approaching and Providing Care to the Xavante Indigenous People"). Barra do Garças, 2020.

22 REDE INTERINSTITUCIONAL DE SAÚDE MENTAL DO POVO INDÍGENA XAVANTE, 2020: 9.

23 BRAZILIAN HEALTH DEPARTMENT. **Manejo de corpos no contexto do novo Coronavírus (Managing Bodies in the Context of the Novel Coronavirus)** – COVID19, v. 1, Brasília, Distrito Federal, 2020d.

its spread, especially in communities with a high level of vulnerability and a high potential for contamination, such as those of the Xavante. We believe that the series of orientations and recommendations provided in this technical opinion²⁴ constitute an essential resource for preventing the spread of COVID-19 among the Xavante through their funerary customs. A possible result of the absence of intercultural dialogue regarding these circumstances is the families may refuse to allow relatives suspected of having contracted COVID-19 to be transported from their villages for treatment in the cities, due to the risk that their bodies may not return to their home villages if they die.

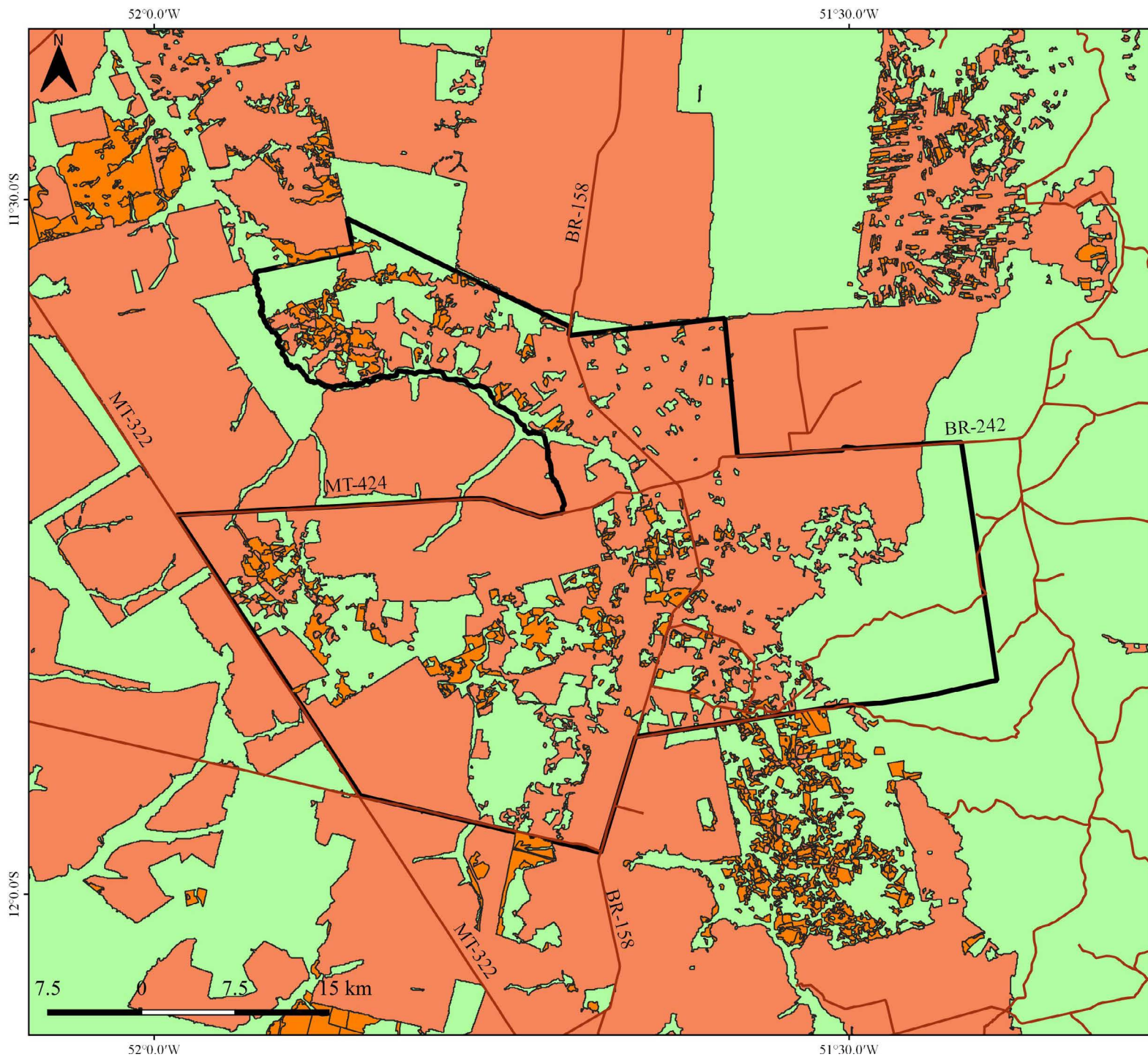
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**REPORT OF THE FIRST DEATH DUE TO COVID-19
AMONG THE XAVANTE**

3.1. THE MARÃIWATSÉDÉ INDIGENOUS LAND AND ITS VULNERABILITIES

THE MARÃIWATSÉDÉ INDIGENOUS LAND IS LOCATED IN THE NORTHEAST OF MATO GROSSO, IN A BIOME TRANSITION REGION BETWEEN THE CERRADO TROPICAL SAVANNA AND THE AMAZON RAIN-FOREST, AT THE INTERFLUVE BETWEEN THE XINGU AND ARAGUAIA RIVERS. The area was occupied by agricultural operations during the period in which the Xavante lived outside their lands, between the years 1966 and 2004, after being removed without understanding that they would not be allowed to return. Marãiwatsédé is one of the most deforested indigenous lands in the Legal Amazon, with more than 70% of its native vegetation having been converted to pasture or farmland during the years it was in possession of non-Indigenous landholders, and this has compromised the Xavantes ability to engage in traditional subsistence activities.

24 REDE INTERINSTITUCIONAL DE SAÚDE MENTAL DO POVO INDÍGENA XAVANTE, 2020: 10-12.



**ACCUMULATED DEFORESTATION
IN THE MARÃIWATSÉDÉ
INDIGENOUS LAND
BETWEEN 1988 AND 2018**



Legend

- Roads
- Mato Grosso
- T.I. Marãiwatsédé
- Deforestation between 1988-2007
- Deforestation between 2008-2018

Sistema de Referência Geográfica: SIRGAS 2000
 Fonte:
 Desmatamento (MAPBIOMAS, 2020)
 Terras indígenas (FUNAI, 2020)
 Limite Estadual (IBGE, 2015)
 Rodovias (DNIT, 2015)

Autor: Ricardo da Costa Carvalho, 2020.

Contrary to most indigenous lands, anyone who wants to can travel through Marãiwatsédé, as it is located where the highways BR-158 and MT-424/BR-242 meet, both of which are still unpaved. This allows for a high flow of regular automobile traffic, originating from various locations, through the indigenous land without any kind of disease control.

Because these highways make it difficult to ensure the security of the indigenous land, the Xavante have been demanding that something be done about the matter since 2013, when the remaining illegal occupants were evicted by an operation commanded by the federal government. But not only has this frequent, unregulated flow of traffic been allowed to continue, there has also been pressure to pave the highways. The Xavante have demanded that the promised paving of BR-158 divert the highway from the indigenous land in a way that maintains the integrity of Marãiwatsédé's territory and prevents the unregulated entrance of outsiders.

Sensitive to this issue, in July 2019, the Federal Prosecutor's Office in Barra do Garças filed a public-interest civil action to, among other things, close the stretch of the BR-158 that passes through the Marãiwatsédé Indigenous Land. However, during this very month, May 2020, in addition to the intense flow of trucks, the indigenous people have seen people grading the highway.

Due to the threat that the spread of the novel coronavirus poses, ensuring the health and safety of the Xavante requires that access of non-indigenous people to Marãiwatsédé be restricted or that checkpoints be established at the entrances for the purposes of conducting rigorous disease control and prevention, to reinforce the social distancing required to combat the COVID-19 pandemic.

In the Marãiwatsédé Indigenous Land, there is only one Basic Indigenous Health Unit to serve its 1057 Xavante residents, approximately 400 people more than the average number of individuals per UBSI in the Xavante DSEI. The medical staff of the Marãiwatsédé Polo Base, which is responsible for providing healthcare to the communities in this indigenous land, are composed of a dentist, a nurse, four nurse technicians (one of which has taken a leave of absence and hasn't been substituted), four Agentes Indígenas de Saude (Indigenous Health Agents or AISs), three Agentes Indígenas de Saneamento (Indigenous Disease Control Agents or AISANs), and one dental assistant to provide care to the entire population of nine villages spread over an area of 165,000 hectares. There has been no doctor on staff for almost a year.

If we consider that this staff should be split into two groups working 20 days a month with 10 days off, this would indicate that, for at least a certain period, the Marãiwatsédé medical team is even more short-staffed, as, in addition to there being no doctor available, there are not enough nurses and nurse technicians for both groups. Thus, during a certain period each month, the staff is short either a nurse or a nurse technician.

In addition to the medical staff being short-staffed, at least four villages lack an AIS, which makes it impossible to actively monitor for cases of COVID-19 in accordance with the recommendations of the PC – DSEI Xavante.²⁵ As explained earlier, there is a shortage of the healthcare professionals required to meet the minimum requirements for carrying out effective monitoring and registration of cases of respiratory infections, which hinders the effective implementation of the PC – DSEI Xavante.

²⁵ BRAZILIAN HEALTH DEPARTMENT, 2020b: 24.

Though SESAI issued Ordinance 55 on April 13th, 2020, calling for a Rapid Response Team formed by a doctor, two nurses, and four nursing technicians to be hired for each DSEI, as of the completion of this technical report, the Xavante DSEI has yet to confirm if it has hired such a team.

To further aggravate the situation, the UBSI lacks the minimum assortment and quantity of medications it requires to provide adequate care to the Xavante. In early May, concerned about the spread of COVID-19, caciques from all the Marãiwatsédé villages and several leaders of the indigenous land signed a letter submitted to Federal Prosecutor's Office reporting the lack of basic medications, many of which are used to treat cases of flu-like illness (ILI) and other diseases that affect the respiratory system and can be suspected as COVID-19, in accordance with the *Protocolo de Manejo Clínico do Coronavírus (Covid-19) na Atenção Primária à Saúde Saúde (Primary Healthcare Novel Coronavirus (COVID-19) Clinical Management Protocol)*²⁶, which can hinder early detection of the disease. There is also not enough Personal Protective Equipment (PPE) for health professionals or to meet the demand in relation to suspected cases of the disease and the individuals who come into contact with them.

It was under these circumstances that, on May 20th, 2020, the National Indian Foundation (FUNAI) issued an official note that made public the death of a child from Marãiwatsédé due to COVID-19, which occurred nine days previously. On May 14th, SESAI had issued a note stating that a Xavante woman who has been frequenting the CASAI in Barra do Garças since 2015 for hemodialysis treatments at the Araguaia Institute of Nephrology, had tested positive for the novel coronavirus²⁷. This result was later confirmed, and the woman has been hospitalized in Barra do Garças.

Finally, on May 22nd, an elder from the Marãiwatsédé Indigenous Land, who is over 70 years old, was hospitalized in the city of Água Boa for respiratory failure, among other issues. He was intubated and, on May 24th, was transferred via air ambulance to the Regional Hospital in the city of Sinop due to the gravity of his situation. Due to suspicion of COVID-19, he was tested on May 22nd. The test came back positive days later, making him the second confirmed case of COVID-19 from Marãiwatsédé and the third among the Xavante people. On May 27th, the maternal grandfather of the baby from Marãiwatsédé who died from COVID-19 was admitted to the Alto Boa Vista Hospital and, after being transferred to São Félix do Araguaia, tested positive, according to initial reports on the case. Nonetheless, he returned to his village.

3.2. OFFICIAL INFORMATION ABOUT THE CHILD'S TEST

In Informative Bulletin no. 72 of May 19th, 2020, the Mato Grosso State Health Department (SES) announced the first death from COVID-19 in the municipality of Alto Boa Vista, in which the Marãiwatsédé Indigenous Land is located, where there had been no registered suspected cases. The following day, FUNAI issued a condolences message²⁸ lamenting the death of

26 BRAZILIAN HEALTH DEPARTMENT. "Protocolo de manejo clínico do coronavírus (covid-19) na atenção primária à saúde" ("Primary Healthcare Clinical Management Protocol for the Novel Coronavirus (COVID-19)"). Brasília, Distrito Federal, 2020e.

27 SECRETARIA ESPECIAL DE SAÚDE INDÍGENA (SESAI). "Indígena do Distrito Sanitário Especial Indígena Xavante, de 40 anos, testa positivo para COVID19" ("Forty-Year-Old Indigenous Man from the Xavante Special Indigenous Health District Tests Positive for COVID-19"). Brasília, Distrito Federal, 2020a.

28 <http://www.funai.gov.br/index.php/comunicacao/noticias/6141-nota-de-pesar-covid-xavante>. Accessed May 22nd, 2020.

the 8-month-old Xavante baby who had been diagnosed with the novel coronavirus in an examination released on May 19th. On May 21st, the Brazilian Health Department, through the Xavante DSEI, administered by SESAI, issued a press release in which it informed that, on May 8th, the Xavante child:

[P]resented with respiratory symptoms and was referred to the healthcare clinic in the municipality of Bom Jesus do Araguaia, on May 10th. Due to his clinical condition, the patient was transferred to Paulo Alemão Regional Hospital, located in the municipality of Água Boa, Mato Grosso. After the patient was admitted, he began to present signs of severe acute respiratory syndrome (SARS), and a naso/oropharyngeal sample was collected and sent to the Laboratório Central de Saúde Pública de Mato Grosso (Mato Grosso Central Public Health Laboratory or LACEN), in Cuiabá, for an RT-PCR test, which came back positive for COVID-19 on May 18th.

SESAI received the corrected death certificate on 5/21, which includes COVID-19 among the causes of death. The Xavante DSEI reports that it was only informed about the patient's suspected infection by the novel coronavirus and the circumstances of the case on 5/19, when it received the positive result of the exam, and that, since then, it has been conducting an epidemiological investigation to identify the source of infection and adopting all the orientation, education, and active search measures necessary to combat COVID-19.²⁹

No other suspected cases of COVID-19 in Alto Boa Vista in or Marãiwatsédé have been reported before or after the death of the Xavante baby, according to the SES newsletters and SESAI Epidemiological Bulletins published up to May 27th.

3.3. WHAT THE XAVANTE OF MARÃIWATSÉDÉ SAY

The Xavante of Marãiwatsédé issued a note dated May 24th in which they categorically denied that the child had contracted COVID-19. They claim that the baby was born prematurely at six months, and that, on May 10th, the child, who was suffering from malnutrition and dehydration, was taken from the village by the healthcare team to receive care in the city of Bom Jesus do Araguaia, about 37 miles away from the village, due to the absence of a doctor at the Marãiwatsédé Polo Base for almost a year.

They relate that, because he could not receive the care he needed at Bom Jesus de Araguaia, the child was transferred to the hospital in Água Boa, 161 miles away from the village, where he was intubated without the parents' knowledge, and died the following day, May 11th. The body of the child was then returned to the village in Marãiwatsédé, where a traditional funeral was held with an open casket. During the funeral, they noticed blood coming from the child's mouth. Another detail they gave as evidence that the child had not contracted COVID-19 was

²⁹ SECRETARIA ESPECIAL DE SAÚDE INDÍGENA (SESAI). *Atualização do caso de Falecimento de criança indígena do Distrito Sanitário Especial Indígena Xavante – MT*. Brasília, Distrito Federal, 2020b.

that, in addition to the child not having a cough or fever before being hospitalized, no one in the family, who lived with the child and attended his funeral, had shown symptoms of having contracted the novel coronavirus.

3.4. OTHER INFORMATION

Based on information collected by OPAN, the child arrived at the Paulo Alemão Regional Hospital in Água Boa with severe malnutrition and dehydration and showed signs of respiratory illness. Due to this fact, in accordance with the Brazilian Health Department's protocols, the patient was classified as a suspected case of COVID-19, and a sample was collected for an RT-PCR test the day after the child was admitted, May 11th. Also, in accordance with the Health Department's protocols, the result came back three days later, on May 14th, and confirmed that the Xavante child had contracted COVID-19.

On that date, the Xavante de Marãiwatsédé and the DSEI Xavante had not yet been informed of the child's COVID-19 suspicion and, consequently, the Marãiwatsédé Base Pole ignored this suspicion, a fact that made it impossible to control and identify human infection caused by COVID-19, objectives of the PC-DSEI Xavante. The child's companions, mother, and uncle, although in contact with the baby, were not tested at the Água Boa Hospital, and returned to the Marãiwatsédé village. The body also returned to the village on May 11th, apparently without any recommendations or precautions, and after the traditional funeral, the child was buried. Health professionals who had contact with the baby in Água Boa underwent the test on May 14th. There has been no news whether the EMSI professionals at the Marãiwatsédé Main Clinic and the driver, in addition to the companions, have been tested. The Xavante DSEI only had access to the results of the exam on May 19th and made that information public on May 21st. It is not known when the EMSI operating in Marãiwatsédé was informed.

In any case, May 11th to the 19th is eight days, which represents a window in which uncontrolled transmission of COVID-19 could have been made possible in the largest village on the indigenous land, with more than 600 inhabitants, which the Xavante call "mother" or "central" village, as it was the first one founded after they returned to their traditional territory. This village is the primary place that they hold festivals, sporting events, and cultural events and also is where most of the public facilities in the indigenous territory are located, facts that guarantee a continuous flow of people connecting the other eight villages.

3.5. DEVELOPMENTS IN THE LOCAL CIRCUMSTANCES

The news that the Xavante child tested positive for COVID-19 was made public in the region on May 20th by a national news program with a large audience not only in Mato Grosso, but throughout Brazil. That is, one day after the death was confirmed by SES Informative Bulletin no. 72. This news was widely disseminated and ended up generating surprise and apprehension among residents of the region, as there had not even been suspected cases in the municipality of Alto Boa Vista. In the two days that followed, May 20th and 21st, two suspected

cases emerged in Bom Jesus do Araguaia. On May 22nd, another case was confirmed in this municipality and the another on the 23rd.

As they always have, the Xavante of Marãiwatsédé continued to visit the surrounding cities to purchase goods and services on which they currently depend. The news that the child's test came back positive differs from the Xavante's side of the story, as they deny that the baby had contracted COVID-19, according to their interpretation. This has exacerbated tension that already existed between the population of the cities and the indigenous people.

3.6. SOME NOTES ABOUT THE SPECIFIC FACTS AND RECOMMENDATIONS FOR THE MARÃIWATSÉDÉ INDIGENOUS LAND

- 1)** The child was taken from the community for specialized treatment without being considered a suspected case COVID-19, despite presenting respiratory symptoms, as explained in the Xavante DSEI note;
- 2)** The child's family was not informed about the COVID-19 diagnosis or the hospital procedures that were conducted to treat the child;
- 3)** The family members were not instructed on how to handle the corpse of a COVID-19 victim, which can contribute to the general contamination of the Xavante community;
- 4)** Whether the child was infected with SARS-CoV-2 in the village or contracted the novel coronavirus during the course of his treatment, immediate intervention is necessary for the extensive testing of the village, considering the highly contagious the virus is and the potentially high rate of infection in the everyday routine of the communal life of a Xavante village;
- 5)** It is crucial to identify people from other villages who had contact with residents of the central village in Marãiwatsédé during this period to track suspected cases among the population served by the Xavante DSEI;
- 6)** It is necessary to adopt immediate social isolation measures to control the transmission of the virus in the territory, including the establishment for an appropriate place for this on the indigenous land;
- 7)** Intercultural strategies should be drafted to create consensus and shared procedures for disease prevention and health monitoring together with the Xavante communities;
- 8)** The responsibility for identifying suspected cases of COVID-19 lies with the primary healthcare authorities, as per the protocols of the Brazilian Health Department. If the Xavante DSEI was informed about a case of COVID-19, confirmed by the specialized healthcare network, then the health monitoring actions for early detection of suspected cases of the novel coronavirus that should be carried out are not being conducted.

GENERAL RECOMMENDATIONS

- 1) Recognize that indigenous communities are experiencing community transmission and declare a Public Health Emergency to direct the DSEIs to act quickly and based on technical knowledge to combat the COVID-19 pandemic with indigenous peoples;
- 2) Implement quarantine/home isolation measures for all indigenous people who have recently traveled and or recently come from urban centers (remembering that community transition has been recognized for all of Brazil);
- 3) Ensure that all EMSI health professionals observe quarantine measure before entering the village, considering the limitation presented by the rapid tests, which are most effective at identifying COVID-19 infection only after seven days from the appearance of symptoms;
- 4) Implement a community health surveillance model (signs and symptoms) so that all cases of flu-like illness and severe acute respiratory syndrome (SARS) suspected of being COVID-19 are quickly identified and referred to the appropriate healthcare facility or professional;
- 5) Ensure the training of AISs and AISANs to carry out an active search for suspected cases of COVID-19 in communities, and during home visits they conduct;
- 6) Creation of an online network with AIS and indigenous health professionals for the participatory development of measures for the prevention and control of the transmission of the novel coronavirus in the villages;
- 7) That the Federal Prosecutor's Office carry out a medical and anthropological investigation in the Marãiwatsédé Indigenous Land in order to verify whether the child had in fact contracted COVID-19, as well as in other indigenous lands of the Xavante people to ascertain the real status of indigenous healthcare in the Xavante DSEI, from the UBSIs;
- 8) Hiring Indigenous Health Agents for all communities in the Xavante Indigenous Lands;
- 9) Hiring a minimally adequate number of professionals for the Xavante lands, with particular attention to Marãiwatsédé, due to its vulnerability.
- 10) Map all those who have had contact with confirmed cases of Covid-19 and arrange for testing of the community of the main Marãiwatsédé village and other communities in the indigenous land that have maintained contact with the central village;
- 11) Draft an intercultural strategy of social isolation together with the Xavante leaders, guided by dialogical ethics, in order to create an agreement that contemplates indigenous conceptions about health and disease and the procedures recommended by health services to interrupt the transmission chain among the Xavante;

- 12) Insert the categories "indigenous" and "ethnicity" into the medium and high complexity system so that one can objectively monitor the impact of COVID-19 among the indigenous peoples of Mato Grosso.
- 13) That FUNAI and the Xavante DSEI follow the guidelines and recommendations related to the funerary customs of the Xavante contained in Technical Opinion no. 01/2020 of the Rede Interinstitucional de Saúde Mental do Povo Indígena Xavante;
- 14) Hire more staff for health professionals who provide care to the Xavante people and provide them with specialized training, in order to reduce the frequency of people entering and leaving indigenous lands to reduce the risk of contamination.
- 15) In CASAs, establish a division between the environments for the care of respiratory illnesses and other illnesses.
- 16) With the participation of residents, establish isolation areas in the villages, taking into consideration existing environments or even the creation of tents if there are no other possibilities.
- 17) Urgently install means of communication with the villages so that teams in the area can access external support in a timely manner.