



**MISSION PERMANENTE DU BRESIL AUPRES DE L'OFFICE DES NATIONS UNIES  
ET DES AUTRES ORGANISATIONS INTERNATIONALES A GENEVE**  
*Chemin Camille-Vidart 15, 1202 Genève*

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The Permanent Mission of Brazil to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and has the honor to refer to the joint communication AL BRA 15/21, dated 19 January 2022, from the Special Rapporteur on contemporary forms of racism, and others.

The Permanent Mission of Brazil in Geneva would like to forward the attached observations of the Government of Brazil regarding the aforementioned letter.

The Permanent Mission of Brazil in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.



Geneva, 21<sup>st</sup> March, 2022.

*To the Office of the United Nations High Commissioner for Human Rights (OHCHR)  
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## ANNEX

### **OBSERVATIONS FROM THE GOVERNMENT OF BRAZIL REGARDING LETTER AL BRA 15/21 (01/19/2022)**

With regards to the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance and other special procedures' letter AL BRA 15/2021, dated January 19, 2022, about "allegations of systemic and structural discrimination against indigenous peoples that has been exacerbated due to the COVID-19 pandemic", the Brazilian government conveys the following preliminary information:

Any information regarding the human rights of indigenous peoples in Brazil must start emphasizing the solid and long-lasting framework that sustains and guarantees such rights. First, there is the Federal Constitution, which establishes indigenous peoples' rights to their own social organisation, language, customs, creeds and traditions, as well as the originary right to the lands that they traditionally occupy. Secondly, Brazil is one of the 23 countries that ratified ILO's 169 Convention on Indigenous and Tribal Peoples, 1989; and actively negotiated and supported the adoption of regional and universal instruments on the subject, such as the American Declaration on the Rights of Indigenous Peoples and the United Nations Declaration on the Rights of Indigenous Peoples.

Brazil has been working towards full compliance with all the existing rules and guiding principles and continues committed to the protection of the human rights of indigenous peoples, embedded in our Constitution and the international instruments to which we are part.

On the subject of racial discrimination, Brazil also has a solid institutional and legal framework to fight racism and promote inclusion. The Federal Constitution repudiates racism and characterizes it as a crime not subject to bail or statute of limitations. In June 2021, the Brazilian government launched a new set of nationwide public policies aimed at combatting racism and discrimination, with a strong emphasis on education, especially training elementary school teachers and public security officers.

In regards to the right to their lands, the Federal Constitution guarantees to indigenous peoples their original rights over traditionally occupied lands, attributing to the Union the competence to demarcate these lands, while protecting and guaranteeing the respect for the property therein. The area of regularized indigenous lands in Brazil amounts to more than 12% of our territory, that is, over one million square kilometers, an area larger than the combined territories of France, Germany, Belgium, Luxemburg and the Netherlands.



The National Indian Foundation, FUNAI, under the Ministry of Justice and Public Safety, is the main institution in charge of the subject of territorial protection of indigenous lands and rights in Brazil. In the past year, FUNAI has continued its efforts to combat illegal exploitation of ores and wood, hunting and fishing, deforestation and land grabbing in indigenous lands, with the support of satellite data provided by the Remote Monitoring Center. The satellite data allows the continuous monitoring of deforestation, degradation, change of use of land and illegal land occupation in indigenous lands. Furthermore, a partnership with the Management and Operational Center of the Amazon Protection System has enabled the installation of antennas in FUNAI Territorial Protection Units and villages located in remote regions, upgrading their communication system. The government has also established a dedicated body to set up and supervise a sanitary barriers plan for the protection of isolated indigenous peoples and indigenous peoples of recent contact. The Ethnic-Environmental Protection Bases in the Amazon were enhanced, created or re-activated, under the umbrella of FUNAI. They help to control the access to indigenous lands, serve as quarantine center for FUNAI and SESAI (Special Secretariat of Indigenous Health) workers and support operations against illegal activities.

The "Integrated and Safe Environment" program, which aims to monitor criminal actions and environmental disasters, recently adopted a high-end satellite technology. It allows an efficient surveillance of Brazil's territory and an efficient action planning. Repressive actions against illegal activities in indigenous lands were suspended by a decision of the Supreme Court in August 2020, to avoid COVID-19 contagion. However, recent circumstances called for specific responses, and 21 field operations to fight illegal invasions, logging and mining were put in place from January 2021 on, under the coordination of the Federal Police, in cooperation with the National Force, the Air Force, the Army, FUNAI, IBAMA and ICMBio, besides local forces, in the following indigenous lands: Cana Brava, Arariboia, Karipuna, 7 de Setembro, Roosevelt, Karitiana e Kaxarari, Uru-Eu-Wau-Wau, Alto Rio Guamá, Munduruku, Z'óé, Kayapó, Cachoeira Seca, Trinchiera-Bacajá, Tadarimana, Aripuanã, Sararé, Kulina, Yanomâmi, Guarita e Carreteiro.

Brazil takes reports of violence against environmentalists and human rights defenders very seriously. Allegations of human rights violations and abuses brought forward are investigated, so that perpetrators may be held accountable by the competent authorities. As a rule, maintenance of law and order is under the responsibility of state-level (provincial) police. When necessary, and in coordination with local authorities, Federal forces may be mobilized, particularly the National Security Force and the Federal Police. Since 2007, human rights defenders count on state protection. Today, the Program for the Protection of Human Rights Defenders, Communicators and Environmentalists, aimed at human rights defenders under threat, risk or vulnerability, presently assists 506 persons, of which 89 have indigenous status.

During the pandemic, the Brazilian government has taken additional steps to ensure due participation of indigenous peoples in policy decisions that affect them. The initial national plan to address COVID-19 infections among Brazilian indigenous peoples, launched in August 2020,



provided for inclusive and participatory consultations to the indigenous peoples. As a result, the current edition of plan incorporated many proposals from the indigenous representatives. Likewise, the Ministry of Health adopted accountability measures under the Indigenous Health Care Sub-system. Local and District Indigenous Health Councils, together with a Forum of Presidents of Health District Councils, were established to act as a permanent collegiate body, in charge of monitoring the implementation of indigenous health initiatives. All actions concerning COVID-19 are planned and monitored within the scope of District Crisis Committees, with the participation of indigenous representatives from the district indigenous health councils.

Moreover, Brazil's Ministry of Health has a specialized branch dedicated to indigenous peoples, the Special Secretariat of Indigenous Health - SESAI, which has played an essential role in the protection of the rights of indigenous peoples under the COVID-19 pandemic.

Brazil has prioritized the vaccination of indigenous peoples, and vaccines have reached the farthest Amazon communities. Over 91% of the 405 thousand eligible indigenous persons residing in indigenous lands have already received the first dose of the vaccine, and over 85% of them are fully vaccinated.

It is important to emphasize that many of the measures adopted to fight COVID-19 have long-lasting effects, such as the expanded ethnic-environmental protection bases network and the indigenous health councils. In order to ensure the indigenous peoples their right to consultations, in the context of the pandemic, SESAI published, on November 4, 2020, an ordinance regulating social control within the Subsystem of Indigenous Health Care. Local Indigenous Health Councils, District Councils of Indigenous Health and the Forum of Presidents of District Councils of Indigenous Health - permanent collegiate bodies - received additional attributions with the objective of monitoring the implementation of comprehensive indigenous health care actions and environmental determinants during the sanitary crisis.

The federal government, together with states and municipalities, offers access to primary care and differentiated specialized care to the health of the indigenous population. Health authorities receive the Incentive for Specialized Care to Indigenous Peoples as a stimulus to ensure the interconnection between primary care services in the DSEI and specialized care, generally provided in urban centers. This ensures comprehensive quality care, and intercultural communication with indigenous peoples.

During the pandemic, the federal government worked, together with states and municipalities, to strengthen the Unified Health System (SUS) and strengthen the medium and high complexity care structure in localities with a significant portion of the indigenous population. Along these lines, we sought to intensify the interfederative articulation in order to guarantee health care to the indigenous population with suspicious/confirmed COVID-19.

Looking forward, SESAI's main focus today is maternal and children health.

In this context, the Special Secretary for Indigenous Health (SESAI) carries out the Surveillance of Coverage and the complete vaccination schedule in children under one year old and under 5 years old, complying with the guidelines recommended by the National Vaccination Calendar (CNV). The Special Indigenous Health Districts (DSEI) is responsible for, within the scope of the Subsystem of Indigenous Health Care (SASISUS), not only vaccination coverage, but all health care and the availability of services aimed at comprehensive care.

The DSEI health care model also prioritizes the monitoring of child development and growth and, in this sense, prioritizes Food and Nutrition Surveillance (VAN) similar to the complete vaccination schedule. The VAN follows the guidelines and technical protocols of the Ministry of Health, which includes technical standards for the collection and analysis of anthropometric data in health services.

Some strategies implemented by SESAI have contributed to the improvement and achievement of the results, among which stand out: the realization of the Vaccination Month of Indigenous Peoples (MVPI) in partnership with the Pan American Health Organization (PAHO); the execution of Operation Gota in areas of difficult access, in partnership with the Health Surveillance Secretariat (SVS) and the Ministry of Defense (MD); the organization of the National Campaign against Influenza and the National Multivaccination Campaign; qualification of professionals working in indigenous areas; the implementation of routine vaccination actions in villages and district action plans to intensify health actions; among other actions carried out by the districts.

The actions that directly affect infant mortality emphasize prenatal programs, in order to prevent and detect early maternal and fetal pathologies, including infectious diseases, and promote the healthy development of the baby, reducing the risks to pregnant women.

Another item of special attention to SESAI/MS is the process of qualification and strengthening of death surveillance (VO) in the DSEIs. This process aims to train professionals to carry out actions/ investigations of maternal, infant, fetal and ill-defined death causes in the indigenous territories.

In addition to these, the structuring of strategic information centers on health surveillance (CIEVS) in the 34 Districts contributed to the structuring and expansion of epidemiological surveillance and monitoring of events of importance to public health, especially those related to the occurrence of outbreaks of Acute Diarrheal Diseases (DOA) and Influenza Syndrome (SG) in indigenous territories, which are important causes of infant morbidity and mortality.

DSEI carry their own bidding processes, preferably electronically, through the Price Registration System (PE-SRP), in order to reduce risks and ensure the supply and compliance with the specificities of each locality. The acquisition of equipment such as glucometer, portable scale, among others, as well as nutritional formulas, is performed exclusively by the DSEI.



Regarding item "e", which requests information on the number of indigenous peoples who died by covid-19, the information considers the data in SASISUS. From the first notification, which occurred on 13 March 2020 (SE 11/2020), until 17 March 2022, SESAI reported in all 34 DSEI 167,488 cases of covid-19, among these, 63,565 (38%) were confirmed, 103,923 (62,%) were discarded. Among the confirmed cases, 894 (1.4%) died from covid-19. These data are daily updated and available on: <http://www.saudeindigena.net.br/coronavirus/mapaEp.php>.

It is necessary to stress that SESAI provides primary health care (PHC) care to indigenous peoples, with special attention to the promotion, prevention and continued assistance of these peoples. Thus, in situations of removal, differentiated relevance is granted to indigenous peoples, through the Indigenous Health House (CASAI) that allows the monitoring of indigenous people and their families (companions), in cases where there is greater complexity in urban areas. In these opportunities, social assistance is also available in a way complementary to that offered by the municipality.

Also regarding deaths identified in SASISUS due to covid-19, SESAI guides the DSEI to organize health care in such a way that the Multidisciplinary Teams of Primary Care for Indigenous Health (EMSI) act in accordance with the Guide of body management in the context of the disease caused by Sars-Cov-2, respecting the rituals, manifestations and funeral events of an ethnic-cultural character of indigenous populations. The recommended guidelines describe the need to record all information of the deceased person, appropriately issue a death certificate, post-mortem protection procedures, articulation with the municipality and composition of committees of the Death Verification Services (SVO), as well as the issuance of guidance to the indigenous population and professionals about protective care and the use of personal protective equipment (PPE) and other measures to control Sars-CoV-2 infection.

In addition, the Supreme Federal Court (STF), with regard to health law and regulation, in the file of Direct Action of Unconstitutionality (ADI) n. 6341, understood that, in addition to the common competence of the entities, there is competing legitimacy of the states, the Federal District and municipalities to establish measures in the field of national public health during the pandemic period. Thus, the Special Secretariat of Indigenous Health, based on the epidemiological profile and health guidelines, the current legislation and the determinations emanating from the Violation of Fundamental Precept (ADPF) 709, has respected all the rights of indigenous peoples, and there should be no talk of violation of collective rights.