



Submission to the UN Special Rapporteur on the Rights of Indigenous Peoples: COVID-19 recovery in Brazil

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Cultural Survival is an international Indigenous rights organization with a global Indigenous leadership and consultative status with ECOSOC since 2005. Cultural Survival is located in Cambridge, Massachusetts, and is registered as a 501(c)(3) non-profit organization in the United States. Cultural Survival monitors the protection of Indigenous Peoples' rights in countries throughout the world and publishes its findings in its magazine, the Cultural Survival Quarterly, and on its website: www.cs.org. Cultural Survival also produces and distributes quality radio programs that strengthen and sustain Indigenous languages, cultures, and civil participation.

Impact of Brazil's COVID-19 recovery laws and policies on Indigenous Peoples

1. How have COVID-19 laws, policies and economic recovery plans contributed to- or interfered with - national and international environmental regulations of natural resources and other development activities that impact Indigenous peoples' lands?

The Brazilian government decided to redesign and reform the country's environmental laws during the pandemic. These reforms were planned and aligned to suspend the demarcation of Indigenous lands, and to limit the acquired rights of Indigenous Peoples over their territories. During this time, internal discussions of the ministerial team of the Bolsonaro administration became public, triggering a series of events that will be discussed in this report, among them: stress and anguish among the Indigenous Peoples who had their lands in the process of demarcation. Motivated by Bolsonaro's frequent rhetoric against the environment and against Indigenous Peoples who he portrays to be anti-government, invasions of mining and timber on Indigenous lands have multiplied, thereby causing widespread infection rates of the coronavirus as well as other diseases.

To illustrate, on May 21, 2020, the Supreme Court released a shocking video-recording of a ministerial meeting that took place on April 22 of the same year in which the Minister of the Environment reveals his plan, with the president's approval, to relax the nation's environmental laws. He states, "Let's use the pandemic as a frame to open the gate for oxen and approve our laws for using the Amazon." Reuters journalist Jake Spring wrote a story about the revelation with this headline: "Brazil minister calls for environmental deregulation while public distracted by COVID."

Thus, president Bolsonaro's inflammatory rhetoric stimulated invasions into Indigenous Territories and is increasing violence against Brazil's Indigenous Peoples. The president was enacting all of the anti-Indigenous promises he made during his campaign, including his commitment to "not demarcate one more millimeter" of land for Indigenous Peoples.

The government has pressed rapidly ahead with its project to undermine Indigenous rights during the pandemic. According to the associations of the Yanomami people, for example, more than 20,000 gold diggers invaded their land in 2020, spreading violence, infectious diseases, mercury in rivers, alcoholic beverages and drugs in communities, with some children even being put in contact with drugs and alcohol. Deforestation has also significantly increased along with a historic increase in fires in the Amazon and the Cerrado. The government has refused to conduct investigations and / or mitigation actions for these fires.

It should be noted that in the context of Brazil, prior to the pandemic, Indigenous Peoples were already under a series of threats, and invasions of Indigenous lands, deforestation, mining, and

diseases arriving in different ways to Indigenous lands throughout Brazil, and policies throughout this pandemic have only exacerbated this situation.

2. What measures have governments taken to protect the lands, territories and resources of Indigenous peoples against invasions and land-grabbing during the COVID-19 economic recovery phase? Have investments and natural resource development plans on Indigenous lands and territories agreed upon through a process of good faith informed consultation with the Indigenous peoples concerned, with the objective of obtaining consent?

The government of Brazil has taken no measures to protect Indigenous territories from invasion nor engaged in a good faith process of informed consultation with Indigenous Peoples of any kind. Rather, communities have had to deal with what they consider to be invasions onto their territories by government officials themselves.

In supposed response to the pandemic, the army brought a group from a Federal Office, the ministry of Human Rights, Family and Women, including minister Mrs. Damares Alves, a fundamentalist Evangelical pastor, to Indigenous communities who otherwise would have been isolated from the coronavirus. These unskilled and untrained personnel brought not only clothes and remedies with questioned effectiveness, but cosmetic and makeup products that the communities did not request or need in a pandemic. These visits caused many contaminations, such as among the Xavantes, Guaranis and Yanomamis, since the Indians were not previously warned, consulted or instructed to prepare with facemasks or distancing.

The lack of adequate information coupled with the easing of environmental protection laws has made invasions of Indigenous territories more intense, deforestation has increased, fundamentalist missionaries continue to be encouraged to commit crimes against isolated tribes, and illegal mining has advanced within Indigenous lands. The feeling of Indigenous peoples is that the government has been silent and irresponsible in relation to protecting them from these threats.

3. How have States' economic recovery measures sought to ensure that Indigenous peoples benefit equally from public investments and national social protection programs?

The financial resources that were appropriated to mitigate the effects of the pandemic in Brazil were not only insufficient, but they lasted for a short time and there is no forecast of resumption, forcing countless Indigenous Peoples to return to the cities where they sell handicrafts, fruits and other goods. Meanwhile, civil and Indigenous associations/organizations have been working hard

to meet the demands that are many and everywhere.

Constitutionally, Indigenous people in Brazil are full citizens, and are entitled to social and social-security benefits from the Brazilian State, and thus in theory had access to emergency basic income that was instituted on April 2, 2020 as a measure to mitigate the economic losses caused by the COVID-19 pandemic among the most vulnerable social groups. However, in order to receive funding, the Government demanded the presentation of tax document "CPF", which made it difficult for many Indigenous people to access the benefit. Although the decision was questioned in court, and reversed for some groups, many had to wait months, and remained without support during that time. Additionally, the amount was not sufficient for families: according to the program's criteria, only two members of each family could receive support, without taking into consideration differing cultural definitions of a nuclear family among Indigenous Peoples.

Those who were eligible to receive financial aid in many places did not have access to banks or other payment agencies near the villages. Without alternatives, many Indigenous people were forced to go to the cities and, on their return, carry the virus to the villages. Entire families were infected in regions without adequate health facilities. More than a thousand kilometers from Manaus, for example, with only one hospital and no ICU bed, the city of Tabatinga, in the Alto Solimões region, where the Indigenous presence is very large, presents a picture of what happened in the region of Amazonas: doctors, transportation was insufficient, there was a lack of respirators, oxygen cylinders, and even masks.

Indigenous leaders and their organizations stressed the importance of financial assistance for the food security of families, however, these policies were not properly implemented. The government replaced the technical staff of the agencies such as FUNAI (the National Indian Foundation) and IBAMA (Brazilian Institute of the Environment and Renewable Natural Resources), responsible respectively for Indigenous affairs and environmental and territorial protection, with military personnel who used controversial methods of dealing with Indigenous People, sending them to places of great agglomeration and high demographics to seek their benefits. Many places that received basic food baskets for one month had to wait two months to receive the second one in full. This caused the Indigenous population to leave the communities and go to the cities to buy supplies.

The technical inefficiency, lack of coordination and disorganization of the federal government exposed not only the great weaknesses of government actions, but also the discrimination faced by Indigenous peoples when they go to the city without the necessary support from the government.

Participation and inclusion of Indigenous peoples in state COVID-19 recovery plans

4. Please describe the ways in which States have consulted with Indigenous communities in developing recovery plans. How have these processes helped to make State recovery measures more inclusive and responsive to Indigenous peoples' rights?

The advancement of coronavirus in the Indigenous population has been accompanied by a series of challenges. Indigenous peoples are a group particularly vulnerable to Covid-19 due to the high prevalence of different diseases and health problems (malnutrition and anemia in children, infectious diseases such as malaria, tuberculosis, hepatitis B, hypertension, diabetes, obesity and kidney diseases) and previous difficulties in accessing the health system, particularly in specialized care. In addition, Indigenous people suffer from the increase in fires and deforestation, with poor sanitation and, in many situations, face enormous economic fragility, which makes it difficult to maintain social isolation, which is a fundamental measure in facing the pandemic. Despite these pre-existing challenges, the government made no effort to consult with Indigenous Peoples on designing recovery plans that would respond adequately to their unique situation.

Regarding emergency aid, the government launched the benefit without consultation with Indigenous communities nor considering the particularities of Indigenous peoples and the difficulties in accessing the internet in the villages. This goes against Convention 169 of the International Labor Organization (ILO), which provides for special actions considering the particularities of Indigenous peoples when launching universal measures. The result, again, was tragic. Indigenous people traveled to the cities to seek help from R \$ 600 and buy food. They returned to their villages with the virus, infected the elders, and for that reason many died. Meanwhile, the National Indian Foundation (Funai) executed only 40% of the budget for emergency actions, which could have taken food and other materials to keep the Indigenous people in the villages.

In addition, president Bolsonaro vetoed 16 provisions of the law that instituted measures to prevent the spread of Covid-19 among Indigenous peoples, Quilombolas, artisanal fishermen and other traditional communities. Among the vetoed sections are the guarantee of access to drinking water and free distribution of hygiene, cleaning and disinfection materials for Indigenous communities, the emergency offer of hospital beds and *intensive care units* (ICU) to Indigenous people and the acquisition of ventilators and blood oxygenation machines. The elaboration of informative materials with translation and installation of internet points in the villages was also prohibited.

5. How have States and Indigenous communities prepared for the distributions of COVID-19 vaccine in culturally appropriate and equitable ways? Were strategies developed and implemented in consultation with the participation of the Indigenous peoples concerned?

Although there is a vaccination plan for Indigenous Peoples, this plan is deeply flawed, as the Government has established a very restrictive criteria: only Indigenous people living in demarcated land would receive the jab. Yet, in Brazil at least 40% of the Indigenous population lives in cities, and sometimes, a large number of those populations of the same ethnicity live in urban areas. Ignoring this well-known reality leaves a gap in the implementation of the Covid-19 vaccine for Indigenous peoples. Thus, the government cannot guarantee the immunization of all Indigenous people in the country regardless of where they live. It is necessary to include Indigenous people who live in an urban context and in lands still in process for recognition and demarcation. Circa 40% of the country's Indigenous people are excluded by the Federal Government from the National Plan for the Operationalization of Vaccination against Covid-19. A government's definition of ethnic identity should not depend on where the Indigenous person is: no one ceases to be Indigenous because they are in the city working and / or studying outside of the village. For instance, the Potiguara do Catu Indigenous community has occupied the margins of the Catu River for centuries, between the municipalities of Canguaretama and Goianinha, in Rio Grande do Norte, a region of the Caatinga biome, northeast of the country. In this territory that is not yet demarcated, home to 226 families, several cases of Covid-19 have been confirmed since the beginning of the pandemic. But nobody in the village has been immunized or received adequate treatment. As they do not have demarcated territories, no Indigenous people from Rio Grande do Norte and Piauí have been vaccinated until now, although traditional peoples are among the priority groups.

Furthermore, the state of Rio Grande do Norte does not have its own Special Indigenous Sanitary District (DSEI), nor even plans to have it. Approximately 12,000 Indigenous people live in the states of Rio Grande do Norte and the state of Piauí where there is no prospect of vaccination. In Rio Grande do Norte alone there are 16 villages where 6,385 Indigenous people live “on the verge of a massacre”, as stated in a letter sent by APIB, National Indigenous Peoples Association to Funai, the State Agency for Indian affairs, warning that besides the virus and poverty, violence is escalating in the region. This violence is mainly related to illegal loggers and deforestation. The letter highlights that these populations are being "doubly punished by the State, for not having their land demarcated and for being out of priority in vaccination against Covid-19".

This is part of the government's strategy to mischaracterize the definition of Indigenous land in the Constitution, trying to say that only truly Indigenous land is that which has already reached the end of the administrative demarcation procedure. This was also a very serious issue that demonstrates the *use of the pandemic as a strategy*, a way of trying to consolidate this view that *Indigenous land* is only what was already approved by the Brazilian government. The State's

current policies further marginalize these communities striving for self-determination and land rights.

Data collection and dissemination

6. How have States and Indigenous peoples collected and analysed data on the impact of COVID-19 on Indigenous peoples? Please specify to what extent economic, social, cultural or other barriers have hindered collection of such data. How can data collection procedures be improved to disaggregate information on Indigenous peoples, including specific populations such as youth, women, elderly, LGBTI and persons with disabilities?

The current numbers of Indigenous people killed by COVID-19 in Brazil are not precise or accurate due to two factors. One, underreporting of issues affecting Indigenous Peoples has been a recurring State practice, and in many places the government is the only means of contact outside Indigenous lands. Two, the Brazilian government, going back at least 100 years, has categorized only the people who live on their traditional lands as Indigenous. This causes a profound impact because more than 40 percent of traditional lands are not demarcated. Also, urban Indigenous populations are no longer being counted during the pandemic. In urban hospitals, it is common practice for intake workers to fail to note a person's Indigenous ethnicity and registered Indigenous individuals as 'pardos' (*brown*) - a Brazilian way of denying cultural identity. This practice in many hospitals seems to be associated with a lack of cultural awareness as well as a desire to avoid bureaucracy with more paperwork related to special constitutional status of Indigenous people, at its root, an indication of structural racism -fueled by the current government's rhetoric- to "assimilate" and "integrate" Indigenous people by rejecting their identity, and forcing them to "be Brazilian"

The demographic data in Brazil on Indigenous Peoples is thus incomplete and imprecise, undermining and denying the right to self-determination. Isolated tribes are also impacted by these inappropriate forms of measurement. Indigenous organizations have repeatedly denounced a lack of transparency in how SESAI (State Agency for Indigenous health) responded to data, after the agency did not proceed to take action after identifying several cities where the deaths of Indigenous people occurred, because it was not within Indigenous territories.

Due to the lack of mass testing across the country in the Indigenous context SESAI displayed a significant disparity between the number of confirmed cases and the actual number of people infected. Meanwhile, data on Indigenous Peoples were collected and studied by a joint effort between Indigenous and civil society organizations without government participation. For example, data from the National Committee for Indigenous Lives and Memory from APIB (Association of Indigenous Peoples of Brazil) and other Indigenous and Quilombola groups,

included both Indigenous people living in traditional territories and those living in urban contexts, who declare themselves and have ties with their people, (using the definition of self-determination as stated by ILO Convention no. 169, ratified by Brazil). An example of the conflicting data can be noted in a public report published by APIB on May 13, 2020, where Indigenous communities reported 77 deaths and 308 cases of infected individuals. The epidemiological bulletin of SESAI of the same day presented just 19 deaths and 277 confirmed cases among Indigenous peoples.

The organization Open Knowledge Brazil, specialized in data collection, launched a COVID-19 Transparency Index, which monitored the availability of data on the new coronavirus in the country. Together with Indigenous and Quilombola organizations, they analyzed the quality of the data published by Brazilian states on the current pandemic and proposed an index that more accurately checks the disposal of microdata according to several criteria. The last survey identified that only 2 states publish microdata in a manner considered satisfactory (Espírito Santo and Rio Grande do Norte). 10 states (37%) did not publish microdata and another 15 did, but only partially meeting the categories evaluated. The Index also reveals that although a majority of states report data on race, only 4 states report Indigenous ethnicities (Amazonas, Mato Grosso do Sul, Paraná and Sergipe), and data on gender is also absent.

The great underreporting of (and therefore lack of attention to) cases of the disease, mainly due to the low diagnostic testing of the population, paired with an upward curve of new deaths, positioned the country as the epicenter of the coronavirus pandemic in the world several times. Data showed that Brazil had the highest contagion rate (R_0) in the world for months. While the nation is ‘sailing blindly’ the coronavirus spread to the territories of highest risk with the worst socioeconomic conditions: Indigenous Peoples, Quilombola, and LGBT communities. The death toll growing disproportionately in the poorest neighborhoods and rural areas also reflects an inequity in access to health, for a contingent of people who depend solely on the Unified Health System (*SUS*), whose essential services were collapsing.

Numerous Indigenous associations denounced the underreporting of those killed and infected by COVID-19 during the first months of the pandemic. In addition to the lack of tests, in the first months of the pandemic, the Indigenous peoples, mainly from the Amazon, were left without assistance and unaware of what was causing deaths, as reported by the Yanomami and Xavantes, for example.

We also note that the Brazilian State agency for Indian affairs actually underspent their resources for combating the pandemic specifically for Indigenous Peoples. The lack of data is therefore not a consequence of the lack of financial resources, and reveals racist policies against Indigenous and Quilombola peoples and undermines Indigenous rights.

Another aggravating situation was the concealment by SESAI during COVID-19 pandemic of the diagnosis of deaths of Indigenous Peoples from other diseases such as malaria and dengue, among Mundurucus, Kayapos, Yanomamis and Tremembes, diseases propagated and disseminated due to lack of territorial protection and proper information. According to agencies, and public bodies and civil society monitoring Indigenous lands, there was a substantial increase in several other epidemics amidst the COVID-19 crisis due to the massive invasion of illegal mining and deforestation, however this information was not shared in a timely and productive manner.

Indigenous peoples' COVID-19 responses and efforts at recovery

8. How have Indigenous peoples' institutions and public health systems collaborated and worked together to address the health care crisis caused by the pandemic? Have States integrated or developed policies and strategies to incorporate Indigenous traditional medicine into the national healthcare system?

The State and its agencies have not worked in cooperation with Indigenous organizations in this area. Instead, Indigenous organizations had to go to the federal court to force the government to act on measures proposed by Indigenous Peoples, such as the following:

1. Installation of a working group, with the participation of government and Indigenous representatives, to monitor the progress of general actions to combat the pandemic
2. Installation of a situation room for the management of actions for Indigenous Peoples in isolation and of recent contact
3. Creation of sanitary barriers on isolated peoples' lands
4. Guarantee that Indigenous people in villages have access to the Indigenous Health Subsystem, regardless of their Indigenous land demarcation phase
5. Guarantee that Indigenous non-villagers (urban) also have access to the Indigenous Health subsystem if there is no offer in the national Unified Health System.

Despite being mandated by courts to comply, the State reacted slowly and negatively to these proposals, without concrete, defined plans and without technical personnel prepared to carry out this work. Many actions that were taken were done so without consultation or planning with Indigenous Peoples.

However, a piece of good news that illustrates how autonomy, information, and partnership can bring great results is that of the Kuikuro people who live in the Xingu, Mato Grosso, central region of Brazil. Although in the first year of the pandemic, as the Kuikuro Association reports, almost all of the more than 200 Indigenous community members became infected, with great

care and deliberate action, they created ways of care and testing, and self-isolation of more severe cases, and ultimately avoided deaths due to the disease.

When the federal government sent out the "COVID kit" with information and with drugs like chloroquine freely available from the government, they saw that the information was incoherent and unclear, and the drugs had no proven efficacy against the disease, according to the WHO. The first decision they made was to seek reliable information from other Indigenous communities and medical personnel outside the village. Collectively, they made the decision to bring doctors and nurses to stay with them, and collaborate with their own leaders and healers. The Kuikuro people formed partnerships with hospitals, set up their own health center, and hired doctors and nurses to stay with them and help with prevention. Combining traditional treatment, Indigenous food, and a safe environment, they were able to keep the entire community safe. This February, the whole community has been vaccinated. Now they are preparing to participate in the Kuarup, a ritual in honor of the dead in the Xingu region that had to be canceled in 2020.

9. Please provide examples of Indigenous-led COVID-19 recovery efforts. What lessons can be learned from Indigenous traditional practices and community-based programs in creating green and sustainable recovery efforts and to prevent and mitigate the effects of future pandemics?

Precariously assisted by the government and pressured by the growing wave of invasions in their territories, Indigenous communities have faced the advance of the coronavirus pandemic in the villages almost alone.

Indigenous communities have relied on the work of their community leaders, Indigenous organizations and health professionals. The national and international articulations of those organizations plays a vital role in the resistance and protection of these communities. With the collaboration of the Federal Public Prosecutor's Office and assisted by other partners from the civil society, Indigenous organizations managed to legally reject part of an ordinance of the president of FUNAI, Marcelo Xavier, which would have allowed the regional coordinators to make contact with isolated Indians, a complex and delicate task even in non-pandemic times. For years, Indigenous organizations in Amazon have protected those isolated and uncontacted "relatives", but this protection was and still is under great risk. In times of pandemic, contact with unprepared people would present a high risk because isolated Indians have no defenses in the body or against the most common viruses. That the government attempted to make contact represents a huge mistake by the government agency for Indigenous issues, more a serious violation of human rights, but this plans ultimate rejection was a win by the Indigenous organizations.

Another positive example is the increase in surveillance carried out by Indigenous Peoples to protect and monitor their territories. To avoid physical contact, some communities have been using cell phone, radio or telephone applications to send messages, warnings and even suspend meetings or celebrations that require gathering. Communities mobilized to creatively use social networks and other forms of communication to keep their own people informed. Where there was access to the internet, radio and other forms of communication, Indigenous peoples acted quickly and firmly to prevent COVID-19 from spreading in many villages through a tireless effort to warn its own population not to go to urban centers and to adopt isolation measures so that strangers do not enter. In April 2020, the apex of the first phase, young Indigenous people from all over the country used social networks to discuss actions and alert communities in numerous webinars, video conferences and so on.

In addition, international articulations have even generated guidance, friendship and comfort documents among Indigenous People from different countries, such as the Open Letter of Indigenous Peoples from the North to Indigenous Peoples in Brazil, published by Cultural Survival in collaboration with many authors. Because COVID-19 impacts older people first as well as people with other diseases, and this has caused many deaths among elders. For Indigenous Peoples, this means the loss of knowledge, memory, history, and may, depending on the size of the impact on some ethnic groups and communities, have dramatic impacts for communities from the point of view of physical and cultural reproduction. Thus, there was a great need for culturally relevant, psychological support to Indigenous Peoples during this time and this document helped to meet that need.

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