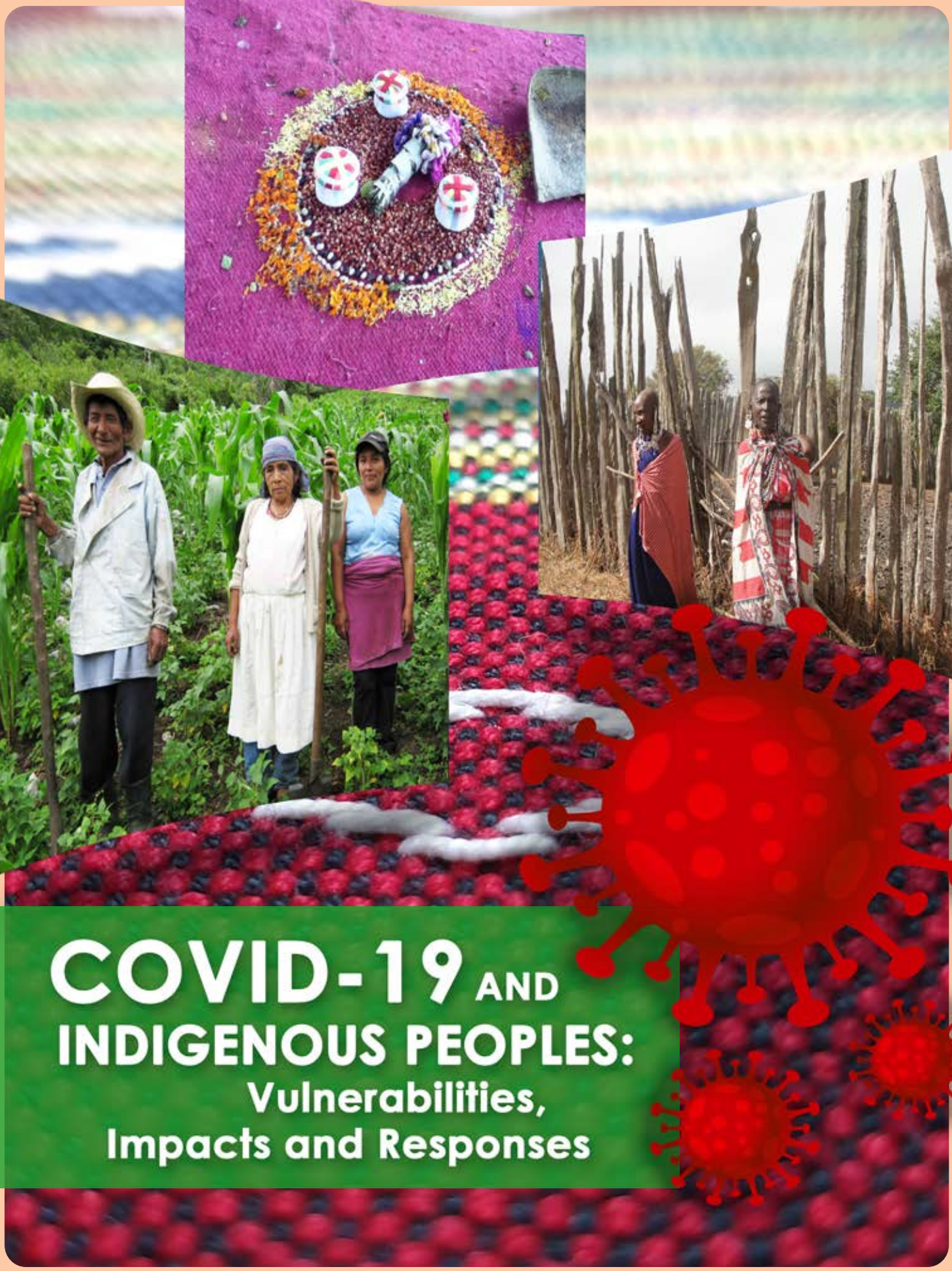
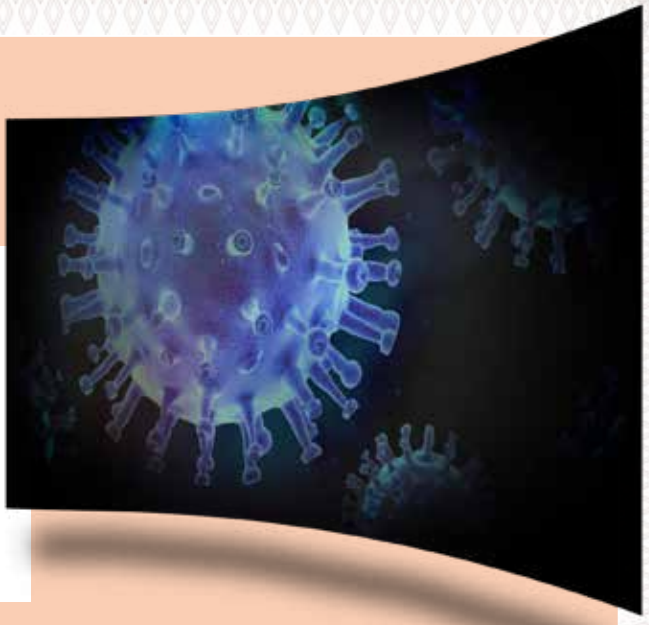


COVID-19 AND INDIGENOUS PEOPLES:

Vulnerabilities, Impacts and Responses

WHAT IS COVID-19?



Coronavirus disease 2019 or COVID-19, is a highly contagious disease caused by a new virus that has infected more than 5 million individuals from 218 territories around the world. As of June 2020, it has also caused a total of close to 400,000 reported deaths worldwide.*

* Deaths wordlwide according to John Hopkins Coronavirus Resource Center.

HOW IS COVID-19 TRANSMITTED?

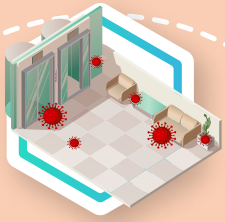
COVID 19 is a very new respiratory disease and we are still learning a lot about it. However, in general, respiratory diseases are transmitted through the following:

Direct or indirect contact with an infected person



Droplet spray in short range transmission - when an infected person talks, sneezes or coughs





Aerosol in long-range transmission (airborne transmission) - the virus can survive on surfaces for a few hours to several days depending on the surface (paper, metal, wood).

MOST COMMON SYMPTOMS

The following are some of the symptoms which may vary from one person to another. Likewise, some people may be infected without presenting any symptoms at all (asymptomatic).



MOST COMMON SYMPTOMS

- fever
- dry cough
- tiredness

LESS COMMON SYMPTOMS

- aches and pains
- sore throat
- diarrhea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin or discoloration of fingers or toes

SERIOUS SYMPTOMS

- difficulty breathing or shortness of breath
- chest pain or pressure
- new loss of taste and smell

Source: Centers for Disease Control and Prevention (https://www.cdc.gov)

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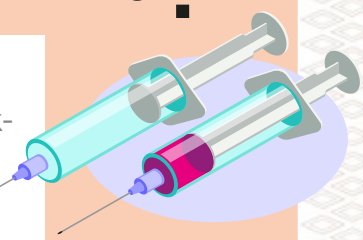
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Vector arts from Freepik.com



ARE THERE AVAILABLE MEDICINES & VACCINES AGAINST COVID-19?

At the moment, there is NO APPROVED medicine and vaccine available to prevent or treat COVID-19. However, medical scientists and experts are working round the clock to develop medicine and vaccines against the disease. The most people can do is to strengthen the body's immune system by drinking at least 8 glasses of water every day, eating a balanced diet, having enough rest and regular exercise.



HOW TO PREVENT COVID-19 FROM SPREADING?

COVID-19 spreads primarily from person to person. Fighting this disease is our joint responsibility. Protect yourself and others by making these 7 simple precautions your new habits:



Clean your hands often with soap and water for 20 seconds



Cough or sneeze in your bent elbow – not your hands.

Cover your mouth and nose using tissue or handkerchief when coughing or sneezing. Immediately dispose of the tissue paper properly and wash handkerchief after use.



Avoid touching your eyes, nose and mouth without cleaning your hands first.

Clean and disinfect frequently - touched objects and surfaces with alcohol or soap and water.



Practice physical distancing (at least 6 feet or about 2 arms' length) from other people whenever possible, and especially when in densely populated areas and/or travelling in confined spaces. Stay home when you are sick except to get medical care.



Wear face mask when you need to go out of your house or when you are sick. You can use homemade face masks or any other washable cloth face coverings.

Monitor your health.

WHAT TO DO IF YOU EXPERIENCE SOME OF THE SYMPTOMS?

Advise differs by country so please follow your National Health Advice

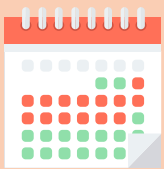


Seek immediate medical attention from the nearest accredited health facilities if you have serious symptoms. If you can, please notify health facility before visiting them. You can also ask help from your local government unit so they could assist you. For the Philippines, the Barangay Health Emergency Response Team (BHERT) are mobilized in every barangay to implement prevention and mitigation, preparedness and respose measured for COVID-19.

People with mild symptoms who are otherwise healthy should manage their symptoms at home. While at home, the person should be isolated from other members of the family for at least 14 days.



On average, it takes 5–6 days from when someone is infected with the virus for symptoms to show, however, some take up to 14 days.



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FACTORS THAT MAKE INDIGENOUS PEOPLES MORE VULNERABLE TO COVID-19

To date, there is no single consolidated information of how indigenous peoples are impacted by COVID 19, although there are various reports about how indigenous peoples in different parts of the world are being affected separately.

The former United Nations Special Rapporteur on the Rights of Indigenous Peoples, Victoria Tauli-Corpuz, Elatia (Indigenous Peoples' Global Partnership on Climate Change, Forests and Sustainable Development) and UPAKAT (a national network of indigenous political structures and indigenous peoples organization for the promotion of traditional knowledge and wisdom in the Philippines) and other partners of Tebtebba point out to many factors that make indigenous peoples among the most vulnerable in the pandemic, including but not limited to the following:



Photo credit: Lelewal



Lack of access to basic amenities (water, health, sanitations) and other government services

Many countries do not have their health reports disaggregated by ethnicity





Lack of knowledge and understanding of the disease. There is a challenge to understand guidelines and advisories which are mostly in English or national languages and are only available in printed newspapers or televised news, which are also beyond the means of many indigenous peoples

Continuing internal displacement due to armed conflicts and development aggressions in indigenous communities



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Increasing vulnerability of some who are engaged in the informal economy (for indigenous peoples in the urbanized areas) and residing in urban poor, congested areas which makes them vulnerable to economic dislocation and infection

Indigenous peoples in voluntary isolation, many of which are in the Amazon have lesser immunity to diseases and farther from medical help if they do get sick





Indigenous peoples engaged in cash crop production cannot transport their produce to the markets because of lockdowns

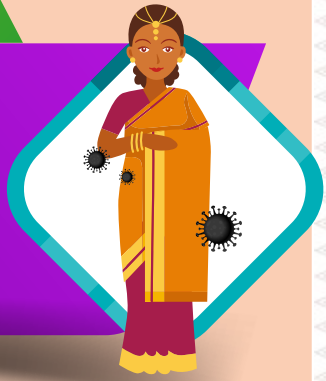
Militarization of government responses. Instead of dealing with COVID-19 as a public health issue, many governments use the military approach (criminalize individuals and actions as they cope with economic impacts). This has led to several indigenous persons being arrested or killed extra-judicially





Discrimination further exacerbates the situation as relief packages and health care do not reach many indigenous communities

Returning overseas workers, a sizeable number of whom are indigenous peoples, increase the potential for spreading COVID-19 in their communities, specially if health measures and support are not properly undertaken and provided by governments





Some indigenous peoples are unable to access their fields to tend to and gather their food crops because of the lockdown

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HOW ARE COVID-19 AND COVID MITIGATION MEASURES AFFECTING INDIGENOUS PEOPLES?



Increased vulnerability due to lack of available/ accessible basic COVID-19 preventive, protection and treatment services at the community level



Limited or no income for many indigenous peoples who live in the urban areas who are daily wage earners and are suffering from severe financial crises



Limited access to food due to measures which constrain mobility thus limiting the practice of subsistence nature of indigenous food systems e.g., pastoralism, hunting and gathering brought about by closure of borders where some indigenous peoples rely on for external food source



Limitations on mobility brought by lockdowns, i.e., Maasai of Kenya and Tanzania, the indigenous peoples of the Amazon rainforest as shared by COIAB (Coordination of the Indigenous Organizations of the Brazilian Amazon, etc.)



Impaired formal education due to closure of all private and public schools and promotion of online educational platforms; online learning is especially difficult for indigenous peoples who live in remote areas and do not have access to the necessary infrastructures and technologies



Constrained livelihoods production system, such as rotational farming, harvesting of non-timber forest products, among others, has temporarily been curtailed as result of COVID-19 mitigation measures



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Increasing indebtedness due to limited or non-existent financial reserves, forcing families to borrow from local money lenders and tempted by land speculators to sell or lease their lands



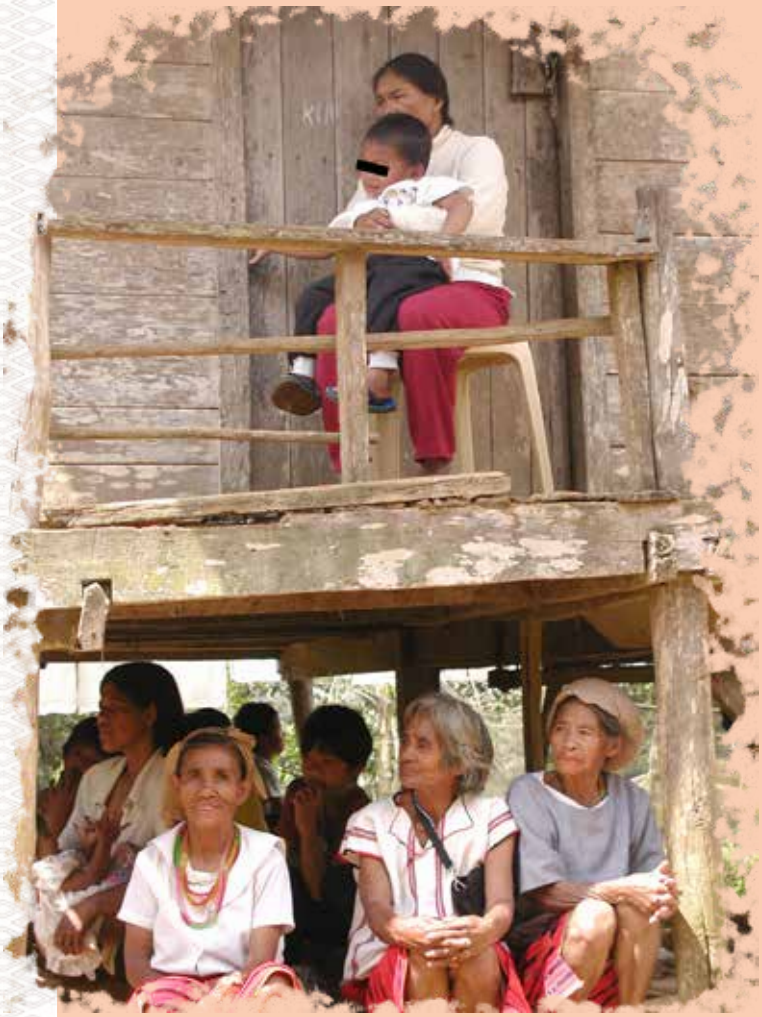
Increased burden for girls and women in caring for elderly and ill family members, as well as for siblings who are out of school



Interference with indigenous peoples' culture and cultural interactions during cultural events, ceremonies, religious rites and prayers which are normally a community affair (i.e. disrupted social order e.g., mode of greetings, storytelling, women information sharing, mutual exchange of labor, birth, death and wedding rituals, etc.);



Growing number of cases of domestic and violence against women and children. ECMIA (Continental Network of Indigenous Women of the Americas) reports that there are services offered by both government and indigenous peoples organizations and communities for attending to domestic and gender-based violence





Psychological and mental stress brought by economic pressure from COVID-19-related lockdowns and from the limited information they know about the virus especially by those living in remote areas



The Government guidelines seem to have targeted people living in urban areas as they were not made with indigenous peoples and their lifestyles in contemplation. The urban communities can stay indoors but indigenous peoples have difficulty with this directive due to their livelihoods

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HOW ARE INDIGENOUS PEOPLES RESPONDING TO COVID-19?

On the positive side, many indigenous peoples are using their traditional systems extensively in dealing with crisis and disasters. Some examples include:





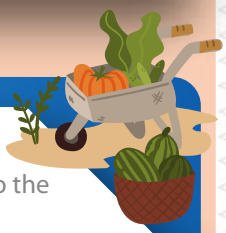
Traditional community imposed lockdowns and/or rituals during epidemics and crisis situations. These are done to limit entry of exit of individuals by closing borders and frontiers. Some examples of these are being done by the Kankanaey Igorots in the Cordillera (ubaya/tengaw), Karen people of Thailand ("Kroh Yee" or village closureindigenous peoples in Malaysia, Bangladesh and many countries in Latin America (Peru, Chile, Mexico, etc. Such lockdowns in other indigenous communities also do not allow corporations like oil, gas and mining corporations from coming in



Creation of small emergency funds for communities especially for summer period when there is food scarcity; establishment of community kitchens for frontliners, and community alert systems for gender-based violence



The International Working Group on Indigenous Peoples Living in Voluntary Isolation and Initial Contact in the Amazon and Chaco (PIACI WG) offered recommendations on protective measures including voluntary isolation and closing entry to outsiders such as miners, drug traffickers, loggers, land grabbers, missionaries and tourists (UN DESA)



Food sharing, food barter among indigenous communities especially to the less fortunate. Some indigenous local governments—and a good number of indigenous Cordilleran families in the Philippines waived national government food assistance so that these go to other municipalities who are more in need. In Indonesia, AMAN (Alliance of Indigenous Peoples of the Archipelago) share that indigenous communities are undertaking food barter/exchange among communities to respond to food scarcity



Practice of traditional food preservation and healing practices and use of traditional medicines like herbal soup to make the immune system stronger

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Provision of public service announcements and key messages through written, SMS, social media and radio broadcasts in different indigenous languages by some indigenous organizations and support groups (e.g. Mayan Language Academy (ALMG), Cultural Survival, CONFENIAE in Ecuador, CHIRAPAQ in Peru, ECMIA in Latin America);

Maximizing community traditional healing systems for non-COVID illnesses

Establishment of community quarantine centers including provision of basic sanitation kits such as soap, buckets, thermometers and jackets as well as setting up of a psychological- support plan for social workers and for people who live alone or are unable to tolerate confinement

Some IP organizations also conduct community information and awareness raising on COVID, transmission, symptoms and protective measure and referral systems for counseling. For instance, the Native Women's Association of Canada has an emergency line where wise women offer spiritual advice and emotional support

Launching of online market systems where indigenous peoples can post their markets and sell these to people in the urban area

Documentation of COVID 19 situation among indigenous peoples and their communities. The National Indigenous Organization of Colombia (ONIC), which already had a territory-monitoring system, is using this system to gather information on the situation of the pandemic among the indigenous peoples of Colombia with regard to population-related, humanitarian, territorial and environmental aspects

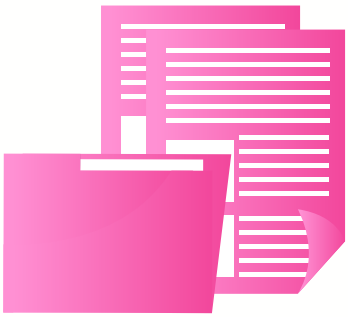


Photo credit:
EcoHimal Nepal

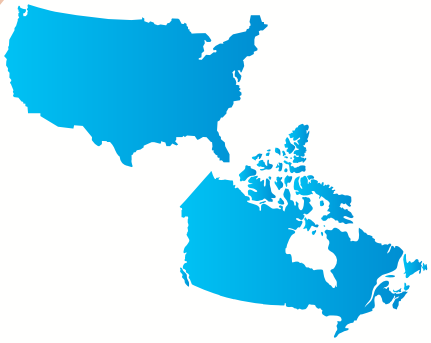
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CERTAIN GOVERNMENTS AROUND THE WORLD ALSO INITIATED SOME RESPONSES PARTICULARLY FOR INDIGENOUS PEOPLES INCLUDING FOR EXAMPLE (SOURCE: UN DESA):



COVID-19 related guidelines were issued in indigenous languages by the Governments of Colombia, Guatemala, Mexico, Peru and the Philippines



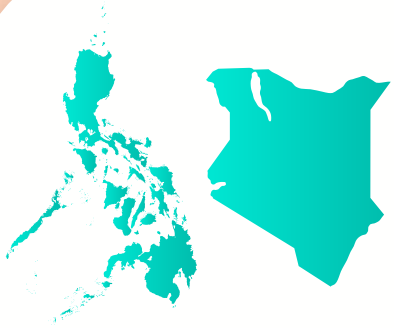
The Governments of Canada and the US earmarked specific medical support and economic stimulus funding for indigenous communities



In Australia, the Government established a National Indigenous Taskforce to develop an emergency response plan for Aboriginal communities to combat the potential spread of COVID-19



Photo credit: Koraput



The governments of the Philippines, Kenya and others provide food and health packs to families

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