

IMPACT OF COVID-19 ON THE INDIGENOUS PEOPLES OF THE BOCA DA MATA VILLAGE IN RORAIMA¹

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ABSTRACT

This article aims to explore how the Covid-19 pandemic affected – and still affects – the social organization of the Boca da Mata village in Roraima. Indigenous practices rely on collective action for everything from daily life, while sharing backyards, to exchanging food, holding meetings and sharing information both orally and in person. Collectiveness is an essential characteristic of indigenous peoples' social and cultural structure. A dialogue with two health professionals who work with indigenous peoples shone light on the challenges that the pandemic has created for these peoples in practical matters ranging from access to vaccines to strategies that had to be created to address the pandemic.

KEYWORDS

Health | Vaccine | Indigenous peoples | Covid-19

1 • Introduction

On January 22, 2020, the emergency committee of the World Health Organization (WHO) held its first meeting to discuss the outbreak of a new virus detected for the first time in Wuhan, China that causes a severe acute respiratory syndrome. The goal of the meeting was to analyse whether this outbreak would lead to an international public health emergency.

On January 28, the Brazilian Ministry of Health declared the coronavirus an imminent threat to the population. The same year, after the pandemic had spread around the world and consequently, Covid-19 had reached indigenous territories, the challenges in accessing quality health care indigenous peoples already faced became even more evident.

On March 23, the *Jornal de Roraima*² reported that the government had declared a state of public emergency because of Covid-19. The municipality of Boa Vista also placed restrictions on businesses and declared a public health emergency in the capital city. There were already two confirmed cases of Covid-19 in the state at the time. Municipal decree n° 28.635/2020 prohibited cinemas, theatres, shopping centres, bars and gyms from opening, and only essential services and sectors such as hospitals, supermarkets and public safety could continue operating. Due to the pandemic, Brazil's borders with Venezuela and Guyana were partially closed.

In view of this scenario, the goal of this study and this paper is to explore how the Covid-19 pandemic influenced the indigenous way of life in the Boca da Mata community in Roraima. The community's inhabitants are from three ethnic groups: Macuxi, Wapichana and Taurepang. What moves this community is basically the philosophy of collective work, known as *ajuri*.³ Meetings, assemblies and events are organized collectively. When Covid-19 reached the community, these relations had to be suspended, thus modifying social relations for an indefinite period of time.

The methodology for this study was the interviews I conducted in the Boca da Mata indigenous village and the Sorocaima II village, both of which are located in the São Marcos Indigenous Territory in the Alto São Marcos region, in the municipality of Pacaraima in the state of Roraima. The interviews were held with two health professionals – an Indigenous Health Agent (AIS for the acronym in Portuguese) and a nursing technician of the Secretariat of Indigenous Health (SESAI) who administers vaccines – in July 2021. At that time, 419,967 people in Brazil had lost their lives due to Covid-19.⁴

2 • The Brazilian state and its neglect of indigenous peoples during the pandemic

Since the beginning of the Covid-19 pandemic, the federal government has taken no measures to protect the indigenous peoples of Brazil, nor Brazilian society in general.

The current president has treated the pandemic as a “minor flu” and showed no respect for social distancing. He declared that Brazil could not come to a stop, encouraged gatherings and discouraged the use of protective masks.

The Parliamentary Commission of Inquiry (CPI) on the pandemic⁵ proved the existence of an anti-vaccine political plan sustained by fake news. The dissemination of false news about the pandemic, early treatment and the Covid-19 vaccine influenced the population’s decisions on what the right measures of protection against the disease were. This had direct negative consequences, including the increase in the number of infected people and bed occupancy rate, which resulted in a high number of deaths in the country. The CPI’s investigation collected data that demonstrate the omission of the Brazilian federal government in raising public awareness about the pandemic.

According to Instituto Socioambiental (ISA),⁶ in relation to the situation of indigenous peoples during the Covid-19 pandemic in Brazil, not only was the Brazilian state negligent, but it even contributed to the spread of the virus. The study highlights the three most common forms of infection: via health professionals who brought the virus to the villages; miners and land grabbers, as invasions of indigenous territories have increased during the pandemic, with the encouragement of the federal government, and cases of indigenous peoples who became infected while seeking emergency assistance in urban centres.

3 • Changes to indigenous daily life during the Covid-19 pandemic

In this first section, I present the experience of an Indigenous Health Agent (AIS) who lives and works as a health professional in the Boca da Mata indigenous village. A member of the Taurepang ethnic group, Mrs. Marina has worked more than 15 years in the field of indigenous health.

When asked if Covid-19 has had an impact on the community, she affirmed that it has. With the arrival of the coronavirus, she noted a change in the community’s daily social routine. Activities that are normally done in person were suspended, affecting everything from the children’s school education to even the work of health professionals at the basic health clinic in Boca da Mata. The village’s residents put up a barrier of protection at the entrance of the community to limit the circulation of people and prevent the virus from penetrating further. Not all the residents of the community supported the idea of the barrier, as some did not believe that the virus could make its way into their homes.

In this context, Covid-19 created challenges for indigenous peoples, especially in relation to their communal way of life. Assemblies and festivals that were part of the communities’ social organization had to be interrupted due to social isolation. The community had to adapt, even if only for a short period of time, and use masks and hand sanitizer – practices that were not common before then.

In Boca da Mata, people live a communal family life based on the exchange of cassava flour, vegetables, game meat, fish and other supplies. But from one minute to the next, exchanging food posed serious risks because the food could be contaminated with Covid-19.

Therefore, these relations have been suspended since the beginning of the pandemic. A new social model was introduced, in which it became necessary to stay at home, which led to changes in the way people interacted. It is important to remember that in the Boca da Mata village, the concept of a yard – that is, of properties delimited by fences – does not exist. All areas of the village are of common use to all community members. Family groups, which basically live close to one another, do exist but constant interaction with the broader group is deeply rooted in the community. Coping with isolation due to the pandemic was a major challenge for a society whose social structure is based on sharing with the whole group.

Another determining factor was the very process of circulating information that is important to daily life, which is normally spread “by word of mouth”. The recommendation of social isolation made this practice – so essential in indigenous ways of life – impossible because of the major risk of contagion.

According to Mrs. Marina’s account, many people had to leave the community to receive their financial benefits,⁷ and soon after, emergency aid benefits also became available.⁸ As a result, people had to travel to the city hall in Pacaraima or to Boa Vista, the capital of Roraima, which made it difficult to maintain social isolation. This is one of the ways many people from the community became infected with the virus.

Mrs. Marina caught Covid-19 and remained in isolation for 20 days. The treatment she and her family used while she was ill was lime tea with garlic. When asked if home remedies were efficient, she said they were. For her, 2021 was scary and worse than 2020 because she thought that the wave of the pandemic would pass, but every day, she would see the high number of deaths and cases on television and hear about the death of people she knew.

When Mrs. Marina began talking about the pandemic in her community, the sensation she conveyed was that of feeling trapped. As for the changes she had to make in her life when she caught Covid-19, she responded that she had never imagined that one day it would affect her, nor that the disease would alter anything in her life, home, family, or in relation to her children. She said that this new way of life was suffocating. She is aware, however, that these measures are important to protect not only herself and her family, but the entire village. As a health professional, she recognizes that social distancing is necessary to take care of not only herself, but others as well.

Covid-19 also affected her family’s sources of income. She lives with her husband, her youngest son, her daughter, four granddaughters and her son-in-law. She has her job as an AIS with the Special Secretariat of Indigenous Health (SESAI). Her husband is a farmer. He works in the field helping to sustain the family by making cassava flour and planting

bananas and cassava. But she mentions that her salary alone is not enough to buy flour, which is a staple food for the Macuxi, Taurepang and Wapichana indigenous peoples and so, they produce it themselves to survive. Her daughter, who is a teacher, became unemployed and her son-in-law helped out by doing odd jobs. He was a school bus driver but when classes were suspended, there were no children to drive around and so, he was left jobless.

4 • The challenges of vaccinating for Covid-19 in indigenous communities

On January 19, 2021, G1's webpage with news on Roraima published the following article: "Macuxi indigenous woman is the first to be vaccinated against Covid-19 in Roraima: 'I want to be an example'".⁹ Iolanda Pereira da Silva, a 45-year-old resident of the municipality of Uiramutã, is a pajé and a midwife in her community. The first indigenous woman to be vaccinated, Iolanda produces indigenous traditional medicines. She stated that she wanted to set an example for her other relatives¹⁰ so they would not resist vaccination. It should be noted that indigenous peoples are one of the groups to be given priority for the Covid-19 vaccine in Brazil.¹¹

SESAI has been vaccinating indigenous peoples living in the villages via the 34 Special Indigenous Health Districts (DSEI). Approximately 305,672 indigenous peoples in Brazil have received the first dose of the vaccine¹² and 231,609 have recently received the second dose. It is estimated that there are currently 1,300,000 indigenous peoples in Brazil. In Roraima, approximately 32,748 indigenous people have received the first dose of the vaccine¹³ and 27,804, the second dose. It is estimated that there are close to 56,000 indigenous people in the state.

Regarding immunization, Mrs. Marina explained:

[...] I think that with the vaccine, I can protect myself and protect my people who are at home, my children, family, grandchildren. Since they can't be vaccinated, if I'm protected, I can no longer transmit the most serious forms to them because before the vaccine, the nurse gave a presentation there, at the clinic. She explained the reason for the vaccine. She gave a presentation. She explained that the vaccine is there to immunize you. This doesn't mean you won't catch it. You will catch the disease, but it will be mild. You won't end up in the hospital. You won't need a respirator to breathe when you have shortness of breath. So, all this was explained. I was aware that I was going to get it. She explained that it could cause discomfort, fever, but this was the reaction to the vaccine, right? And so, whoever has these symptoms shouldn't get it, she advised people – anyone who is asymptomatic or who has shortness of breath, really sick with the flu, I don't recommend that they get vaccinated. This was a talk she gave to raise awareness.

She views the vaccine as a guarantee of freedom. When I asked what she thought about that moment of the pandemic, she replied that she prayed for everyone to get vaccinated because the vaccine gets results. At the same time, she indicated that she is aware that the pandemic is not going to end, but it will be less severe, and that post-pandemic freedom will be different than what we had before.

In relation to the future, she expressed her desire for everyone to be vaccinated and return to normal life. I asked if she had some other concern about Covid-19 that she would like to share, and she replied that:

My concern is only with the people who still have not been vaccinated, who still aren't immune to the virus. Because we hear all the time that there is such and such variant, that it's worse than this Covid virus. So, I think that people need to be aware and get immunized so that there are no more serious cases that take the lives of more people we know, because the whole community suffers.

4.1 - Health professionals and resistance to the vaccine in the indigenous context

My second interviewee is Helena, an indigenous nursing technician (who administers vaccines) from the Pankará ethnic group from Pernambuco, a state in north-eastern Brazil. She lives in Roraima and has worked in indigenous health for over 12 years. I met Helena when I went to get vaccinated at the health team's base unit in the Sorocaima II community, which provides care for all indigenous communities from the Alto São Marcos region. What caught my attention was when she informed me that she could not give me the vaccine because she had to follow the protocol from Brasília,¹⁴ which stipulates that only indigenous people living in indigenous territories can be vaccinated. As I am temporarily living outside of my village to pursue a master's degree in the city of Boa Vista, I do not meet the protocol's requirements. She said that if it were up to her, she would vaccinate all indigenous people, regardless of whether we were living in the village or not.

The fact that indigenous people living in urban areas are not treated as part of a priority group is an important issue for us: we demand that the state respect our identity and effectively guarantee our rights. When we go from our villages to urban centres, we do not stop being indigenous.

As for her experience with the Covid-19 vaccine, Helena mentions that it is different from other vaccines, which makes it a challenge for the community to understand because they are dealing with a pandemic. For her, it is something new for everyone: "A lot harder to understand... Because it is a pandemic. It's a very new disease that frightens people a lot, eh? And everyone has been waiting for a vaccine or a solution for this disease since last year".

In some communities, indigenous people have shown resistance to vaccines. As a health professional, she is clearly concerned about this. In her opinion, it is interesting to note

that while many people want a solution for the new virus right away, when the vaccine was finally developed, they are surprised with how fast it was developed, and they are wary of its efficacy. As a professional, she understands and recognizes the efforts of researchers who are anxious to eradicate the disease as soon as possible by developing vaccines.

An important element to be analysed is that indigenous people are resistant to not only the Covid-19 vaccine, but also other vaccines offered before the pandemic, such as the influenza vaccine.

So, a long time ago, whenever I would come to give people vaccines here, they would accept some vaccines, but not others, such as the one for influenza. The majority of them never wanted it because of the beginning of the history of influenza, which was to kill, etc. etc., but now, some families want the vaccine and other services.

4.2 - Elements that fuelled fears on the vaccine

Based on her experience with vaccination in other communities, Helena highlighted two elements that, in her view, influence people's receptivity to vaccines: religious and cultural issues. Some indigenous people say they fear all vaccines, not just the one for Covid-19, because they say they are meant to "kill indigenous people".

Helena emphasizes that even after attending her information sessions on the vaccine, some indigenous peoples still voiced their fears. Some people were dying from a very severe flu, which was often associated to the vaccine. Helena tried to explain to them that a person's immunity influences how effective all vaccines are and that adverse effects always exist, but death is not one of them. The cause of death in these cases is not necessarily Covid-19. A person can receive both doses of the vaccine, have other diseases and die.

Another point worth mentioning is the fear of falling ill and having to go to the hospital in the city. For some indigenous people, this trip was the same as "going there to die" because these places were overcrowded, with many people dying in the hallways. As a result, indigenous people prefer to stay in their own village, be treated with traditional indigenous medicine and often not get vaccinated.

Several times during the interview, Helena expressed concern with indigenous people's understanding of immunization. She is aware that there is a need to use a language that is accessible to them to facilitate their understanding. As for the importance of indigenous people taking a second dose of the vaccine, Helena commented that:

Whenever I come here, I say to them, 'hey, you have to get a second dose because it's part of the vaccination scheme. If you take the first one and not the second, it won't do any good, eh? Your immune

system will' – let's say, so they understand faster – 'it only protects half. It won't protect you from the other half of the disease'. So they understand, right? Because it's really hard to explain immunization. So, we have to use language that is a lot easier to understand.

Another important factor that affected the vaccination process, besides fear, was the dissemination of fake news. Fake news about the vaccine hindered the vaccination process for society in general. On July 19, 2021, an article entitled “Beware of ‘fake news’ about Covid-19 vaccines” was published on the Ministry of Health’s website.¹⁵ It warned people not to risk their own lives because of fake news and urged them to put their health first.

The goal of this fake news was precisely to fuel fear about the vaccines by manipulating information and using distorted data, leading to widespread misinformation. Information on the Ministry of Health’s website affirmed that the information about people who died after the use of Covid-19 vaccines was false and had no scientific basis. It also highlighted that the vaccine continues to be a means to control the pandemic and its efficacy in combatting the pandemic is related to the large number of immunized people.

According to Helena, the media give people access to factual and false information, which confuses them so they do not know what to believe. In addition to the “religious issue”,¹⁶ which my interviewee considers to be very strong, she explained the influence of the so-called “cultural issue”.¹⁷ For instance, some indigenous people do not want to get vaccinated because they know how to make home remedies and believe that this will make them well once they discover, for example, a plant that alleviates the symptoms of Covid-19. She quoted one indigenous person, who said, “Oh, I’m not going to get vaccinated because I’m taking medicine, because I’m taking home remedies and I’m fine. I’ve spent my whole life taking home remedies and I’ve never been sick, never died”.

When dealing with this type of situation, health professionals try to explain the efficacy of the vaccine and that involves caring for one’s family and community: by getting vaccinated, people are taking care of the community. This information begins to arouse interest when people see that others did not die after they got the vaccine.

For Helena, fighting denialism is clearly a challenge. She is aware of this and states that the virus will not end, and that people will have to deal with the appearance of other variants. She predicts that the Covid-19 vaccine will be part of the vaccine calendar.

In relation to the religious issue and the vaccine, I would like to draw attention to one specific case that Helena commented on: the case of the Sorocaima I indigenous community,¹⁸ located next to the Sorocaima II village in the Alto São Marcos region. Most of the residents of Sorocaima I are Christian and members of the Seventh-day Adventist Church. Only indigenous people from the Taurepang ethnic group live in this community. The entire community decided in an assembly that none of them would get the Covid-19 vaccine,

and they drafted a document on this. The reasons for their refusal were not fully explained. However, according to Helena, the document exists¹⁹ and it certifies that no one from the community will get the vaccine. The Special Indigenous Health District (DSEI-Leste) held awareness-raising activities in the community, but they continue to refuse to take the Covid-19 vaccine. Only one indigenous health professional from the community has been vaccinated. My interviewee made the connection between religion and the refusal to take the vaccine.

In the capital city of Roraima, Boa Vista, besides being in an urban context, religion is highly present in the daily life of the indigenous communities. This results in what Ciello calls the “pentecostalization” of traditional practices:

[...] as can be noted in daily life in Boa Vista, there is a strong presence of Pentecostal and evangelist religions of different denominations, which are increasingly becoming part of the urban landscape and indigenous communities in the region. This has been registered mainly in the Amazon region as the “pentecostalization” of “traditional practices” and is allied with intense migration.²⁰

In this context, the pentecostalization of traditional practices is related to traditional forms of healing that certain communities are apparently no longer “producing”, which has to do with the lack of interest among younger generations in everything that is seen as traditional. Since few people speak indigenous languages, the healers are no longer the same as in the past and as a result, the art of healing is on the decline and could possibly reach the point where it disappears. Society is seeking relief and treatment for certain diseases, which involves traditional, biomedical and religious knowledge.

As the Sorocaima I community is next to my community, I know that the religious bias there is indeed very strong. While they have kept the customs of eating *damurida*,²¹ planting crops and making flour, *beiju*²² and craftwork alive, they also adopt religious dogmas, such as not eating certain kinds of fish and resting on Saturdays.

Even though there are indigenous peoples who still have not been vaccinated, according to Helena, the communities that are more open to the vaccine are Santa Rosa, Boca da Mata, Aleluia, Novo Destino, Cachoeirinha and Sorocaima II. All of them are in the Alto São Marcos region.

5 • Final considerations and the challenges that remain

The challenges that the indigenous population face in accessing the basic rights of health, education and to land, among others, are not new. The arrival of the pandemic merely brought the government’s plans for indigenous peoples to the surface. If the Brazilian government does not create strategies and measures to protect against Covid-19, the indigenous peoples

will do it themselves. In response to the pandemic, indigenous communities in Roraima began creating prevention strategies, such as health barriers to monitor and control the entrance and exit of members of the communities.

The control barriers in the territories served to both slow the spread of the virus within the communities and contain the invasion of miners who are taking advantage of the pandemic to exploit land, as in the case of the Raposa Serra do Sol Indigenous Land in the Serras region, where agents of the Grupos de Proteção e Vigilância dos Territórios Indígenas (GPVITI, or Groups for the Protection and Surveillance of Indigenous Territories) and indigenous leaders remove invaders from their land. According to Aleixo et al.,²³ during the pandemic, invasions of indigenous land in Roraima have been on the rise, leading to an escalation of social conflict, but also an increase in the mobilizations of indigenous peoples and consequently, the strengthening of political organizations in defence of their territory and their rights. To halt the onslaught of invasions in Roraima, some communities mobilized to create the GPVITI, composed of members of the indigenous communities themselves, to monitor and protect their territories, thereby guaranteeing their autonomy. These groups are made up of men and women who receive training on indigenous and environmental rights and territorial surveillance to prepare them to operate in the villages.

In conclusion, the Covid-19 pandemic affected indigenous peoples' social organization, health services, education, mental and physical health, family incomes, means of production and consumption and family life. It influenced the Boca da Mata community's way of life, especially cultural and religious aspects, as the suspension of group work and the assemblies created major challenges for the indigenous peoples. As stated in the beginning, collectiveness is a very important aspect of indigenous life, and their conception of health is also collective. Therefore, in exceptional cases, such as the Covid-19 pandemic, they had to momentarily forego the community for the sake of the community. Finally, we cannot stress enough the importance of the indigenous movement in Brazil in the struggle for their rights, including their right to health.²⁴

NOTES

- 1 • This article is part of my thesis for my Master of Social Anthropology degree from the Universidade Federal de Roraima, which I will defend in 2022.
- 2 • “Governo de Roraima decreta estado de calamidade pública devido ao coronavírus”, G1 RR, March 23, 2020, accessed December 21, 2021, <https://g1.globo.com/rr/roraima/noticia/2020/03/23/governo-de-roraima-decreta-estado-de-calamidade-publica-devido-ao-coronavirus.ghtml>.
- 3 • This is when the community - including women, men and adolescents - is mobilized to work together. Ajuri happens when a working bee is held to clean up the community, or to “open up” an area to plant food – in other words, to carry out an activity that involves the whole community.
- 4 • As of November 2021, the total number of deaths caused by the pandemic in Brazil was 615,179.
- 5 • “Relatório Final”, Federal Senate, Parliamentary Commission of Inquiry on the Pandemic, October 2021, accessed on December 21, 2021, <https://static.poder360.com.br/2021/10/relatorio-final-renan-calheiros-cpi.pdf>.
- 6 • Davi Kopenawa Yanomami, “COVID-19 e os Povos Indígenas”. Covid-19 e os Povos Indígenas, 2021, accessed December 21, 2021, <https://covid19.socioambiental.org/?gclid=CjwKCAiAtdGNBhAmEiwAWxGcUlvehmMutBgSHSozt1H5cT9LB5SECbl>.
- 7 • Benefits such as the salaries of indigenous professionals working as civil servants or indigenous schoolteachers.
- 8 • This emergency aid is a programme of the Brazilian federal government that provided income to the most economically vulnerable people during the Covid-19 pandemic.
- 9 • Vanessa Fernandes, Fabrício Araújo and Valéria Oliveira, “Índigena Macuxi é a primeira vacinada contra Covid-19 em Roraima: ‘quero ser exemplo””. G1 RR, January 19, 2021, accessed December 21, 2021, <https://g1.globo.com/rr/roraima/noticia/2021/01/19/indigena-macuxi-e-a-primeira-vacinada-contracovid-19-em-roraima.ghtml>.
- 10 • Term commonly used among indigenous peoples belonging to Brazilian ethnic groups.
- 11 • “Plano Nacional de Operacionalização da Vacinação Contra a Covid-19”, Ministry of Health, April 28, 2021, accessed December 21, 2021, <https://static.poder360.com.br/2021/05/Plano-Nacional-de-Operacionalizacao-da-Vacinacao-contracovid-19-atualizado-28abr2021.pdf>.
- 12 • “Vacina parente”, Articulação dos Povos Indígenas do Brasil - APIB, 2021, accessed December 21, 2021, <https://emergenciaindigena.apiboficial.org/vacinaparente/>.
- 13 • “Imunização Indígena - COVID-19”, Ministério da Saúde, 2021, accessed December 21, 2021, https://infoms.saude.gov.br/extensions/imunizacao_indigena/imunizacao_indigena.html.
- 14 • “Plano Nacional de Operacionalização da Vacinação Contra a Covid-19”, April 28, 2021.
- 15 • “Cuidado com as ‘fake news’ sobre vacinas contra Covid-19”, Agência Nacional de Vigilância Sanitária - Anvisa, July 17, 2021, accessed December 21, 2021, <https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2021/cuidado-com-as-2018fake-news2019-sobre-vacinas-contracovid-19>.
- 16 • Here, she is referring to many religious expressions, mainly within Christianity, that exist in some indigenous communities. And this has to do with political struggles over several aspects of community life. In the current context, it is related to the uptake of the Covid-19 vaccine.
- 17 • The cultural issue raised in this article has to do with the use of “traditional” remedies not only for Covid-19, but also for other illnesses. These remedies are made from natural products

extracted from nature itself, such as syrups, potions, products for bathing and ointments.

18 • I cite the Sorocaima I community because it is next to my community, Boca da Mata. In addition to my interviewee mentioning it, I know some residents from the community. However, this community is not the focus of my research.

19 • At the time of writing, I have not had access to this document.

20 • Fernando J. Ciello, "Artes de cura e o problema do caleidoscópio: Pistas para uma antropologia da Saúde a partir do extremo-norte", in *Processos identitários diferenciados: etnografias contemporâneas a partir do extremo norte brasileiro*, orgs. Carlos Alberto M. Cirino and Lilian Leite Chaves (Boa Vista: Editora da UFRR, 2020): 292-293.

21 • Traditional indigenous food in Roraima. *Damurida* is a spicy broth made from game meat or fish, which can be combined with cassava leaves.

22 • "Beiju" is a pancake made of cassava flour and water.

23 • Eriki Aleixo, Ariene dos Santos Lima and Ivo Cípio Aureliano, "Mortes, Invasões e Garimpo em Terras Indígenas no Estados de Roraima: Entre Mobilizações Étnicas e Conflitos Sociais. Pandemia da Covid-19 na vida dos Povos Indígenas", *Vukápanavo: Revista Terena* no. 3 (Oct./Nov. 2020): 1-400.

24 • Since 2010, following several demands, the Secretaria Especial de Saúde Indígena (SESAI, or the Special Secretariat of Indigenous Health) was created and is linked to the Ministry of Health.



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Received in November 2021.

Original in Portuguese. Translated by Karen Lang.



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