



Regional Report

**INDIGENOUS WOMEN OF THE AMERICAS IN  
THE FACE OF THE COVID-19 PANDEMIC**

Presented by CHIRAPAQ - Center for Indigenous Cultures of Peru, and the  
Continental Network of Indigenous Women of the Americas (ECMIA)

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## Introduction

The Continental Network of Indigenous Women of the Americas (ECMIA) is a structure comprising more than thirty women or mixed-gender indigenous organizations spread over twenty-three countries. It seeks to promote leadership training and political advocacy in international spaces and processes in order to foster the exercise of the region's indigenous women's rights.

In the context of COVID-19 and the subsequent global pandemic, ECMIA, through its Regional Coordinators in the North, Mexico, Center and South of the continent, has contacted its member organizations and collated the reports issued by the states and the organizations themselves, with the object of obtaining an overview of the situation of the region's indigenous women.

We concur that the pandemic is taking place within a context of generalized crisis. Apart from its medical components, the crisis also involves systemic structural, economic, migratory, climatic, food-supply, sanitary and scientific aspects. In this context, the vulnerable condition of indigenous women is exacerbated by the triple discrimination we experience owing to our gender, ethnicity and scarce economic resources. The majority of governments address the crisis in the biological area, attacking the virus and the physical sickness. However, according to the concepts of health and sickness held by indigenous peoples, sicknesses are caused not only by physical and biological factors but also by social and spiritual ones. For this reason, dealing with the pandemic in our communities requires a more comprehensive outlook and approach.

This report, therefore, highlights potential violations of the rights of indigenous women, the proposals we have developed to address the pandemic, and the recommendations which we are presenting at ECMIA to national governments in order to guarantee the health and well-being of our peoples.

Additionally, this report aims to provide a brief overview of the situation in the Americas that shows the situation of the indigenous peoples, the actions of the different governments and the repercussions these will have on the future of our indigenous cultures, country by country.

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## Basic protection measures

Within the framework of our right to self-determination, the indigenous communities of the Americas decided to close our frontiers and prohibit the entry of outsiders, as a response to the lack of action on the part of governments. We have mobilized our surveillance institutions and Indigenous Guard in order to ensure that the closure of our borders is respected.

In **Chile**, the Mapuche people of Araucanía took the decision to prevent the entry of tourists who used the imposition of restrictions in the country's capital city as an opportunity to take a vacation. A similar phenomenon has occurred in areas of **Mexico** commonly frequented by tourists, and the prevention of the entry of outsiders is being organized, especially in Yucatán and Quintana Roo, where there are tourist resorts. In addition to that, the Zapatista National Liberation Army has closed access to its *caracoles* or self-government centers in Chiapas. Other communities did the same thing through their community assemblies in the state of Morelos.

Some regional organizations in the north of **Peru**, among many others, called on all the grassroots communities to close their borders as a way of providing protection against the pandemic.

Similarly, indigenous organizations in the Amazon Basin requested governments and international organizations to protect the rights of indigenous peoples, and pointed out that they are not receiving the attention they need, considering their vulnerability to the pandemic.

Furthermore, we, indigenous women, report that our communities are complying with social distancing measures, remaining at home and going out only when essential activities such as production, finding food or health emergencies require us to do so. However, staying at home is not feasible for indigenous migrant women or men. In **Ecuador, Peru and Bolivia**, many indigenous people who live in urban areas prefer to risk becoming infected because their very subsistence depends on the daily income obtained from sales made in public places, or from other forms of self-employment. These jobs are invisible to governments and, on many occasions, not having formal employment blocks access to subsidies or other social-protection measures.

Frequent handwashing is also being carried out, as far as possible; many communities and neighborhoods do not have access to water. For example, according to a report from ComexPerú<sup>1</sup>, only 67.3% of the indigenous

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<sup>1</sup> Social Agenda Pending the Bicentennial: The Indigenous Peoples



population in this country has access to public piped-water supply. In **Venezuela**, the Wayuu women expressed their concern regarding the lack of access to water, which is very expensive and scarce owing to droughts. The latter is a problem which also affects the women of **Argentina** and **Paraguay** in the area of El Chaco.

In **Canada**, the Uashat Innu community took urgent measures, such as building a gatehouse to restrict the entry and exit of individuals to or from the community. In addition to that, they have set up a psychological-support plan for social workers and for people who live alone or are unable to tolerate confinement. The leaders communicate with the community via videos published in social networks to inform people on the measures taken and on the services available to the community.

The following measures have also been taken:

- a) home delivery of food for older adults;
- b) handing out purchase vouchers to families;
- c) distributing disinfectants, facemasks, gloves and other items;
- d) establishing a curfew to avoid parties and social gatherings.

Also in **Canada**, the Pimicikamak Cree nation has limited the access of individuals to the community. This measure was adopted by several indigenous communities in Canada.

The council of the Haïda nation has requested all those who are not resident in the communities to refrain from visiting them. The Mohawk communities of Kahnawake and Kanésatake announced that businesses are closed and that the entry of individuals who are not members of the communities is forbidden.

In the **USA**, the White Mountain Apache and the peoples of New Mexico are complying with orders to remain at home, while entry to and exit from the tribal lands are restricted. Curfews have been imposed and social gatherings have been suspended, including traditional ceremonies and funerals with more than ten people. Compliance with recommendations takes into consideration the community members belonging to high-risk groups, including older adults who are also keepers of the indigenous languages. These peoples face a challenge when neighboring communities refuse to abide by government rules on social isolation, qualifying the tribal communities as racists because they implement strict orders. Many have asked the federal government to withhold federal financing destined for the peoples - financing to which they have still not had access.

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## Indigenous peoples' responses to the pandemic

In countries such as the **USA**, the Navajo People's Health Department possesses an interactive map of epidemiological records and an informative helpline for medical and psychological advice; funds are also being gathered to help the indigenous population. However, no gender-disaggregated data are available.

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. Newsletters are produced periodically to report on cases of infection and death of indigenous persons, as well as the requirements of the communities during the public health emergency. It should be mentioned that reports do not include specific gender-disaggregated data.

The National Organization of Indigenous Andean and Amazonian Women of Peru (ONAMIAP) has set up an action platform with three strategic focal points. The first is regional and nationwide advocacy in order to obtain a space for a direct and multisectoral dialogue between the government and the indigenous organizations with the object of implementing specific measures to prevent and contain the public health COVID-19 emergency among indigenous peoples. The second is the collection of information on the situation of the local organizational bases in the state-of-emergency context and how the communities are facing this challenge. The third lies within the area of communications, where the impact and reality experienced by indigenous women in their communities are made visible.

The British medical journal *The Lancet*<sup>2</sup> reports that, according to the scientific experience obtained from previous pandemics, there exists a correlation between ethnic groups and their respective susceptibilities and special vulnerabilities to a new virus. In this sense, the communities of minority ethnicities are more prone to acquiring new sicknesses. The reality in the Americas is that a large number of countries do not have ethnicity-disaggregated data on people who are infected with or have died from COVID-19. The article in *The Lancet* reminds governments of the need to have ethnicity-disaggregated data at their disposal in order to determine possible risk factors, to assess, monitor and provide suitable strategies for these groups. In the region, the majority of the reports on infected or deceased indigenous persons come from the organizations and communities themselves.

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<sup>2</sup> [Ethnicity and COVID-19: an urgent public health research priority.](#)



We, indigenous women in different countries in the region, put into practice our traditional medicine and knowledge of ethnobotany to strengthen the immune system and prevent respiratory ailments. In **Argentina**, for example, this has also led to closer relationships between young people and the elderly who pass on their knowledge to the younger generations. Furthermore, a balanced and nutritious diet is being promoted, especially for the children and the elderly.

Care with a spiritual perspective is also present in the response to the pandemic. The Native Women's Association of **Canada** has an emergency line where wise women offer spiritual advice and emotional support. Additionally, information is disseminated on the prevention of contagion, and self-care strategies are promoted in their social networks.

In the Uashat Innu community, holy fires are kindled every four days with the aim of strengthening positive thinking. Lighting the fires is accompanied by ceremonial chanting and the beating of a drum. These ceremonies, which are carried out in streets and parking lots, resonate with the rest of the community. It should be mentioned that during these events, members of the population maintain physical distancing of two meters between individuals to prevent transmission of the virus.

In **Colombia**, the role of spiritual care is assumed by the older community members and ceremonies are carried out in a way similar to that of **Chile**, where the Mapuche *machis* perform emergency rites to ask the spirits for strength in order to combat the pandemic forcefully.

The indigenous craftswomen and women in many countries of the region have reoriented their efforts toward the production of facemasks to prevent the spread of COVID-19. In **Paraguay**, the PuntoFarma drugstore chain purchases the masks made by women of the Yalve Sanga indigenous community of Boquerón as a way of contributing to their economic sustainability during the pandemic. In **Mexico** and **Peru**, indigenous women are producing facemasks using natural elements such as palm leaves.

All over the Americas, we indigenous peoples have made use of community radios and loudspeakers to inform the indigenous population, in our own languages, on how to avoid infection. This has forced many governments to translate their messages into indigenous languages as well.

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## Types of violence during the pandemic

There is wide consensus among the indigenous women of the Americas with regard to an increase in the number of cases of domestic violence resulting from extended cohabitation with the aggressors at home, in both urban environments and communities. This is compounded by the overcrowded conditions of their dwellings and the stress caused by the confinement and economic uncertainty experienced by indigenous families, in the context of the pandemic.

According to reports received from the organizations within ECMIA, there are few mechanisms offered, either by governments or by the indigenous organizations and communities themselves, for attending to victims of domestic and gender violence. It should be emphasized that, in the alerts and communiqués issued by the mixed indigenous organizations in the context of the pandemic, there are no specific demands regarding protection measures for indigenous women and girls, and collective wellbeing is assigned priority over the needs of women, children and youth.

In some of the countries in the region, such as **Mexico** and **Canada**, the indigenous women resort to shelters run by the governments and civil society organizations. However, in Mexico, when the COVID-19 emergency was already well underway, the government left the Shelters for Indigenous and Afro-Mexican Women (CAMIs) without any funding although this same government had warned of the increase of gender violence during the confinement. In **Peru**, the indigenous women's organizations are demanding intercultural attention for cases of violence against indigenous women, girls and boys. The indigenous women of the region point out that the governments have no mechanisms at their disposal to identify the ethnicity of the women who are victims of gender-based violence.

Furthermore, ECMIA's member organizations point out that the presence of the armed forces and police, in both urban and rural areas, exposes indigenous women to other kinds of violence committed by the government. This takes the form of repression to those who breach civilian immobility in order to continue with their economic or subsistence activities or, in the case of urban areas, to work as unregistered street vendors.

In the Temuco commune, in **Chile**, Mapuche women who traveled to the city center to sell their vegetables were detained by Special Forces personnel. The indigenous women condemned this violent action and demanded permission to sell their products in the public market where people of non-indigenous origin sell the same products without suffering any kind of repression by the police.

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It should be noted that in the majority of countries in the region, there is a history of abuse resulting from the militarization of indigenous territories; this is why the presence of the militia during the quarantine revives the social trauma suffered by indigenous peoples, particularly indigenous women.

In some countries in the region, the long periods of isolation and the reduction of economic activities forced thousands of people to return to their places of origin in an attempt to escape from poverty. Although governments do not endorse the notion officially, we believe that the majority of the people displaced are of indigenous origin.

In **Peru**, we see women and girls migrating on foot, sleeping at the roadsides, with very little food and water, and no medical attention at all. When the governmental authorities provide these groups of refugees with shelter, in many cases, they are unhygienic and overcrowded. Under such conditions, there is a greatly increased chance that indigenous women and girls might become victims of exploitation, violence, sexual slavery and a lack of access to basic services.

Frontier-crossing points have also become highly militarized areas, and the Chilean daily newspaper *La Tercera* has reported incidents between Peruvian and Bolivian military personnel and the Chilean police. There has also been persecution of displaced people who cross the frontiers illegally to flee from the pandemic, according to *Agencia Efe* of Spain and other news media in **Peru, Colombia** and **Ecuador**.

We present here some data and referential cases for the indigenous organizations belonging to ECMIA:

#### Argentina

- A video showing how a woman carrying her son in her arms is immobilized by the police in a working-class district in the province of Jujuy has been widely circulated on social networks. (Source: *Diario La Izquierda*, April 4, 2020.)
- A 40-year-old woman was shot dead by her partner at a farm located in Ayacucho, Buenos Aires province. (Source: *Página12*, April 5, 2020.)

#### Chile

- During the first weekend under the obligatory social isolation established by the Chilean government, the Ministry of Women and Gender Equality reported a 70% increase in calls made by women to the helpline providing advice with regard to family violence. (Source: *La Tercera*, April 6, 2020.)

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### Colombia

- According to the Colombian National Police Force, between March 20, when preventive social isolation started, and April 7, the helpline for women who are victims of violence dealt with a daily average of 108 calls; by comparison, the daily average number of calls before the confinement was 54. (Source: *El Tiempo*, April 18, 2020.)
- During obligatory social isolation, female victims of domestic violence are encouraged to hang a blouse at the window as a distress signal. (Source: Women's Networks of Ibagué and of Tolima).

### Guatemala

- The Office of the Public Prosecutor expresses concern because there has been a 75% reduction in the frequency of domestic violence accusations; this is attributed to the lack of public transportation and the curfew, making it difficult for women to seek help. (Source: *Prensa Libre*, April 14, 2020.)

### Mexico

- In Oaxaca, a case of femicide against a child was recorded. A six-month-old indigenous baby girl was murdered after sexual aggression. (Source: *Proceso*, April 6, 2020.)
- A 25-year-old woman who earned her living by running errands for people in quarantine was murdered today during a street robbery in Cosoleacaque, in the state of Veracruz (Source: *Crónica de Xalapa*, April 15, 2020.)

### Peru

- According to the Ministry of Women and Vulnerable Groups, there have been four femicides in Peru and 56 acts of sexual aggression committed against minors since the start of obligatory confinement. Additionally, more than 10000 calls have been made on the emergency helpline for cases of violence. (Source: *Perú 21*, April 14, 2020).

## **Economic resilience of indigenous women**

Economic independence is still a distant dream for indigenous women. We are the ones who experience the largest inequalities when it comes to wealth distribution. The pandemic has brought to light the enormous barriers we must overcome in the search for decent and legitimate livelihoods.

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During this crisis, it became evident that women are vital to the administration and management of the home and the activities involved, such as meeting nutritional requirements, cleaning and getting food. This was confirmed in countries such as **Panama** and **Peru**, where the separation by gender imposed for the circulation of people in public areas highlighted the domestic workload of indigenous women living in towns and cities, as could be seen in the crowds at the markets.

The Wayuu people of Alta Guajira, between **Colombia** and **Venezuela**, reported that about fifty children are in a critical state of malnutrition owing to lack of food and water. The domestic economy of their indigenous mothers was based on tourism, which has ceased as a result of the pandemic.

From **Mexico**, there are reports of protests by indigenous organizations and indigenous people who live in the cities. Among these are the Triqui people from the highlands of Oaxaca; their livelihoods are based on street-sales of handicrafts and other products, and women are the most impacted. The indigenous women of the Rarámuri people, who mostly work as domestic helpers, requested a subsidy from the government in order to support their families. The indigenous women who work in grocery stores and restaurants point out that in some cases their salaries have been reduced to one half, while in other cases workers have been dismissed. Furthermore, the closure of the traditional markets or *tianguis* has left hundreds of indigenous women without their main source of income.

Only a few American countries have directed their efforts at promoting the wellbeing of the indigenous peoples, and particularly of the women, children and youth. **Canada** acknowledges that the First Nations, the Inuit and the Métis are among the most vulnerable and, during this crisis in particular, those who live in remote regions of the country are particularly exposed. However, the government should recognize the autonomy of the communities and give them the necessary flexibility to respond to the specific needs identified by those communities. The federal government, therefore, offers a 305-million-dollar fund based on concessions, and it will be used to meet immediate COVID-19-related needs in the communities.

The distribution of the Support Fund for the Indigenous Communities is as follows:

- 215 million dollars for First Nations, to be assigned to each one of them according to population, remoteness and wellbeing of the community;
- 45 million dollars for the Inuit, which will be paid to each of the four organizations devoted to land claims through an allocation

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determined by the *Inuit Tapiriit Kanatami* and the regional Inuit organizations;

- 30 million dollars for the Métis communities, who will be allocated to each one of their organizations;
- 15 million dollars for regional and urban indigenous organizations that support their members who live a long way from their communities, and for regional organizations such as the Friendship Centers.

It should be mentioned that **Canada** also assigned 10 million dollars for the shelters that house women without incomes as well as victims of different kinds of violence, many of whom are indigenous.

In **Argentina**, a subsidy has been established for vulnerable families and the Directorate for the Development of the Indigenous Communities will be in charge of the data-collection design for indigenous peoples. In this area, **Brazil** has assigned 4700 million reals (about 904 million USD) to protect the traditional communities from negative economic impacts that might affect their family budgets. However, it must be stated that in Brazil, where 37 cases of deceased indigenous persons have been reported, indigenous peoples are unprotected by the state against the expansion of the pandemic and the invasion of their territories by extractive industries and agricultural businesses.

In other countries in the region, economic support measures are being implemented which, unfortunately, are not aimed specifically at supporting indigenous women. In the case of **Paraguay**, a monthly voucher amounting to 548210 guaraníes (about 82 USD) has been established for three months for informal workers. **Peru** initially authorized a solidarity subsidy of 380 soles (about 106 USD) for urban areas and was harshly criticized. Pressure by social organizations of Peru persuaded the government to establish a ‘universal subsidy’ which would benefit 75% of the population. The agricultural organizations demanded and achieved the creation of a rural subsidy.

In view of this reality, indigenous organizations in the three Americas request focalized economic measures for indigenous peoples and, specifically, measures focused on the economic empowerment of indigenous women.

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## Recommendations

1. To guarantee the full representative, informed and effective participation of indigenous women and our organizations in the design, implementation, monitoring and evaluation of measures to address the public health emergency and to mitigate its effects in the post-crisis context.
2. To respect and support the initiatives of indigenous women and youth regarding the care of community members, whether of spiritual, emotional, nutritional or medicinal nature, by means of traditional practices and our own mechanisms.
3. To produce disaggregated data on infected, recovered and deceased individuals, by each indigenous people, as well as age and gender, and to provide more extensive information on indigenous communities and territories affected.
4. To design protocols for entry to indigenous communities that have isolated themselves. These are aimed at avoiding contagion when items such as food, informative material, or protective material are being delivered. The protocols should be drawn up in consultation with the community authorities and should take into account the equitable participation of indigenous women and youth.
5. To design protocols for the attention of indigenous persons displaced by the pandemic, taking into account the recommendations of the Human Rights organisms and the United Nations.
6. To disseminate complete information on preventing and protecting against COVID-19 and the symptoms of this sickness, as well as the actions to be taken in case of infection. This information should be presented in indigenous languages and not solely by virtual means, taking into account the lack of Internet access or electricity in many communities; also, consideration should be given to people who are unable to read their language. Communications initiatives of the indigenous women and youth and their organizations should also be encouraged.
7. To ensure that health workers and government officials who are in contact with indigenous peoples are not infected with COVID-19.
8. To guarantee transport from the communities to health centers so that indigenous women may receive timely attention in maternal and infant healthcare when this is indispensable or, if not, to encourage care by means of traditional medicine and the work of indigenous midwives.
9. To provide healthcare centers receiving indigenous patients with the necessary implements for protection, as well as tests for screening health workers, police and military personnel in addition to members of the indigenous community.

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10. To set up specific economic subsidies for indigenous peoples that guarantee their access to basic needs during the emergency and that could contribute to the resumption of economic activities in the medium and long term; the emphasis should be on indigenous women and youth and the focus should be gender-oriented and intercultural.
11. To ensure that the assignment of additional resources to medical attention in the context of COVID-19 does not impair the continuity of social programs and other public services that benefit women and indigenous peoples.
12. To support the petition of indigenous authorities and the continent's various different social actors for the creation of an Emergency Fund for the Indigenous Peoples. The aim is to guarantee suitable conditions for dealing with the urgent requests of the communities in the battle against COVID-19.
13. To draw up education strategies that are socio-culturally relevant to indigenous communities in places lacking Internet access, computers or electricity, so that the indigenous children and youth can continue their studies at different educational levels.
14. To closely oversee the actions of the military personnel and police forces when they are enforcing the measures taken to combat COVID-19 with indigenous peoples, especially indigenous women, in order to put a stop to all kinds of repression and violence and to ensure they are treated decently.
15. To coordinate with indigenous organizations and communal committees to support, establish and strengthen strategies and mechanisms for prevention, care and protection of indigenous women, youth and children affected by violence, including community vigilance networks and shelters run by indigenous women; to inform with cultural relevance and in indigenous languages on how to proceed in situations of gender-based violence; to promote ways of coexistence in homes through the content of the material being circulated; to train medical personnel and community promoters that are going out to the communities to provide information on COVID-19 also to disseminate information on the prevention of gender-based violence and how to protect against it.

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