



From autonomous monitoring to virtual collaborative research: partnership with the indigenous movement from the Northeast region during covid-19 pandemic as support for social control

Do monitoramento autônomo à pesquisa colaborativa virtual: parceria com o movimento indígena do Nordeste durante a pandemia da covid-19 como apoio ao controle social¹


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Abstract

In the first months of the covid-19 pandemic, in 2020, indigenous movements and organizations in the Northeast region of Brazil established an extensive network of support and partnerships with groups of researchers and civil society entities to organize campaigns of solidarity with the indigenous peoples. The production of general information and empirical data on how the disease reached indigenous territories and populations constituted one of the main strategies for action. This mobilization was the basis for establishing collaborative networks that investigated how the indigenous peoples faced the pandemic, from an anthropological bias and applying methods that we could define as virtual collaborative research. The article, thus, discusses the potential of this type of partnership for reflection on the Indigenous Health Care Subsystem, arguing that this model can constitute a kind of support for social control exercised by the communities.

Keywords: Covid-19; Northeast Indigenous Peoples; Indigenous Health; Social Control; Collaborative Research.

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Resumo

Nos primeiros meses da pandemia de covid-19, em 2020, os movimentos e organizações indígenas da região Nordeste do Brasil estabeleceram uma extensa rede de apoio e parcerias com grupos de pesquisadores e entidades da sociedade civil para a organização de campanhas de solidariedade aos povos indígenas. A produção de informações gerais e dados empíricos sobre como a doença atingiu os territórios e populações indígenas constituiu uma das principais estratégias de ação. Essa mobilização foi a base para a constituição de redes colaborativas que investigaram como ocorreu o enfrentamento dos povos diante da pandemia, por meio de um viés antropológico e aplicando métodos que poderíamos definir como uma pesquisa colaborativa virtual. Este artigo, portanto, discute o potencial desse tipo de parceria para a reflexão sobre o Subsistema de Atenção à Saúde Indígena, argumentando que esse modelo pode constituir uma forma de apoio ao controle social exercido por parte das comunidades.

Palavras-chave: Covid-19; Povos Indígenas do Nordeste; Saúde Indígena; Controle Social; Pesquisa Colaborativa.

Introduction

On April 24, 2020, Rondinelli Lúcio, a 42-year-old singer and craftsman, died; he belonged to the Fulni-ô people, whose territory is located in Águas Belas, a municipality located in the countryside of Pernambuco, 273 kilometers from the capital, Recife.² Naxiá, its name in the Yaathelha language, was the first case of death attributed to the new coronavirus among the Northeast Brazil's indigenous population. The death, which caused a commotion and was widely reported in the country, was a red flag among indigenous movement organizations and indigenous entities in the region.

Pernambuco was the first state in Northeastern Brazil to organize a wider network of indigenous and civil society organizations that began to mobilize collectively in an attempt to carry out a public campaign of support for and solidarity with indigenous peoples, in the face of the rapid arrival and spread of the new coronavirus in their territories.

Along with Naxiá's death, the presence of representatives from the coordination of the Articulation of Indigenous Peoples and Organizations for the Northeast, Minas Gerais and Espírito Santo (Apoime) in the state and the previous existence of an inter-institutional network of political support for indigenous peoples, in which academic research centers and indigenist organizations played an important role, can be listed as some of the factors that facilitated the agility of this mobilization and the "cascade effect" it had when leveraging similar processes in other states in the region, such as Bahia, Paraíba, Rio Grande do Norte, Piauí, and Ceará.

In the first months of the covid-19 pandemic, in 2020, indigenous movements and organizations in the country's Northeast region established an extensive support network through partnerships with groups of researchers and civil society entities, organizing solidarity campaigns that exposed the situation of indigenous peoples in the face of the pandemic. Within the scope of these campaigns, the production of general information and empirical data on the situation of indigenous

² A few months before his death, in July 2019, Naxiá acted as the solo voice on the album "Woxtonã Yaathelha Kefkyandodwa Kefte - Cafurnas Fulni-ô". Album available at: <https://www.youtube.com/watch?v=rknS7b_xn6g>. Access on: Nov. 23, 2021.

populations constituted one of the main action strategies materialized in the elaboration of bulletins, studies, maps, infographics, that is, structures of communication dialogue with civil society and public bodies. This set of actions had great influence on local and regional contexts, causing conflicting facts and affecting the performance of the Special Indigenous Health Districts (DSEI).³ These mobilizations were the basis for the organization of collaborative networks that created their own forms of investigation into the peoples' strategies to deal with the pandemic, supported by networks of researchers with ethnographic experience in the communities and applying methods that we could define as collaborative virtual research. This article discusses the potential of this type of partnership to reflect on the Indigenous Health Care Subsystem, arguing that this model can constitute a form of support for the social control exercised by the communities.

The information gathered in this article is the result of the direct participation of researchers in different initiatives linked to the organization of this partnership network. Due to the article limits, the focus will be, specifically, on efforts related to the states with the greatest population expression, such as Pernambuco and Bahia,⁴ in addition to actions of a regional scope linked to Apoinme, an entity that brings together state indigenous movements in the Northeast region. However, some researchers from the team followed, throughout the pandemic, actions similar to those practiced in the states of Ceará and Paraíba.

Pernambuco

Fighting against the rapid spread of the coronavirus, on the night of April 29, 2020, the Pernambuco's Indigenous Rights Monitoring Network (Remdipe)⁵ held its first virtual meeting (using Zoom app), in the context of the covid-19 pandemic, which had as its sole agenda the organization of a campaign of solidarity with and support for indigenous peoples. That meeting, which took place between Naxiá's death and the confirmation that the cause of death had been the new coronavirus (which would only occur in May 1), presented some of the main debates that took place at the time, in which a scenario of uncertainties about what could happen to the Brazilian population, in general, and indigenous peoples, in particular, was still hanging in the air.

Political objectives, mobilization strategies, and the main lines of action of the public campaign were defined, which began under the slogan *Que nossa solidariedade seja maior que a pandemia* [May our solidarity be greater than the pandemic], insignia of different calls for the mobilization of civil society to deal with the pandemic throughout Brazil. At that time, there was already an urgent need to produce qualified information on the population's situation in different indigenous territories due to the underreporting of cases, which could bring to light demands and concrete issues that would help in the creation of policies to face the pandemic context, which imposed itself in a rapid manner, in collaboration with organized movements

3 The Indigenous Health Care Subsystem is part of the Unified Health System and is organized through 34 Special Indigenous Health Districts (DSEIs), under the Special Secretariat for Indigenous Health (Sesai) linked to the Ministry of Health. In the Northeast region there are six DSEIs: Bahia, Pernambuco, Maranhão, Alagoas-Sergipe, Ceará and Potiguara. Refer to: <<https://www.gov.br/saude/pt-br/composicao/sesai/estrutura>>. Access on Apr. 30, 2022.

4 Bahia and Pernambuco are the two most populous states in the Northeast region, representing, respectively, the third and fourth largest indigenous population among Brazilian states.

5 Remdipe's political origins date back to the mobilizations in favor of indigenous rights during the 1980s, bringing together NGOs, academic institutions, and Pernambuco's indigenous movement. In the second half of the 1990s, social and institutional actors gathered around the creation of the Xukuru Network to support this population, after the assassination of chief Chicão, on May 20, 1998, and the repeated attempts to criminalize its leaders. In the past decade, the network met at the most critical moments of attack on indigenous rights to think about articulated actions. Examples of action are the campaign against the Proposed Amendment to the Constitution (PEC) 215/2000 (which sought to transfer responsibility for the demarcation of indigenous lands to Congress) and the denunciations of the project to install a Nuclear Power Plant on the banks of the São Francisco River (Remdipe, 2020, p. 3). In 2011, the adoption of the name Remdipe was the result of an extension project carried out by the *Núcleo de Estudos e Pesquisas sobre Etnicidade* (Center for Studies and Research on Ethnicity)/ Federal University of Pernambuco - Nepe/UFPE. In 2019, given the national context of the attack on indigenous rights, the network began bringing together indigenous organizations, legal bodies, and government bodies, articulating debates called *Escuta dos Povos Indígenas* [Listening to Indigenous Peoples], which dealt with topics such as land ownership, education, and health. Refer to: <<https://www.indigenascontracovidpe.com/quemosomos>>. Access on: Apr. 30, 2022.

and with public authorities from different instances of the State.

The different actions that began to take place in Pernambuco converged towards a common objective: to monitor the situation of indigenous areas with regard to the spread of the covid-19 pandemic, generating production of knowledge of general aspects, the diversity and specificities of local realities, and aiming at subsidizing the elaboration of integrated actions and more effective programs in the fight against the disease.

A first action by Remdipe was the organization of processes in the field of the judiciary to deal with actions related to the indigenous peoples' health in Pernambuco during the pandemic. A second measure was to support the dissemination of campaigns to raise funds created by indigenous organizations. Finally, another set of actions, which is our field of interest, consisted of producing information on the situation of indigenous lands in the context of the pandemic. At the time, a set of online forms was organized to better understand the reality of Pernambuco's indigenous peoples regarding the pandemic. The result can be seen in the document *Estratégias de enfrentamento ao novo coronavírus entre os povos indígenas em Pernambuco* [Strategies to combat the new coronavirus among indigenous peoples in Pernambuco] (REMDIPE, 2020). Bulletins composed of texts, maps and infographics were also produced, as well as a website⁶ and profiles on social networks (Instagram⁷ and Facebook⁸).

The bulletin production and the data collection through the diagnosis of confrontation were the two main forms of production and systematization of information on how the pandemic began among Pernambuco's indigenous peoples. This collaborative research process remained very active between April and August 2020, during which 12 bulletins were

released.⁹ The campaign led by Remdipe provoked the action of social control bodies (especially the Federal Public Ministry), and, in our opinion, it had an important role in the so-called "dispute of narratives" in the face of a scenario of fake news, growing denialism, and a genocidal state policy. In this sense, it is possible to note how this influenced public opinion and mass communication vehicles (Guarda, 2020; Mergulhão, 2020; Silveira, 2020).

Thus, underreporting and mismatching of information, serious obstacles to monitoring the situation of indigenous peoples across the country during the pandemic, gained new contours in the face of analyzes formulated by cross-referenced official data from different levels and information agencies and data from the indigenous movement organizations themselves.

The virtual collaborative research processes were disclosed through social networks, especially Remdipe's and Apoinme's profiles, which were also widely used for the political articulation of the indigenous movement and the dissemination of its actions. Some live streaming events carried out by Apoinme marked important moments in the expansion of the partnership network in the states in which it operated.¹⁰ In June 2020, a virtual meeting was held, convened by Apoinme and indigenous entities/bodies/research groups from different Northeast states. The main decision of this meeting was the union of efforts in favor of publishing a new bulletin covering people from across Apoinme's scope area. The East-Northeast Bulletin was born on the occasion.¹¹

The team responsible for preparing the bulletins included anthropologists, communicators, designers, public health agents, indigenous leaders, and jurists. As a rule, a series of information sources was cross-referenced to access official information

6 <www.indigenascontracovidpe.com>. Access on: Nov. 23, 2021.

7 <<https://www.instagram.com/remdipe/>>. Access on: Nov. 23, 2021.

8 <<https://www.facebook.com/remdipe>>. Access on: Nov. 23, 2021.

9 All Remdipe's bulletins (Portuguese language) are at: <https://www.indigenascontracovidpe.com/boletimremdipe>>. Access on: Nov. 23, 2021.

10 Apoinme's first live streaming event - Coronavirus in the indigenous territories of the Northeast, MG and ES, on 5/6/20. Available at: <https://www.facebook.com/apoinme.brasil/videos/234616951137356/?t=14>>. Access on: Nov. 23, 2021.

11 The East-Northeast Bulletin had two editions: July 3, 2020 and August 19, 2020, resulting from the effort of 25 entities/bodies/institutions led by Apoinme and Apib. Editions available in the Portuguese language at:<<https://www.indigenascontracovidpe.com/boletim-le-ne>>. Access on Nov. 23, 2021.

from states and municipalities.¹² These sources were mainly used to gain access to information on how the pandemic was evolving in municipal headquarters, which had a direct impact on the spread of the disease in Indigenous Lands (TI), through “routes to inner lands”:

[...] the virus reached the inner lands in Pernambuco, as has been reported for months, through the main highways in the state, BR 101 and BR 232. [...] as all the TIs in the state are in the agreste and sertão regions, BR 232 played a central role in spreading it. (Remdipe Bulletin # 08, June 15)

For information on the cases that affected the ITs, the bulletin produced by the DSEI of Pernambuco was used as a source. In the beginning, however, the only source was the national website of the Special Secretariat for Indigenous Health (Sesai), which did not present information only by district and not by ethnicity.

Another very important source was the Apoinme Newsletter and the local movements, notably the Commission of Indigenous Teachers in Pernambuco (Copipe), and the Indigenous Youth Commission in Pernambuco (Cojipe). After a few weeks, on May 25, 2020, the DSEI-PE servants started posting a bulletin specifically on the WhatsApp social network. The indigenous health centers also began to launch their own bulletins.

The Epidemiological Report of the Pernambuco State Health Secretariat (SES) began to disclose data on covid-19 Indigenous Lands in Pernambuco as from

report number 143/2020, dated July 22. The data were provided by the DSEI-PE and referred to indigenous residents in indigenous lands. The periodic availability and access for the general public was considered an important advance. The bulletins of the Pernambuco State Health Secretariat (SES) can be accessed on the website of the Center for Strategic Information on Health Surveillance (Cievs). Despite this, the gap in information on indigenous people living outside the ITs still persisted, a population that generally does not have access to specific public policies.

Another front of action by Remdipe was the production of data and information through a network of researchers that were outside the state of Pernambuco.¹³ Five questionnaires were designed to produce information on three main aspects: territories, populations, and socio-sanitary conditions of indigenous peoples. Available online through the Google Forms platform, they proposed a strategy for the remote production of qualitative data with people of different profiles, according to social positions and the functions performed among their peoples, which also concerned specific ways of knowledge of local realities and activities in the territories.¹⁴

On May 21, 2020, through a live streaming event performed by Apoinme in partnership with Remdipe, the action was disclosed to the public in general.¹⁵ The final version of the aforementioned diagnosis (REMDIPE, 2021) was released only on March 8, 2021, by means of a live streaming event in honor of indigenous women,¹⁶ organized in partnership with Nepe/UFPE and Remdipe.

12 The sources accessed were Center for Strategic Information on Health Surveillance (Cievs) of the Pernambuco State Health Secretariat (SES); the Institute for Risk and Disaster Reduction of Pernambuco (IRRD), and the municipal health secretariats of the municipalities where the Indigenous Lands are located.

13 This commission was composed by the anthropologists Alexandre Gomes (Nepe/UFPE), Kelly Oliveira (Universidade Federal da Paraíba - UFPB), by the then student of medicine Maria Eduarda Spencer (NCV/UFPE), and by the anthropologist Cristiane Julião, from the Pankararu/PE people, Doctoral student in Anthropology by the National Museum (Universidade Federal do Rio de Janeiro - UFRJ), an APIB and other from the Apoinme's Department of Indigenous Women.

14 Regarding the five forms, one was directed at all indigenous people; the other, only at leaders. The third category, aimed at health agents and workers, was subdivided into three questionnaires: one for coordinators of base centers; one for members of Multidisciplinary Indigenous Health Teams; another for healing agents (shamans, midwives, healers, etc.) For more on the forms, refer to: <<https://www.indigenascontracovidpe.com/levantamento>>. Access on: Nov. 23, 2021.

15 The action was called *Compreendendo a Covid-19 com os indígenas* [Understanding Covid-19 with the indigenous peoples], and the forms were filled out between May and June. In July and August 2020, data analysis was carried out by researchers linked to the institutions that composed Remdipe. Available at: <https://www.facebook.com/watch/live/?ref=watch_permalink&v=529739591040457&t=16> or <https://www.instagram.com/p/CabMYu6njSQ/?utm_medium=share_sheet>. Access on: Nov. 23, 2021.

16 Available at: <<https://www.youtube.com/watch?v=Of7g1urgCHQ>>. Access on: Nov. 23, 2021.

Bahia

In the state of Bahia, the monitoring of the situation of lands and indigenous peoples in relation to the pandemic took place through a collaborative action between the National Association for Indigenous Action (Anai) and the United Movement of Indigenous Peoples and Organizations of Bahia (Mupoiba). Between May and November 2020, Anai and Mupoiba produced a total of 22 weekly bulletins (20 normal bulletins and two extra bulletins). The bulletins were released in their full pdf versions via email and WhatsApp, and in a summarized version also via WhatsApp, through cards and videos, and also as podcasts on Spotify and WhatsApp. The bulletins were also presented and commented on weekly on TV Pataxó¹⁷ by a Mupoiba representative and an Anai member. Anai also collaborated in June and July in the two bulletins on the situation among indigenous people in the Northeast/East region, mentioned above.

The first Anai/Mupoiba bulletin of May 22, 2020 did not yet report any case confirmed by Sesai or the indigenous movement, but drew attention to a suspicious death. In general, the bulletin already warned about the risk of contamination because many peoples were in municipalities and regions - mainly on the coast - where the disease was spreading fast. The first bulletin also highlighted the rapid organization of the villages to create community barriers in order to prevent the spread of covid-19, despite attempts by municipal public authorities to remove it - as happened with one of the community barriers in the Serra do Padeiro village, located in the Southern Bahia, in the Tupinambá de Olivença Indigenous Land¹⁸ - and the interference by neo-Pentecostal religious leaders in other villages.

The first bulletin also drew attention to the need for masks and other PPE among indigenous peoples and communities. Faced with the inadequacy of the government response, the Bahia's indigenous women took a concrete initiative: they would start to sew their own masks, for themselves and their relatives.

Anai and Mupoiba also developed two international campaigns, in partnership with other groups, to contribute to the most urgent needs of indigenous peoples and communities. A campaign to make masks by and for Bahia's indigenous women was then developed together with the group "Delas para Todos" [From them to All], the Network of Kunhã Asé women in science, the Indigenous Peoples Research Program in Northeast Brazil (Pineb) linked to the Federal University of Bahia (UFBA), and Apoinme. Bahia's indigenous women made 13,164 masks, and received R\$1 per mask. Another 4,569 masks were sent to indigenous communities in the state, in addition to a small amount of face shields and hand sanitizer.

The seriousness of Bolsonaro Government's anti-indigenous policy has drawn attention worldwide and another campaign was developed in partnership with yoga master Raya Uma Datta. On his own initiative, an Iyengar Yoga workshop was held in June 2020 with more than 500 participants from thirty countries, whose amount received, approximately R\$87,000, was donated to Anai to serve the indigenous communities in the region. The initiative was articulated by *Centro Yengar Yoga São Paulo*, Anai's partner along with Mupoiba and Apoinme, which organized the distribution of resources for actions to prevent and mitigate the effects of covid-19 among indigenous peoples from four Northeast states. Anai also participated in the *150 fotos pela Bahia* [150 photos for Bahia] campaign, which, through the sale of photographs, allocated R\$16,000 to the masks campaign.

On March 29, 2020, the Anai/Mupoiba bulletin reported confirmed covid-19 cases in Bahia's territories and indigenous peoples. There were 17 confirmed cases until May 28: nine among the Tupinambá and eight among the Pataxó. Regarding the suspicious death in the Tupinambá de Olivença indigenous land, reported in the first bulletin, it was confirmed as being from covid-19. The context is sensitive for different reasons, including the history of invasions of the Tupinambá territory,

¹⁷ Refer to: <<https://www.facebook.com/Tvpataxooficial/>>

¹⁸ For more information, refer to: <<https://www.cartacapital.com.br/sociedade/bolsonaristas-tentam-quebrar-quarentena-de-indigenas-com-tiros/>>

in the Southern Bahia. The advance of the agricultural frontier and tourism on this territory tried to bring the indigenous people closer to the urban context and this approach, contradictorily, generated processes of detachment, rejection, and racism. The second bulletin reported that covid-19 then became “another mechanism in the great genocide of indigenous peoples, but not only because of its epidemic character, since racism against indigenous people also prevents the proper circulation of information fundamental to the prevention.” Difficulties in obtaining accurate information began, at that moment, to increase. Bulletin # 3 reported the following analysis:

In all regions of the country, indigenous organizations have registered and denounced the underreporting of patients and indigenous deaths precisely due to this policy of lack of assistance by the state, which is absolutely unjustifiable from an ethnic and, above all, an epidemiological point of view, since indigenous peoples, in their territories or in regional urban centers, make up the same social fabric in permanent flows of contact. [...] By the way, the absence of official information from the Special Districts of Indigenous Health and their base centers does not comply with the express recommendation of the Federal Public Ministry, already reiterated, even directly, by the Attorney General's Office in Bahia. (Anai/Mupoiba, 2020, p. 1)

In this logic, since the beginning of the pandemic, as warned in the bulletins, the official numbers did not necessarily reflect reality, since they came from a scenario of underreporting, misinformation, and lack of communication and updating between different government bodies.¹⁹ In view of the underreporting situation, Anai/Mupoiba's bulletins constituted reliable sources of monitoring. State-level information was always shared regionally and systematized in Apoinme bulletins, which, in turn, kept the Articulation of Indigenous Peoples of Brazil (Apib)

updated within the scope of national monitoring. However, Apoinme interrupted the systematic monitoring with its last bulletin published on August 28, 2020,²⁰ precisely due to the lack of transparency and the difficulty of accessing information from the competent bodies.

Given the underreporting context and inadequacy of the government response, collaborative action - between indigenous peoples and communities, indigenous movements, and indigenous organizations -, monitoring the situation of lands and indigenous peoples in the face of the covid-19 pandemic has not been easy, but it was important to share quality data in real time and strengthen collaborative work, which, if recognized by government bodies, will significantly improve public policies on indigenous health.

Resulting pieces of research

Throughout 2021, these collaborative actions between the indigenous movement, organized civil society, and research groups at public universities generated a wave of research initiatives, whether individual or collective. We will describe the research case below: *Respostas Indígenas à Covid-19 no Brasil: arranjos sociais e saúde global [Indigenous Responses to Covid-19 in Brazil: social arrangements and global health]*, which resulted in the creation of the Platform for Anthropology and Indigenous Responses to Covid-19 - PARI-c (<http://www.pari-c.org>)

In the case of the regional research team in the Northeast region, the link with the monitoring efforts listed above was direct. Several members of both teams from Pernambuco and Bahia - indigenous and non-indigenous - had direct participation in searching data on the pandemic and in creating the bulletins and campaigns described above.

This research was constituted as a collaborative research experiment with virtual interactions between non-indigenous and indigenous participants due to the impositions of the pandemic. In this

¹⁹ The autonomous bulletins of Bahia's indigenous movement reported systematically the difficulties in accessing official data. For more information on the divergences regarding the spread of covid-19 among indigenous peoples in Brazil, refer to Athila et al, 2021.

²⁰ Available at: <https://www.instagram.com/p/CEdApDFJrIL/?utm_medium=copy_link>

sense, the research focused on observations and interviews carried out by indigenous researchers in their own communities, as well as their personal reports. Eight case studies were carried out by four regional teams. More than 40 research notes have been published on the official website. The research also sought to support the audiovisual production of some indigenous researchers who already had training and material conditions for the production of small ethnographic videos made in their own communities.²¹ Finally, as a way of disseminating the research, a series of podcasts was produced, in partnership with *Rádio Tertúlia*, a video producer from São Paulo.²²

The Northeast team of the aforementioned PARI-c research established two case studies as a goal: the first aimed, precisely, at describing and analyzing the actions of the indigenous movement in the region in conjunction with civil society, in the face of the pandemic, considering its potential contribution to the structures of social control in indigenous health and focusing on Pernambuco and Potiguara DSEIs (Gomes e Silva, 2021; Julião Pankararu et al. 2021; Julião Pankararu, 2021); the second sought to specifically describe and analyze the autonomous actions of Bahia's indigenous women with regard to the coronavirus and the federal bodies' inaction (Quadros et al., 2022).

As pointed out by Ramos and Pimentel (2021), the facts reported above take place in the context of a broad mobilization of indigenous movements across the country, verified during the pandemic and, particularly, in its first months, organizing a series of actions to fight against the spread of the new coronavirus. This mobilization can also be understood as a political reaction to the dismantling of the social control system established in the field of indigenous health over the last four decades.

After extensive and historical mobilizations by the indigenous movement, the current Indigenous Health Care System (SasiSUS) emerged from the approval of Law No. 9.836/1999. The so-called Arouca

Law regulated guidelines approved at the 2nd National Conference on Indigenous Health: the indigenous health policy became the responsibility of the Ministry of Health, and the execution of actions for the promotion, prevention, and recovery of indigenous health became the responsibility of the National Health Foundation (Funasa). It was from there that the SasiSUS and the 34 DSEIs were created. In the same year, Funasa Ordinance 852 established the creation of the DSEIs and the District and Local Councils of Indigenous Health, which were responsible for planning, evaluation and inspection of the DSEI accounts (Ramos; Pimentel, 2021, p. 3).

In the opinion of authors such as Batagello, Benevides and Portillo (2011), health councils in Brazil have represented, over the last few decades, the construction of a "participatory democracy," opening space for the protagonism of users of the Unified Health System (SUS) (p. 626-627). According to Garnelo and Sampaio (2003, p. 312), in the specific case of indigenous health, social control has become a relevant field for the political action of indigenous organizations in search of the fulfillment of the right to health.

This movement to create spaces for participation took place broadly in the 1988 post-Constitution period. However, with regard to the indigenous population, as Avritzer (2013, p. 17) pointed out, the mechanisms of social participation were already in crisis since Dilma Government, and therefore, the federal government's infrastructure sector adopted a strategy of "rights of the majority" to legitimize works such as the Belo Monte Dam, bypassing Convention 169 of the International Labor Organization (ILO), which guarantees the right to free, prior and informed consultation by indigenous populations in the face of projects that impact their territories.

The demobilization of the National Council for Indigenous Policies (Cnpi) in 2017 worsened this process. As of 2019, Bolsonaro Government introduced measures that attack the instruments

21 The videos produced can be accessed on the following Youtube channel: <<https://www.youtube.com/channel/UCbnyeK56l9lY5L1hiy6lksw>>. Several of them were made available to public TVs across the country, through a partnership with TVE Bahia, which showed 10 of these videos in April 2022.

22 Available at: <<https://www.youtube.com/channel/UCzAkkXd7x3tg83gJ1oWB1sw>>.

of participatory democracy in general - refer to decree 9.759, which extinguished all collective bodies (hundreds of them) linked to the federal administration and that had been instituted by laws, decrees, or other legal acts. Subsequently, a decision by the Federal Supreme Court softened the effects of the decree, but even so, the Forum of Presidents of District Councils for Indigenous Health (FPCondisi) remained extinct until the end of 2020, a collective body considered fundamental to articulate the indigenous peoples' demands for the area.

It is in this context that the broad mobilization of indigenous movements and this network of allies in the face of the pandemic, in 2020, needs to be understood. In addition to the frontal attack on the popular participation instruments, other complaints had already been made regarding the postponement of the 6th National Conference on Indigenous Health, complaints of political persecution, militarization of management bodies at the federal level, including lack of transparency and budget cuts (Ramos; Pimentel, 2021). The extinction of FP Condisi, for example, was reversed only in November 2020, with the edition of Sesai Ordinance 3021 - even so, the forum had its attributions reduced (Ramos; Pimentel, 2021).

Faced with the clear omission of the federal government during the first months of the pandemic, it is known that it was not only in the Northeast region that the indigenous movement acted to formulate autonomous proposals for action. The several entities linked to Apib released in June 2020 their emergency plans to deal with the pandemic. Apoinme launched its Emergency Plan for the Promotion and Defense of Life and Health of Indigenous Peoples and Territories in the Northeast region, states of Minas Gerais, and Espírito Santo (Apoinme, 2020). The plan aims to organize a mobilization for the promotion and defense of life in the 10 states, in a context of violence and violations of indigenous rights, dismantling of indigenous structures and policies, and omission in indigenous health care in the face of the pandemic. The document included proposals on the following axes: health, food security, communication, and mobilization for rights.

Ramos and Pimentel point out that the mobilization of indigenous movements during the pandemic could be understood according to the distinction suggested by Abrunhosa, Machado and Pontes (2020): as a passage from institutionalized social control to instituting popular participation. The two authors also underline the potential contribution of these autonomous indigenous mobilizations to the strengthening of renewed bases for social control in indigenous health. Andrade et al (2022) sought to verify the hypothesis, in the context of Pernambuco and Potiguara (corresponding to Paraíba) DSEIs, during the pandemic.

As the authors describe, in dialogue with what was proposed by Ramos and Pimentel and with interviews carried out during the aforementioned study, the official bodies of social control became weaker over the years, with a "bureaucratization" and with the progressive occupation of a once community space by a group of people directly or indirectly committed to the clientelism imposed by the format of the councils and the precarious condition of indigenous health workers, vulnerable to the Social Organizations responsible for management in the different DSEIs, due to not having guaranteed stability in their jobs (Andrade et al, 2022, p. 9-16). Since Ordinance 852, of 1999, it has been established that the local and district councils must be formed by 50% of users and 50% of workers and managers of indigenous health. Roughly speaking, this format persists to this day.

This accumulated weakening of social control bodies, added to the aforementioned attacks promoted by the federal government, contributed to the extreme vulnerability during the pandemic period, which helps to understand the vigor that the actions of indigenous movements throughout the country and their supporters injected in the public debate on indigenous health throughout 2020.

The "instituting" impulse that these actions launched, before the system of social control of indigenous health, is viewed with relative optimism by experienced actors, such as Issô Truká, former president of FPCondisi, interviewed by Andrade et al. (2022) in the aforementioned study: for him, the possibility of dialogue with justice

opened by Apib's actions before the Federal Supreme Court (2022, p. 40) stands out.

As for actions in the pandemic, there are other elements highlighted in the study that are identified as open potential for the coming years: (1) greater awareness of the importance of public databases on indigenous health and the need to create participatory tools for building data in the sector; (2) perception of the centrality of health communication actions; (3) clarity on the need to articulate the care protocols of the Multiprofessional Indigenous Health Teams (Emsi) with traditional medicinal knowledge, which has been greatly revalued during the pandemic period (Andrade et al., 2022).

Regarding this last factor, specifically, Quadros et al. (2022), in another study conducted by authors who were involved, throughout 2020, in the collaborative monitoring described here, emphasized that the pandemic highlighted the disregard for proposals that have already been produced for several years by indigenous peoples, at the regional and national levels. One of the documents highlighted by the authors, produced within the scope of UN Women, is the National Agenda of Indigenous Women (UN Women, 2018).

In addition to the demands and proposals to combat violence against indigenous women, the document included points in defense of an expanded conception of indigenous health, which were also mentioned by indigenous women in Southern Bahia. We can highlight the following demands: hiring of indigenous women to work in public policy execution processes for indigenous peoples, especially in indigenous health; differentiated health for indigenous women (exams and specific treatments); guarantee of traditional childbirth, even when outside the village; recognition and legitimation of traditional knowledge of indigenous medicine, placing such knowledge in dialogue with the knowledge of western medicine. (Quadros et al., 2022, p. 35)

Final considerations

Finally, in view of this whole scenario, we propose the understanding that the actions of collaborative research with the indigenous movement can indicate one of the possible paths for the recomposition and reinvigoration of social control in indigenous health on renewed or "instituting" bases, as pointed out. We understand that the pandemic period demonstrated how the alliances of communities with research institutions, which today include several indigenous academics, who have been participating in research such as PARI-c, can be crucial in the participatory challenge that is imposed on public health, in general, and indigenous health, in particular. As important indigenous leaders have already pointed out (Garnelo; Pontes, 2012), researchers may become "strategic partners" (Garnelo; Pontes, 2012, p. 219) in the construction of an effective social control, one that does not allow itself to be co-opted by the powerful people on duty and that might be able to overcome the actions of managements that are averse to dialogue and transparency.

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Authors' contribution

Study conception: Andrade and Pimentel. Data collection and analysis: Julião, Lima, Santos, T. Gomes, Andrade, A. Gomes, Pavelic. Manuscript writing: A. Gomes, Pimentel, Andrade, Pavelic.

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