



VIDS

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VIDS submission

In response to the call for inputs for the Report of the Special Rapporteur on the rights of indigenous peoples to the General Assembly on “Impact of COVID-19 on indigenous peoples”.

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IMPACT OF COVID-19 ON INDIGENOUS PEOPLES IN SURINAME

Introduction

This submission is made by the Association of Indigenous Village Leaders in Suriname (VIDS – *Vereniging van Inheemse Dorpshoofden in Suriname*), in which the traditional authorities of all indigenous communities in Suriname are united. It was founded in 1992, after the Interior War, to restore the traditional governance systems in the country.¹

Suriname is home to four major indigenous peoples. These are the Kali'na (Caribs), Lokono (Arowaks), Trio (Tiriyo, Tareno) and Wayana, plus various other smaller nations, including the Akurio, Wai-Wai, Katuena / Tunayana, Mawayana, Pireuyana, Sikiiyana, Okomoyana, Alamayana, Maraso, Sirewu, Sakëta and Apalai people. The indigenous peoples live in over 50 communities/villages in different districts of Suriname as well in urban cities, with a total population between 22-23,000 (Census 2012).

Covid-19 had a relatively mild start in Suriname, and with very few positive cases compared to other countries in South America, it seemed that Suriname would be spared a heavy impact from the virus, and that the measures taken were effective. However, at the end of May and beginnings of June, there was a sudden explosive increase in the number of Covid-cases in Suriname, referred to as the “second wave” or “second outbreak”. Within a week the number of cases rose from 11 to 74 (and at the time of writing this article, to almost 300). The status of the pandemic in the country is now “code red”, meaning the virus is spreading with no possibilities to identify all sources. Lockdown measures are in place. On the [official website](#) records are kept about the numbers of officially confirmed cases.

QUESTIONNAIRE RESPONSES

1. How does the State collect and analyse information on the impact of COVID-19 on indigenous peoples and individuals? Is disaggregated data on indigenous peoples, including health impacts, available?

¹ See www.vids.sr for more information about VIDS.

We know there are active cases among indigenous persons and villages. VIDS has asked for numbers, but the government reaction was that cases are not registered by ethnic group.

On the other hand, VIDS has the impression that the indigenous communities do not want it to be publicly disclosed which indigenous villages have been affected or not. It has become a taboo. This is likely because borders have been officially closed, and infected people have entered the country via the border areas (see answer 2 below). The indigenous fear **stigmatization**, that they will be accused of letting these "illegal" people and the virus into the country.

This already happened when an "illegal" person travelled from French Guyana to Erowarte (an indigenous village on the eastern border) and onward to Paramaribo and was arrested in Commewijne. The Policy in an official press release² indicated the Chief of that village as co-suspect even though they released him from arrest with a very questionable explanation. The indigenous have taken measures to close down their villages, and do not want to be connected to the spread of Covid-19.

There are no data collected and analysed by the State about impacts on indigenous communities, including health impacts.

2. Please provide information and specific examples showing the increased risks and/or disproportionate health impact of the pandemic on indigenous peoples. What measures have been taken to provide health care and other forms or urgent assistance for remote communities?

Risks for indigenous communities in border areas

It took a while for the National Covid Management Team (NCMT) to act on their realization that the main threat of infection was coming from the (remote) border areas (with French Guyana, Guyana and Brazil). This constitutes the main disproportionate risk to indigenous communities as they inhabit the border regions in Suriname's interior. Borders (mainly formed by rivers in densely forested areas) are long and porous; human traffic (e.g. "illegal" gold miners coming from Brazil and French Guyana) still continues. With high numbers of Covid-19 cases in Brazil, the risk is eminent. The control by military is falling short and it is hard to handle by traditional authorities alone.

Cross border movement is a special concern in East Suriname along the border river Marowijne. The Wayana community in East Suriname locked down their villages, [closed airstrips](#), and did not allow boat traffic on the river, even before the Government took these measures. In the beginning, the Wayana did not receive support from the State to enforce these rules, but were supported by French militaries from across the border. When the Government of Suriname also promulgated these measures, support from Surinamese militaries was limited because of lack of materials and equipment like boats.

Infected cases of the 2nd outbreak were traced back to goldminers who are active in East Suriname, near the border of French Guyana. Although the

² <https://www.politie.sr/kapitein-erowarte-afgezonderd-in-oter-cel-vanwege-besmettingsgevaar/>

Suriname government undertook actions to control the border, goldminers continued their cross-border activities, and other people “illegally” crossed the border in search for a safe haven in Suriname, which, before the second outbreak, had far less cases than French Guyana. So far, the Wayana community has managed to keep Covid-19 out of their villages, but the concerns among the community are high.

Cross border movement cases in South Suriname (border with Brazil) have taken place too, in particular during the time of the Parliament general elections in Suriname (25 May 2020) where 90 persons from Brazil were allowed to vote in Suriname, with (later confirmed) infected people among them, infecting at least one family in Sipaliwini (see further down below as well). The airstrip is inaccessible because of the rain, so the doctors and infection specialist who should have gone last week can't go, because they can't land there. They are considering flying there by helicopter, but that has not yet happened.

Health care options and support

Medical Mission (MM; Dutch: *Medische Zending*), an NGO, is responsible for primary health care in the (remote) Wayana and Trio (Tareno) region, and the tribal (Maroon) communities in South Suriname. Commissioned by the Ministry of Health Care, they manage approximately 50 policlinics in total (of which less than 10 in indigenous villages).

More than 50 percent of the indigenous communities, especially those in the coastal areas, have no access to Medical Mission facilities but are covered by the governmental Regional Health Services, and in West-Suriname policlinic posts are managed by the hospital in the town of Nickerie. These policlinic posts have minimum facilities and the health care assistants are not highly trained. The medical facilities are not specialized in health care services in villages, and have less experiences in ‘disaster’ situations. They are also less equipped compared to the policlinics of the Medical Mission. Health care assistant in West Suriname informally advised villagers to look for medical assistance in Paramaribo if needed, and not in Nickerie Hospital because there is no continued presence of medical experts.

But Medical Mission’s health care assistants too lack adequate information, support and resources in the Covid-19 situation, especially in the first weeks of the outbreak of Covid-19. In the border area with French Guyana, we personally witnessed cross-border activities (while active cases had already been reported in French Guyana), but the health care assistant was not yet informed and instructed about prevention, facilitation or treatment processes. This fortunately has changed for the better.

The staff of this health center informed the National Covid Management Team (NCMT) about specific measures and facilitation needed for indigenous and tribal communities in the interior. NCMT promised they would receive transport facilities and support in case of required relocation of infected persons from villages to the hospital in Paramaribo.

Currently MM focuses on trainings on hygiene measures and producing and disseminating information. They also identified facilities as quarantine locations.

VIDS is working in close and good cooperation with MM and also Suriname Red Cross Society (SRK); updating each other and giving support to each other's projects, with a focus on strengthening the traditional institutions and information sharing materials. MM provides advice on all medical related information VIDS is sharing with communities.

3. How are indigenous peoples supported in their own initiatives to fight the pandemic, protect health and provide assistance in their own communities? What lessons can be learnt from indigenous traditional practices and community-based programs in lock down and emergency?

Traditional authorities of indigenous communities have taken their own initiatives to lockdown their villages and have done so from the early beginning. Some are looking for support in form of safety materials, Personal Protective Equipments (PPE's) and food.

VIDS and all the indigenous leaders are trying to create a communication network (by telephone and sms/whatsapp, or Facebook where possible) to disseminate information, check in on all communities' situation, provide support and solidarity, and keep track of emergencies and needs. Staff in the office are making phone calls non-stop. We are looking into offers from internet providers to improve the internet connectivity in the villages so that the communication can improve.

Poor communication is a problem, villages often can't be reached because there is not always a good telephone connection and the internet is even worse. For example, it is difficult to make contact with the Trio village Sipaliwini Savanna where there is currently an outbreak. The villages on the Brazilian side have the same problem. They do have mutual contact via telephone and two-way radio. This situation is aggravated by the rains, leaving airstrips muddy and airplanes unable to land. On June 17 VIDS had a zoom meeting with NCMT and MM regarding the situation in Sipaliwini Savanna. NCMT immediately gave two satellite phones to MM to improve communication and made the commitment to transport the medical team and food by helicopter to the village on Friday, June 19.

Lessons that can be learnt from indigenous traditional practices and community-based programs in lock down and emergency:

VIDS has been promoting healthy lifestyles and the use of traditional [medicinal herbs](#) and foods that boosts peoples' health and resistance.

4. How are indigenous peoples given the possibility to shape the national COVID-19 response to ensure it does not have discriminatory effect on their communities? Is their input sought and respected in the programs that could affect them?

It was VIDS that took the first initiative, on 24 March, to contact NCMT. In this letter we introduced ourselves, provided contact information, and offered support, modest financial resources, and advice re the national actions against

the virus in the villages, based on our contact with the traditional leadership network on needs and concerns in specific villages. We also offered our materials developed in indigenous languages and suggested to collaborate in outreach and awareness efforts to communities.

We also explicitly asked to be consulted and included in the planning and execution of actions in the villages, such as distribution of supplies including food (to ensure good coordination among those most in need), communication about house visits by doctors in villages, and government support to keep villages clear from unwanted visitors.³

Traditional authorities of indigenous and tribal peoples were invited by the President of Suriname to meet in Paramaribo on April 16th. This was the first time the Government reached out to traditional authorities. During this meeting the NCMT gave a number of presentations and requested the traditional authorities to support the enforcement of the measures.

The traditional authorities said that is what they had done from the start even without any direct governmental support. They clarified again what kind of information-sharing and support they expected from the NCMT and pledged their continued willingness and cooperation.

In a second letter to NCMT on 17 April we summarized the points discussed in the meeting the day before. We repeated the offers and requests from the first letter of 24 March. We further requested special attention for the need to work closely with the traditional authorities when it comes to the presence of police and military in or around the indigenous villages, as that has been causing tensions, partly caused by the lack of understanding by militaries of the rights and customs of indigenous and tribal Peoples. We provided a number of "Engagement Strategies" that were developed under other projects, but useful and applicable in this context too.⁴

VIDS evaluated the situation 2 weeks after this session with the President and concluded that the situation in indigenous communities was unchanged. A follow-up letter was sent to NCMT on 28 April, noting disappointment and regret that the earlier letters remained unanswered. We did not observe any attempted further cooperation and information exchange, and there was no notable improvement on the agreed points concerning information, economic support, food and supply delivery, and better border patrolling. Several reported cases about violations of measures have not been responded to and acted on.

We wrote: "*We are getting the feeling that it is the indigenous communities in particular that are "forgotten", and worse, are stigmatized, without any government protection, not even providing information in the villages.*"⁵

Only earlier this week we were able to get direct contact with the NCMT and currently it seems communications will improve.

³ See letter to NCMT on March 24.

⁴ See letter to NCMT on 17 April, plus annex (1-page meeting notes).

⁵ See letter to NCMT on 28 April.

5. How is information about COVID-19 and prevention measures disseminated in indigenous communities? Is such information available in indigenous languages?

Information sharing on Covid-19 and awareness raising has been done in indigenous languages and culturally appropriate means in indigenous communities, but primarily by VIDS and other CBOs, not so much the government.

The official language in Suriname is Dutch. VIDS has tried (and this is still ongoing) to translate as much as possible to Sranan Tongo (the lingua franca, often better understood in the interior than Dutch), and Trio and Wayana [indigenous languages](#). A local community-based organization (CBO), with representatives in the city, started to share information through social media, digital posters, in local languages (for instance this [podcast in Wayana](#) by Wayana organisation Mulokot) within two weeks.

VIDS has reached out to communities with [folders](#), a [special newsletter](#) [infographics](#), and [video messages](#) from VIDS leaders and others via Facebook and YouTube. Staff in the VIDS office in Paramaribo and VIDS Board members have kept in touch with village councils via countless phone calls and Whatsapp-conversations.

A few weeks after the first outbreak, the NCMT, in coordination with the Ministry of Health Care, took a one-off initiative to produce information for communities in the interior. Information, focusing on (hygienic) precautions, was translated in some local, indigenous languages and broadcasted on national television. However, national television coverage is limited in communities, especially in South Suriname, but also some coastal communities.

6. Please provide examples of good practices and targeted measures to redress the disproportionate impacts of the pandemic on indigenous peoples' health. If these are being carried out by State, provincial and local governments, please explain how these measures were designed in consultation and implementing free prior and informed consent with the indigenous peoples concerned in order to ensure that such measures are adapted to the cultural and other specific needs of these indigenous communities.

No examples available.

7. Please provide information on the economic, social and cultural impact of lockdowns, quarantines, travel and other restriction of freedom of movement on indigenous communities. Please provide information on measures taken to ensure indigenous communities do not experience discriminatory impacts on their access to livelihoods, food and education. How are indigenous peoples taken into account in the development of assistance and relief programmes? Where are the gaps if any?

Economic, social and cultural impact of travel and other restriction of freedom of movement on indigenous communities.

The cross-border bans and other travel restrictions do constitute a significant cultural impact on indigenous communities who have strong family ties in different villages and a strong sense of collectiveness, while the State borders are not regarded as customary borders, as traditionally tribes and communities have occupied both sides of rivers and borders.

At this time, no distinction is made between indigenous families and outsiders crossing the borders: the border rivers are completely closed, because family members can also transmit the virus as proves the situation in Sipaliwini Savanna.

The village leaders are calling on the communities to not receive relatives, and not go outside their own village either (including visiting family across the border). It is a very difficult situation for communities, and for the village leaders, because they do not actually want to avert relatives. So, a lot of community members are feeling very conflicted about it.

Despite the collective cultural customs, the government advice, which VIDS has followed, is to not gather with more than 5 people. Most people accept this as a temporary measure, although social distancing within villages remains a challenge. As long as there are no Covid-19 cases, this is not causing big problems, but if there would be infected cases, community spreading will most probably take place fast. Since the 2nd outbreak movement is much less as people are taking it much more seriously.

In Sipaliwini Savanna, a Trio village near the border with Brazil, at least one indigenous family is ill because of the virus. This is the family of a person from Brazil who was ill and carried the virus. In mid-May, a group of Trios with Surinamese nationality crossed the border to come and vote and were not separated from other voters. In Brazil, infections within the villages and between the villages have occurred through the custom of drinking *kasiri* (alcoholic cassava drink) together, from the same calabash. The initial contamination came from Brazilian soldiers stationed at the base near an indigenous village.

Food situation and relief programmes

Painfully, this crisis uncovered that many traditionally self-sufficient villages are now largely depending on food products from stores. Food security in villages is becoming an issue because less products like cassava (manioc) are planted. This is especially, but not only, the case in coastal communities.

Within 24 hours after the first case was confirmed in Suriname, a total lockdown was announced and villagers could only rely on whatever food was available in their community at that point. They were not able to buy food supplies; there was no time for that, and many people lack financial means as well. Besides public transport has not been available since the very early stages of the crisis.

Especially in the border areas the food security situation is more pressing, because the lock-down will be in place for a longer period of time.

Information we receive from village leaders is that food shortages are occurring because the shops are no longer supplied by the lockdown. Before elections mid-May, the Cabinet of the President distributed food parcels to villages, especially the more isolated villages. It is not clear yet whether the Government will continue to provide these villages with food parcels. Information about that is not transparent and villagers are in uncertainty. Distribution of food seems to be linked to political affiliation, however.

This situation is worsened by the rains, especially in South Suriname. The water level of rivers is high and some villages, e.g. Tepu, also see water rising within the village and their agricultural plots, threatening their harvest.

VIDS is raising funds from donors to start providing food parcels itself, at least in border areas. VIDS is making an inventory of which families need to get a food package most urgently.

Impacts on education

Education in the villages has been halted for many weeks. Children of schools in the interior already have difficulties with education (often provided by unauthorized or less highly educated or inexperienced teachers, in the Dutch language that is incomprehensible to many children).

The limited provisions that have now been made for urban schools (distant learning via SchoolTV) are often not effective for schools in the interior, partly because television coverage is poor, there is no or poor telephone coverage for forms of collaboration via platforms such as WhatsApp or because there are no teachers present who can implement this (the teachers have all gone back to the city), or because there is no electricity in the villages because there is no fuel or generators are faulty.

VIDS wrote in its letter to NCMT on 28 April: "no one seems to be concerned or trying to find solutions with us".

8. Please provide information on how indigenous women, older persons, children, persons with disabilities and LGBTI persons are or may be facing additional human rights challenges during the pandemic. Please provide information on targeted measures taken to prevent intersecting forms of discrimination, and ensure indigenous women, children, older persons, persons with disabilities and LGBTI persons' access, protection and services with due regards to their specific needs within indigenous communities.

We need more time to examine the specific impacts on indigenous women. Children: see above on "education".

9. Please provide information on how States of emergency may contribute to threats or aggravate ongoing human rights violations against indigenous peoples, including with regards to the freedom of assembly and the

protection of their traditional lands and resources. What measures have been taken to protect the lands, territories and resources of indigenous peoples against invasions and land-grabbing by external actors during the pandemic?

We can't say anything about that now. We have no information regarding (increased) threats (as is currently the case in Brazil, for example). A new collective land rights bill has recently been submitted to Parliament, and after the elections the coalition partners who will form the new government have already initiated a conversation with VIDS regarding land rights, which is a positive sign.

Annexes: (in Dutch)

VIDS letter to NCMT d.d. 24 March 2020

VIDS letter to NCMT d.d. 17 April 2020

VIDS letter to NCMT d.d. 28 April 2020