

COVID-19 and Indigenous Communities in Latin America: A Comparative Analysis of State Public Policy Strategies in Mexico, Bolivia, and Colombia*

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Abstract | The arrival and ongoing consequences of the COVID-19 pandemic during 2020 and 2021 have exacerbated issues related to processes such as globalization, transnational migration, and socioeconomic, educational, and territorial marginalization experienced by indigenous communities throughout Latin America. This article examines the ways in which the State has managed the pandemic in indigenous communities by analyzing individual case studies selected from three countries in the region (Mexico, Bolivia, and Colombia) where 2% or more of the general population have been categorized as "indigenous." The article explores the relationship between the State and native communities in order to understand the current sociopolitical dynamics throughout the region and to examine whether general patterns emerge regarding the State's ongoing responses to the continuing COVID-19 pandemic.

Keywords | Bolivia; Colombia; COVID-19; indigenous groups; Mexico; State policy

Un análisis comparativo de las políticas públicas frente a la COVID-19 en las comunidades indígenas de México, Bolivia y Colombia

Resumen | Durante 2020 y 2021, la pandemia de la COVID-19 exacerbó situaciones sociales que ya estaban presentes entre las comunidades indígenas de América Latina, relacionadas con procesos como la globalización, la migración transnacional y la marginación socioeconómica y educativa. Este artículo examina la manera como los distintos Estados han manejado la pandemia en estas comunidades, a través del análisis de tres casos de la región (México, Bolivia y Colombia), donde al menos el 2% de la población se identifica como "indígena". El artículo explora la relación entre las políticas públicas implementadas en dichos grupos con el objetivo de entender las dinámicas sociopolíticas actuales de la región, así como la posible existencia de estrategias comunes entre los distintos Estados en la respuesta al coronavirus.

Palabras clave | Bolivia; Colombia; COVID-19; grupos indígenas; México; políticas públicas del Estado

* This investigation arose from my previous experiences working with indigenous groups in Mexico and Colombia and forms part of a new research focus on the continuing social, political, and economic effects of COVID-19 in these and other native communities throughout Latin America. The information presented in this article forms part of an independent study and was not institutionally funded.

Análise comparativa das políticas públicas ante a covid-19 nas comunidades indígenas do México, da Bolívia e da Colômbia

Resumo | Durante 2020 e 2021, a pandemia ocasionada pela covid-19 intensificou situações sociais que já estavam presentes entre as comunidades indígenas da América Latina, relacionadas com processos como a globalização, a migração transnacional e a marginalização socioeconômica e educacional. Neste artigo, analisa-se a maneira como os diferentes Estados vêm conduzindo a pandemia nessas comunidades, por meio da análise de três casos da região (México, Bolívia e Colômbia), em que pelo menos 2% da população é identificada como “indígena”. Além disso, explora-se a relação entre as políticas públicas implementadas nesses grupos com o objetivo de entender as dinâmicas sociopolíticas atuais da região, bem como a possível existência de estratégias comuns entre os Estados na resposta ao coronavírus.

Palavras-chave | Bolívia; Colômbia; covid-19; grupos indígenas; México; políticas públicas do Estado

Introduction

The arrival and ongoing consequences of the COVID-19 pandemic during 2020 and 2021 have exacerbated issues related to processes such as globalization, transnational migration, and socioeconomic, educational, and territorial marginalization experienced by indigenous communities throughout Latin America. As a result, native populations throughout the region have suffered disproportionately during this unprecedented global health crisis due to various preexisting factors such as limited access to medical services, the effects of extreme poverty, the absence of programs and funding by state governments, and geographical isolation, among others. State responses to the pandemic raise important questions concerning the contemporary state of affairs regarding national, regional, and international policies that affect the lives of indigenous peoples throughout Latin America on a daily basis, and that shape the ways in which the members of indigenous communities imagine who they are and construct contemporary senses of belonging. What follows in the coming months and years will determine the nature of the relationship between native peoples and the State for decades to come.

This article examines the ways in which the State has managed the pandemic in indigenous communities. It begins with a brief overview of some of the historical and contemporary realities of the relationship between the Latin American State and indigenous communities. Here, I analyze several relevant aspects of Latin American colonial and postcolonial history to argue for the importance of the theoretical concepts of *territory* and *autonomy* to shed light on the current sociopolitical dynamics surrounding the State's treatment of the COVID-19 pandemic in indigenous communities. Next, I present individual case studies selected from three countries in the region (Mexico, Bolivia, and Colombia) where 2% or more of the general population have been categorized as “indigenous” by different international governmental and non-governmental organizations (Davis-Castro 2020). This section specifically explores the State's particular strategies for combating the pandemic and analyzes its interactions with indigenous communities. The methodology for the selection and analysis of data included in this article was the result of qualitative archival research of federal judicial documents and journalistic articles published online in and about the countries in question, specifically regarding the State's strategies for controlling the pandemic as well as its vaccination programs. I then close the article with a discussion of the ways in which the specific policies created and promoted by the State to combat the COVID-19 pandemic have affected the lives and livelihoods of indigenous peoples in the areas of study and what that may mean for the future of these groups when the pandemic ends. Exploring the relationship between the State and native communities in these three specific contexts provides a valuable analytical foundation based on which to understand

current sociopolitical dynamics throughout the region, specifically regarding what similarities and contrasts are present and whether any general patterns emerge regarding the State's ongoing responses to the continuing COVID-19 pandemic.

The Latin American State and Indigenous Communities: Historical Policies and Contemporary Relationships

In order to understand the current state of affairs regarding the State's response to the COVID-19 pandemic in indigenous Latin American communities, I draw attention to the following areas where the State and native populations have historically interacted: 1) in processes of colonization and deterritorialization; 2) concerning human rights and, specifically, indigenous peoples' rights; and 3) regarding indigenous autonomy and sovereignty. Each of these areas represent general points of interest for investigating the State's responses to the COVID-19 pandemic in the indigenous communities positioned under their bureaucratic jurisdiction. This admittedly consolidated review of Latin American history is meant to highlight a deeper theoretical point regarding the concepts of territory and autonomy, which I argue provide two important foundations based on which to understand the ways in which the State has managed their handling of the pandemic in indigenous communities.

Historical Processes of Colonization and Deterritorialization

To begin with, we must first understand the importance of historical processes of colonialization and deterritorialization in the development of State policies concerning indigenous peoples. The military, economic, religious, and cultural conquests of the Americas beginning in the 16th century by European adventurers, merchants, missionaries, conquistadors, and others was an essential watershed for the future ways in which native peoples defined their own identities as well as the ways in which they reckoned their sense of belonging within and beyond their home communities. It also created divisional, and in many respects, hierarchical, classist, and even race-based perspectives of the relationships that would be forged between these communities and the non-native, or *mestizo*, hegemonies that came to govern them, many of which remain in place to this day. The florescence of the European colonies in the Americas between the 17th and 19th and even during the early 20th centuries in some areas, signified a blatant process of disruption and reconfiguration of preexisting territorial, cultural, political, economic, and social norms for the indigenous peoples who inhabited these spaces well before the Europeans' arrival (Todorov 1999). The expropriation of the many abundant natural resources present in the Americas; the enslavement and indentured servitude of its peoples, the massive depopulation events experienced by native populations in many areas due to their susceptibility to European diseases; as well as the application of Enlightenment-era theological and philosophical discourses by the colonizers regarding the supposed physical nature and cognitive characteristics of Native Americans, and non-Europeans in general, as "noble savages," influenced the characteristics of many of the social, economic, and political policies that to some extent endure in Latin American States today.

The post-colonial era brought with it the turbulent upheaval of territorial and political borders, which further affected the lives of indigenous peoples. Throughout Latin America, the creation of formal territorial boundaries, autonomous indigenous governing bodies, and practices of resettlement or internal displacement, among other bureaucratic developments, were the result of idiosyncratic political shifts experienced throughout the region (Dawson 2015). These processes were born, in some cases, out of acts of independence by the former colonies from their European oppressors while in others, they resulted from the subsequent re-accommodating of territories and borders between

newly founded independent States (such as the Bolivarian utopia of the Gran Colombia founded during the early 1800s or the Mexican Cession to the United States during the 1840s as part of the Treaty of Guadalupe-Hidalgo that ended the Mexican-American War). Today, feelings of general insecurity and violence perpetuated by paramilitary and narco-trafficking groups throughout the region that have directly affected native populations for decades are ongoing (Kay 2001). Throughout these processes, non-native political borders were inevitably mapped over pre-existing indigenous territorial ranges and their associated historical sociolinguistic and political divisions, even causing the members of some indigenous communities to find themselves on the opposite sides of new international borders (such as the Tohono O'odham Nation divided between the states of Sonora, Mexico and Arizona, United States). These realities have directly influenced the many ways in which the State interacts with its native populations today and they are noteworthy in terms of elucidating the ways in which these communities have experienced the COVID-19 pandemic.

Human Rights and Indigenous Peoples' Rights in Latin America after Convention No. 169

Following the establishment of independent States throughout the Latin American region during the late 19th and early 20th centuries, various laws and accords were created and enacted to address the ways in which federal governments around the world recognized, interacted with, and governed the native populations who resided within their borders. These often internationally-based guidelines for best practices and the recognition of the human rights of native peoples have been legally approved in courts and have even been included as articles of the constitutions of many Latin American countries. Convention No. 169 – Indigenous and Tribal Peoples Convention (ILO 1989), for example, is one of the most recognizable and widely ratified of such documents, which reads, in part, that:

Considering that the developments which have taken place in international law since 1957, as well as developments in the situation of indigenous and tribal peoples in all regions of the world, have made it appropriate to adopt new international standards on the subject with a view to removing the assimilationist orientation of the earlier standards, and recognizing the aspirations of these peoples to exercise control over their own institutions, ways of life and economic development and to maintain and develop their identities, languages and religions, within the framework of the States in which they live.

This declaration reflects a profound international reevaluation of the historical treatment of native peoples around the world. As of the time of writing this paper, fifteen Latin American countries have ratified the Convention, which is more than any other region of the world (ILO 2009). The high number of Latin American federal governments that have ratified Convention No. 169 stems primarily from the multilingual and multicultural characteristics of these countries as well as the “constitutional reform processes that began throughout the region in the late 1980s” as reported in the 2009 International Labour Organization’s (ILO) *Application of Convention No. 169* casebook. The ILO report also specifically identifies five factors that have directly influenced the widespread adoption of the Convention throughout the region: 1) the relationship between constitutional reform processes and transitional or democratic consolidation processes, 2) the expansion of constitutional justice, 3) the ratification and granting of privileged legal status to international human rights treaties, 4) the consolidation of the regional human rights system, and 5) the constitutional recognition of new rights. These factors have also had an important influence beyond State-level legislation, where the members of indigenous communities throughout the region, as well as non-governmental actors and institutions, have invoked the Convention to protect themselves, their communities, and defend their human rights.

Understanding Indigenous Autonomy in Latin America before COVID-19

For indigenous peoples throughout Latin America, *territory* is directly connected with the concept of *identity* (Ramírez 2017). Historic conflicts between the State and native populations regarding control of territory and associated natural resources have plagued the region for decades, even centuries, in some areas. What does this mean for the relationships between the State and these communities during times of crisis? The historical precedent of the ratification of Convention No. 169 provides an important segue for discussing questions of indigenous autonomy and territorial sovereignty throughout the region that have also affected the State's response to the COVID-19 pandemic in these areas. Some federal governments, such as Colombia, have implemented legislation that formally recognizes indigenous territories (known as *resguardos*) and autonomous indigenous political authority, while other countries, like Mexico, despite having a high percentage of indigenous citizens, do not provide formal State recognition of autonomous native territories.

The United Nations Resolution 61/295: Declaration on the Rights of Indigenous Peoples (2007, 4), even specifies in its Article 4 that “indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.” This is inevitably complicated, however, by the preexisting structures of hegemonic authority and socioeconomic inequality that have existed since the colonial period and which, in many ways, prevent the successful manifestation of political, economic, and sociocultural prosperity within indigenous communities. The result, at least before the beginning of the pandemic, was seemingly a mixture of reports either extoling the legal, social, or moral victories of native peoples in their battles for territorial, cultural, and human rights against the State or international corporations or lamenting the continued suffering of native populations under these and other external forces.

State-sponsored governmental programs as well as international non-profits and even religious organizations have ventured into native communities throughout Latin America during the 20th and 21st centuries in an attempt to bridge the gap between federal governmental legislation and indigenous sociopolitical independence. These efforts have been successful to different degrees, with programs focusing on education, literacy, cultural preservation, access to health, sports facilities, sustainable agriculture, and housing, among others being some of the more commonly implemented initiatives in these areas. Relief or aid programs have also been implemented in indigenous communities by external organizations in response to natural disasters and socio-political crises. Socioeconomic, political, and educational marginalization, the lack of tenable land for farming, narco-trafficking and paramilitary violence, and even individual interest in interacting more with the non-indigenous world are some of the factors that have influenced indigenous regional or transnational migration away from natal communities. Furthermore, some indigenous communities have even organized themselves as founders and members of various sociopolitical movements in the fight for autonomy as well as formal recognition by the State. These realities represent a glimpse of the complexity of what it means to be indigenous in Latin America today.

A Panorama for the Pandemic: The Roles of Territory and Autonomy

What is the value, then, of concepts of *territory* and *autonomy* in the context of a global health pandemic? For many indigenous communities throughout Latin America, the concept of territory refers not only to geopolitical boundaries but also to sociocultural discourses related to specific cosmological beliefs as well as cultural memory. This is why some authors believe that it is actually more accurate to refer to these areas as *ethnoterritories* (Barabas 2006). Whether self-proclaimed or externally imposed by non-native governmental bodies, territories also provide a roadmap based on which to

understand the concept of autonomy in indigenous communities and how this concept has affected the handling of the pandemic by the State. Specifically, indigenous communities, as explored in detail below, have in some cases, established strict protocols regarding who and why outsiders can enter their territories. These were created to a great extent in order to reduce direct contact with people who were COVID-19 positive and to prevent outbreaks. It is also an important example of indigenous autonomy at work, making decisions as a community for the collective benefit of their population as a whole, independent of governmental mandates or recommendations. As outlined by Gonzalez (2015, 17), “autonomy [can be defined as] the formal (legal) recognition of the State to a distinctive community (or communities) to exercise self-governing rights.” This recognition, common throughout Latin America, may sound progressive, but the reality can be very different, especially regarding the ways in which the State has supervised its management of the pandemic in indigenous communities. The three case studies outlined below reveal that although some communities have indeed taken their own measures to combat the spread and decrease overall risk of infection, the State’s responses have ranged from interactive to distant, depending on the particular context. This paper thus focuses on understanding this dynamic, why it persists, and what possible consequences may arise from it within the specific context of the COVID-19 pandemic.

Mexico and the *Jornada Nacional de Sana Distancia*

Beginning on March 23rd, 2020, the federal government of Mexico created a new social awareness initiative designed to combat the spread of COVID-19, inform the general public about the propagation of the virus, educate people regarding general methods to prevent its spread, and provide nightly summaries —broadcast on public television and online— of national and state-level mortality, hospital capacity, and infection statistics as well as general closure and reopening information. Known as *La Jornada Nacional de Sana Distancia* and spearheaded by the Department of Health, the federal government of Mexico has spent the last year operating in an unprecedented manner to “flatten the curve” of the spread of COVID-19. There have been many performative and practical challenges associated with the *Jornada* that have primarily to do with the administrative policies enacted at both federal and local levels and their perceived effectiveness by members of the public regarding quarantine, sanitation, and mask orders that also have important repercussions for the present and future of Mexico as a nation.

At the beginning of the pandemic, the federal government quickly established a *semáforo* (stoplight) alert system that categorized individual states as well as the metropolitan area of Valle de México, which includes Mexico City and several satellite cities in Estado de México, on a scale ranging from green (low percentage of known infections and hospitalizations), to yellow (moderate), to orange (moderate but with incrementally increasing cases), to red (maximum alert; high percentage of hospitalizations and fatalities). In the daily technical report issued by the Subsecretaría de Prevención y Promoción de la Salud for March 23rd, 2020, the federal government formally announced the beginning of the *Jornada Nacional de Sana Distancia*, which was originally planned for a period beginning March 23rd, 2020 and ending on the April 19th, 2020, although the *Jornada* has, as of the time of writing this paper, been extended indefinitely due to the continued sanitary crisis (Subsecretaría de Prevención y Promoción de la Salud de México 2020). In this same daily report, the federal government encouraged all Mexican citizens to participate in the *Jornada* by adopting the following specific guidelines:

1. Persons who suffer from diseases like diabetes, hypertension, morbid obesity, renal insufficiency, lupus, cancer, cardiovascular and respiratory illnesses, as well as transplants, adults over the age of 60, pregnant women, as well as those who look after children under the age of twelve should remain at home.

2. Maintain a “healthy distance,” and in the case of contact with persons beyond the nuclear family, maintain a distance of no less than 1.5 meters (or two or three times the distance) between one person and another.
3. For the protection and care of older adults, the most important measure is voluntary social isolation and following the “healthy distancing” guidelines as well as preventative measures if you visit older adults.
4. Greet each other from a distance, do not greet with kisses, handshakes, or hugs.¹

These guidelines have been maintained by the State throughout the pandemic and complemented by social awareness initiatives focusing heavily on visual representations through posters, animated characters, videos, and graphics posted online and in public spaces. It is also important to note that the federal government has never enacted a strict stay-at-home order or curfew, although the governors of individual states and the mayors of individual cities have, in some cases, severely restricted and imposed fines on those persons and businesses that have promoted social gatherings or large conglomerations of members of the public without taking into account the governmental sanitary guidelines. Although the operation of businesses, restaurants, and non-essential governmental and non-governmental services has been severely affected by the *semáforo* system, especially in metropolitan areas, the State has never advocated a complete shut-down of the economy, which is of note when considering the economic importance of informal or non-salaried employment for millions of Mexicans, both indigenous and non-indigenous, and their families (Vásquez Ruiz 2020).

Indigenous people who have remained in their communities during the pandemic also face unique challenges. Given that State-sponsored governmental relief has been scarce or non-existent throughout the crisis and external employment opportunities are practically at a standstill combined with a stagnant economy, native communities are experiencing “isolation” in many ways. The sense of isolation caused by the pandemic has, in some senses, benefited the preexisting social, political, and economic dynamics of these communities. For example, case studies among Zapotec communities in Oaxaca have found that the pandemic and the absence of assistance by the State has, in some senses, strengthened people’s reliance on traditional forms of social organization and autonomous governance, such as the *cabildo* and *mayordomía* systems of civic and religious organization (Cohen 2020). Indigenous peoples are also closing the borders of their communities to outsiders in order to contain the spread of the virus, while augmenting their self-sufficiency by increasing internal agricultural production and community-level labor projects, known as *tequio* (Camas 2020; Llaven Anzures 2020). Issues such as structural gender-based inequality, which remains a prominent characteristic of the social fabric of many indigenous communities, has also specifically complicated the lives of indigenous women during the pandemic. Reports published by the Mexico City Human Rights Commission have warned of a possible increase in domestic violence and a lack of access of

1 Original Spanish text from the March 23rd, 2020 report (English translation is my own):

- *Las personas que padezcan enfermedades como: diabetes, hipertensión, obesidad mórbida, insuficiencia renal, lupus, cáncer, enfermedades cardíacas y respiratorias, así como trasplantes, personas adultas mayores a partir de los 60 años cumplidos, personas embarazadas y las que estén a cargo del cuidado de sus hijas e hijos menores de 12 años; deben hacer resguardo familiar en casa.*
- *Conservar una sana distancia, en caso de tener contacto con personas fuera de la familia nuclear, estar cuando menos a 1.5 metros de distancia (de dos a tres veces) el uno del otro.*
- *Protección y cuidado de las personas adultas mayores, la medida más importante es el aislamiento social voluntario de las personas adultas mayores y seguir las recomendaciones de sana distancia y medidas de prevención si se visita a personas adultas mayores.*
- *Saludo a distancia, no saludar de beso, de mano o abrazo.*

medical care for indigenous women, who statistically suffer greater levels of gender-based discrimination and abuse than their non-indigenous counterparts (CDHCM 2020).

The Mexican federal government has established specific guidelines and initiatives to deal with the crisis in indigenous communities. On the federal government's official COVID-19 website, users can find a page entitled "*Pueblos indígenas*" that contains specific information such as:

1. An interactive map detailing local hospitals and clinics that treat COVID-19 near indigenous communities throughout the country.
2. Downloadable pamphlets and reports: "COVID-19 Mexico: Panorama in the population that recognizes itself as indigenous," the "Guide for the attention of indigenous and Afro-Mexican towns and communities regarding the general sanitary emergency caused by the SARS-CoV2 (COVID-19) virus," and the "ABCs of COVID-19: Prevention, vigilance, and attention regarding health in indigenous and Afro-Mexican communities."²
3. Audio files in indigenous languages on the following topics: "Call 911," "Stay in your community," "You're not alone!," "Contingency in communities due to COVID-19," and "Migrants, protect your distance."³
4. Links to YouTube videos in indigenous languages about the pandemic in different regions.
5. Flyers about virus prevention in indigenous languages.
6. Other Coronavirus-related consultation materials.⁴

The "Guide for the attention of indigenous and Afro-Mexican towns and communities regarding the general sanitary emergency caused by the SARS-CoV2 (COVID-19) virus," published in coordination with the Instituto Nacional de los Pueblos Indígenas, has been translated into 62 of the 68 recognized indigenous languages present in the country. However, the fact that this potentially lifesaving document is available almost exclusively online, when members of many indigenous communities have unreliable access to the internet, and an absence of its translation into several variants of some of the more widely spoken indigenous languages has prompted public criticism and even legal action (Alcalá Gómez 2020).

In February of 2021, the Mexican federal government opened up its national vaccination program to the general public, which it had begun with medical personal and first responders in December 2020, beginning with those members of the 60 + population ("Esquema de vacunación" 2020). The program does not provide any recommendations, information, or protocols specifically oriented toward indigenous communities and, as of the time of this writing, the Instituto Nacional de Lenguas Indígenas website has not uploaded any information about the vaccine in indigenous languages, except for a link to the vaccination registration page, which is in Spanish (INALI 2021). Some indigenous communities in Chiapas have even rejected the application of the vaccine outright, taking autonomous collective decisions and even sending declarations to the government where they openly refuse the vaccine and exonerate the State of any liability ("Un pueblo

2 Original Spanish titles (English translation is my own): "COVID-19 México: Panorama en población que se reconoce como indígena," "Guía para la atención de pueblos y comunidades indígenas y afroamericanas ante la emergencia sanitaria generada por el virus SARS-CoV2 (COVID-19)," and the "ABC de la COVID-19: Prevención, vigilancia y atención de la salud en las comunidades indígenas y afroamericanas."

3 Original Spanish titles (English translation is my own): "Llama al 911," "Quédate en tu comunidad," "¡No estás sola!," "Contingencia en comunidades por COVID-19," and "Migrantes, protege a la distancia."

4 This, and the other aforementioned resources, can be found on the Instituto Nacional de Pueblos Indígenas official website at <https://www.gob.mx/inpi>

indígena” 2021). The basis for these decisions ranges from beliefs that the virus does not exist in their communities to a general distrust of the federal government (Romo 2021). Those communities who do receive the vaccine also face unique challenges, such as in the Wixárika community in Nueva Colonia, Jalisco whose members braved a four-hour journey on foot through narco-controlled territories just to get to their vaccination site (“Indígenas mexicanos caminan” 2021). It remains to be seen whether the State’s efforts to adequately inform its indigenous citizens about the virus and vaccinate this highly vulnerable population will be successful.

A Sanitary Crisis in *Estado Plurinacional de Bolivia*

On March 21st, 2020, the federal government of Bolivia declared a state of emergency in response to the COVID-19 pandemic via Decreto Supremo No. 4199 (Añez Chávez 2020a), which declared a strict quarantine for the entire country. Article 2.II of the decree stated that:

The inhabitants of the *Estado Plurinacional de Bolivia* should remain in their homes or in the residence they currently find themselves in during the entire period of the Total Quarantine, they can only conduct limited and indispensable movements made by one person per family between 7:00 A.M. and 12:00 P.M. midday, in order to stock up on products and necessary goods from the areas surrounding their domicile or residence.⁵

The national quarantine was originally programmed for a period beginning on March 22nd, 2020 until April 4th, 2020, but was extended and eventually suspended in late 2020, responding to the inevitable increase in Coronavirus cases throughout the country but also reacting to critics regarding its perceived severity and prolonged negative socioeconomic impact (Molina 2020). The quarantine even affected the 2020 Bolivian presidential elections, which were originally meant to occur on May 3rd, 2020 but were suspended twice by the Tribunal Supremo Electoral de Bolivia, with the actual elections taking place on October 18th, 2020, following public outcry regarding what many perceived as an intentional and politically motivated prolonged postponement of the democratic process (“Bolivia ya tiene fecha” 2020).

During the pandemic, the Bolivian State has produced several initiatives to assist indigenous communities. On May 6th, 2020, the Ministry of Health and Sports of the Bolivian federal government announced the creation of a protocol that provides “attention and support to the country’s indigenous communities in the fight against Coronavirus (COVID-19) based on their traditions and social practices” (Bolivian Ministry of Health and Sports 2020).⁶ Also in May 2020, the federal government’s Ministry of Defense launched the first phase of the national “Mitigation plan against the effects of COVID-19 in indigenous, rural, and Afro-Bolivian communities,”⁷ which delivered 72 tons of humanitarian aid, medicine, and other forms of relief to 5,000 indigenous families in the departments of Cochabamba and Santa Cruz. The second phase, which took place during the month of August, delivered over 150 tons of aid to approximately 12,000 indigenous families located in communities in the department of La Paz (Bolivian Ministry of Defense 2020). In October, the Bolivian Ministry of Health and Sports highlighted the importance of indig-

5 Original Spanish text (English translation is my own): *Los estantes y habitantes del Estado Plurinacional de Bolivia, deberán permanecer en sus domicilios o en la residencia que se encuentren durante el tiempo que dure la Cuarentena Total, solo podrán realizar desplazamientos mínimos e indispensables una persona por familia en el horario de la mañana de 07:00 a 12:00 del mediodía, a fin de abastecerse de productos e insumos necesarios en las cercanías de su domicilio o residencia.*

6 Original Spanish text (English translation is my own): *...atención y apoyo a los pueblos indígenas del país en la lucha contra el coronavirus (COVID-19), en el marco de sus tradiciones y prácticas sociales...*

7 Original Spanish title (English translation is my own): “Plan de Mitigación contra los efectos del COVID-19 sobre los pueblos indígenas originarios, campesinos y afrobolivianos.”

enous health in its “Containment, mitigation, and post-confinement recuperation plan in response to COVID-19”⁸ (Ministry of Health 2020) by stating that: Indigenous communities are groups that find themselves adversely affected by the social determinants regarding health, which generates an increased vulnerability not only to COVID-19 but also to other pathogens. This creates the need to define specific orientations that permit an integral attention to health, especially in a situation of sanitary emergency.⁹

The document also identifies several activities and guidelines specific to working with indigenous communities during the pandemic:

1. Promote community vigilance by identifying community actors (leaders, *jilaquatas*, among others) for notification and immediate reporting.
2. Guarantee health information according to their cosmovision and respecting the norms and customs of each indigenous group, and when possible in their own language, using clear and understandable language that facilitates the effective interaction and comprehension of messages.
3. Permit, within the framework of integral medical attention, the use of traditional practices, whenever these do not represent a risk for the health or integrity of the patient.
4. Limit the development of community activities or those with high public attendance, reprogramming them without prejudice regarding norms and traditions.¹⁰

These guidelines, recommendations, and initiatives created and enacted by the Bolivian State reflect the federal government's position, from a policy perspective, regarding the medical, economic, and humanitarian attention needed by indigenous communities during this unprecedented health crisis.

But what are the actual realities experienced by native peoples living in Bolivia during the COVID-19 pandemic? On June 4th, 2020, the Inter-American Commission on Human Rights (IACHR) expressed its concern regarding the vulnerability of Bolivian indigenous peoples, particularly those isolated communities that live in the Amazonian basin and have only peripheral contact with outsiders. In its official declaration, the IACHR recommended that States whose borders are home to native populations located in the Amazon should “respect the measures of auto-isolation adopted by indigenous communities—be they traditional or borne from the pandemic—as sanitary barriers, as well as provide them with materials for personal protection in a secure manner” (IACHR 2020). These types of measures are meant to limit exposure to COVID-19, but the actual impact of the virus in these highly isolated communities remains largely unknown, given that the Bolivian Ministry of Health

8 Original Spanish title (English translation is my own): “Plan de contención, mitigación y recuperación post confinamiento en respuesta a la COVID-19.”

9 Original Spanish text (English translation is my own): *Los pueblos indígenas son agrupaciones que se encuentran afectadas en mayor medida por los determinantes sociales de la salud, lo que genera una mayor vulnerabilidad no solamente frente a la COVID-19 sino también a otras patologías. Esto lleva a la necesidad de definir orientaciones específicas que permitan la atención integral de salud, especialmente en una situación de emergencia sanitaria.*

10 Original Spanish text (English translation is my own):

- *Promover la vigilancia comunitaria definiendo actores de las comunidades indígenas (líderes, jilaquatas, entre otros) para la notificación y reporte inmediato.*
- *Garantizar la información en salud según la cosmovisión y respetando los usos y costumbres de cada grupo indígena, en lo posible en su lengua propia y con lenguaje claro y sencillo que facilite la interacción y la comprensión efectiva de los mensajes.*
- *Permitir, en el marco de la atención integral en salud, el uso de prácticas tradicionales, siempre y cuando estas no representen un riesgo para la salud e integridad del paciente.*
- *Limitar el desarrollo de actividades comunitarias o de asistencia masiva, reprogramándolas sin perjuicio de sus usos y costumbres.*

and Sports does not include, as does the Mexican government, the variable of ethnic self-identification in its epidemiological reports (Añez Chavez 2020b). Infection, recovery, and mortality rates are instead organized by department, which only allows for vague inferences about these statistics among native populations (INLASA 2020).

The responses to the pandemic within the indigenous communities themselves have varied, but in many senses reflect concepts of autonomy, sustainability, economic and cultural survival, and even the rejection of the State's official policies. Members of the Aymara tribe, who live in the Bolivian Andes, have begun to conduct pilgrimages led by local shamans to the surrounding mountaintops to make offerings to Pachamama, or Mother Earth, who they believe created the coronavirus as punishment because she is angry at humankind for their exploitation and abuse of nature ("Indigenous Bolivians" 2020). Members of this tribe burn sacrificial items such as llama fetuses, drawings of the virus and of people who have died, as well as food items and alcohol. They then bury the ashes while thanking the ancestors and petitioning Pachamama to end the virus for everyone in the world.

In the department of Beni, members of the various indigenous groups such as the Tsimane and Mojeño tribes, along with representatives from local organizations representing indigenous women and farmworkers, worked alongside the Departmental Secretary of Indigenous Development of the Autonomous Departmental Government of Beni to elaborate a plan of action to combat the virus. Entitled "Fortifying the sanitary system in rural indigenous communities, for the defense and protection of their health rights, with emphasis on COVID-19, in the Department of Beni"¹¹ (2020), the document provides definitive guidelines, methodologies, and actions for combating the pandemic in the native communities of the department with the following specific objectives:

1. Mitigate the negative effects of the COVID-19 illness and its social and economic impact on the population through the creation of Community Health Brigades, promoting the broad-ranging participation of the community and social sectors.
2. Strengthen epidemiological vigilance of illnesses produced by infectious agents, by conducting an active search and follow-up of all suspected patients, for the generation and analysis of information to make opportune decisions for different instances of development and attention of the health system and other involved sectors.
3. Improve health clinics through the donation of medical supplies and biohazard equipment, in order to provide optimal medical attention in the area.
4. Disseminate timely, clear and relevant information that has a positive impact on the care and individual and collective behavior of families in the face of the disease.¹²

11 Original Spanish title (English translation is my own): "Fortalecimiento del sistema sanitario en pueblos indígenas originarios campesinos, para la defensa y protección de sus derechos a la salud, con énfasis en COVID-19, en el Departamento del Beni."

12 Original Spanish text (English translation is my own):

- *Mitigar los efectos negativos de las enfermedades (covid-19), en la población y su impacto social y económico a través de la conformación de Brigadas de Atención de Salud Comunitaria (BASC), promoviendo la amplia participación de la comunidad y sectores sociales.*
- *Fortalecer la vigilancia epidemiológica de enfermedades producida por agentes infecciosos, realizando la búsqueda activa y seguimiento a todo paciente sospechoso, para la generación y análisis de información para tomar decisiones oportunas por las diferentes instancias de gestión y atención de los sistemas de salud y otros sectores involucrados.*
- *Mejorar los Centros de Salud mediante la dotación de medicamentos y equipos de bioseguridad, para brindar una atención óptima y oportuna en la NPIOC.*
- *Realizar la difusión de información oportuna, clara y pertinente que incida positivamente en el cuidado y comportamiento individual y colectivo de las familias frente a la enfermedad.*

This protocol for community-based action has been widely praised by scientists as an innovative and culturally appropriate way to combat the virus (Kaplan *et al.* 2020).

During April 2021, the Ministry of Health and Sports (2021) published its “Vaccination plan against the COVID-19 coronavirus”¹³ which, unlike in the Mexican case, outlines vaccination guidelines, albeit very generally, for indigenous communities. The document details the difficulties indigenous peoples face in terms of access to community clinics and vaccination sites as well as linguistic and cultural barriers that impede the exchange of valuable medical information. Recommendations for a successful vaccination campaign include working directly with local municipal authorities, establishing specific schedules for these communities, social communication initiatives with an “intercultural focus,” and the formal registration of all patients, which even includes providing new government-issued identification cards for those who do not have one. This plan echoes a statement made by Rogelio Mayta, the Bolivian minister of foreign relations to the United Nations Human Rights Council in February 2021 that there should be universal access to vaccines and medical treatments against COVID-19 (“Bolivia aboga” 2021). However, the national vaccination plan has not advanced efficiently due mainly to bureaucratic, logistical and geographical constraints. Indigenous communities throughout Bolivia have complained about delays and a lack of governmental transparency regarding vaccination schedules (Aliaga 2021). Vaccines that are successfully distributed in many cases can only reach remote communities by transportation methods such as canoes or small chartered airplanes (Bolivia tv 2021). In addition to the challenges associated with successful vaccination, members of indigenous border communities also face threats of contagion from residents from other countries with higher percentages of outbreaks, such as Brazil (“Covid-19: pueblos” 2021).

Colombia in the Face of the Crisis of COVID-19

On March 17th, 2020, the president of the Colombian Republic, Ivan Duque, released the decree No. 417 (Duque 2020a) that declared a “state of economic, social, and ecological emergency throughout the entire national territory” in response to the increasing infection rates associated with the COVID-19 pandemic in this country. This document included a series of guidelines and public sanitation requirements for the entire country, as well as suspension of various public activities and businesses. On March 22nd, the president issued the decree No. 457 (Duque 2020b), which established a national stay-at-home order, wherein Article 1 of the decree:

Orders the obligatory preventative isolation of all inhabitants of the Republic of Colombia, beginning at 00:00 hours on March 25th, 2020, until 00:00 hours on April 13th, 2020, due to the sanitary emergency caused by the Coronavirus COVID-19. In order to effectively accomplish preventative obligatory isolation, the circulation of persons and vehicles is strictly limited, with exceptions listed in Article 3 of the presential Decree.¹⁴

The other articles of the decree specified the ways in which the State will enforce the stay-at-home order as well as how necessary services and businesses would remain

13 Original Spanish title (English translation is my own): “Plan para la vacunación contra el coronavirus COVID-19.”

14 Original Spanish text (English translation is my own): *Artículo 1. Aislamiento. Ordenar el aislamiento preventivo obligatorio de todas las personas habitantes de la República de Colombia, a partir de las cero horas (00:00 a.m.) del día 25 de marzo de 2020, hasta las cero horas (00:00 a.m.) del día 13 de abril de 2020, en el marco de la emergencia sanitaria por causa del Coronavirus COVID-19. Para efectos de lograr el efectivo aislamiento preventivo obligatorio se limita totalmente la libre circulación de personas y vehículos en el territorio nacional, con las excepciones previstas en el artículo 3 del presente Decreto.*

functional. This state of emergency and associated national curfews were originally programmed until May 30th, 2020, but have subsequently been extended and adjusted, as has occurred throughout the region and the world as the pandemic continues to unfold (El Tiempo 2020).

On March 13th, 2020, the Ministry of Health and Social Protection published a communication entitled “Recommendation for the prevention, containment, and mitigation of the COVID-19 coronavirus in ethnic groups: indigenous groups, NARP (Negras, Afro-Colombians, Raizales, and Palenqueras) communities, and the Pueblo Rom”¹⁵ (2020) wherein the federal government outlines specific recommendations and protocols in communities that are identified as “more greatly affected by determining social factors related to health, which generates a greater vulnerability to COVID-19.”¹⁶ The communication provides ten guidelines specific to indigenous communities that “takes into account their sociocultural characteristics”:

1. Remain in your territory, within your individual or collective spaces in order to reduce exposure to the risk of contagion.
2. Implement actions to prevent leaving your territories in order to reduce exposure to risk of contagion.
3. Limit the access of persons who are community outsiders, such as tourists, visitors from private institutions, delegates from NGOs or international corporations, and those who develop processes or activities in ethnic territories, except in cases of extreme necessity.
4. Establish protocols with the objective of guaranteeing that those outsiders who enter ethnic territories, in virtue of extreme necessity or institutional actions by the Colombian State, are in optimum conditions of health (without symptoms of respiratory infection or COVID-19 or other infectious diseases, with complete vaccination records, among others).
5. Limit the organization of community activities with large attendance numbers, canceling and/or rescheduling them.
6. Maintain persons with symptoms of COVID-19 or respiratory infection in isolation.
7. Restrict contact with persons with symptoms of COVID-19 or respiratory infection within the territory.
8. Integrate actions that promote community vigilance focused on the opportune identification of suspicious cases, defining determining actors (leaders, health agents, community workers, experts, among others) as well as routes for notification and immediate reporting.
9. Develop communicative actions with clear and simple messages according to the norms and customs of the ethnic groups present in the territory (*resguardos*, *cabildos*, Community Councils, *Kumpanias*, and other community-based organizations).

15 Original Spanish title (English translation is my own): “Recomendaciones para la prevención, contención y mitigación del coronavirus COVID-19 en grupos étnicos: pueblos indígenas, las comunidades NARP (Negras, Afrocolombianas, Raizales y Palenqueras) y el Pueblo Rom.”

16 Original Spanish text (English translation is my own): *...se encuentran afectadas en mayor medida por determinantes sociales de la salud, lo que genera una mayor vulnerabilidad frente al COVID-19.*

10. Have interpreters that facilitate the interaction and flow of effective communication of guaranteed information so that the ethnic groups (*pueblos* and indigenous communities, NARP [Negras, Afro-Colombians, Raizales and Palenqueras], and the Pueblo Rom) are made aware of the administrative acts and dispositions that have been expedited by the national government regarding the prevention, containment, and handling of the COVID-19 Coronavirus.¹⁷

Although this document provides guidelines for best practices of disease prevention oriented toward the members of indigenous communities, it does not outline a specific plan of action or protocol for providing humanitarian aid or economic relief, as was the case with the Bolivian federal government. Furthermore, the document was also published in Spanish, and there is no indication that it was translated, at least not by the State, into indigenous languages, as was done by the Mexican federal government.

As in the case of Bolivia and Mexico, the indigenous populations of Colombia have also created autonomous, community-based solutions for combating the COVID-19 pandemic. The Organización Nacional Indígena de Colombia (ONIC), located in Bogotá, released a bulletin on March 25th, 2020, outlining their “Contingency plan for indigenous Colombian communities regarding the health emergency originating from the pandemic”¹⁸ to “implement urgent actions to prevent the pandemic from arriving and propagating in indigenous territories, constituting the articulation of an Indigenous Movement as key in the process, spiritual work, and isolation as principal measures of self-protection #QuedateEnElTerritorio” (ONIC 2020). Specific objectives of the ONIC plan include:

1. Providing widespread national-level diffusion of rights resolutions emitted by zonal and regional organizations regarding the pandemic.

17 Original Spanish text (English translation is my own):

1. *Permanecer en su territorio, dentro de su espacio individual o colectivo, con el fin de reducir la exposición al riesgo de contagio.*
2. *Implementar acciones para evitar la salida de sus territorios con el fin de reducir la exposición al riesgo de contagio.*
3. *Limitar el ingreso de personas ajenas a las comunidades: tales como turistas, visitantes de instituciones privadas, delegados de ONGs o de cooperaciones internacionales, que desarrollen procesos o actividades en los territorios étnicos, salvo que se de en caso de extrema necesidad.*
4. *Establecer protocolos con el fin de garantizar que las personas ajenas a las Comunidades que ingresen a los territorios de grupos étnicos, en virtud de la extrema necesidad o de acciones institucionales del estado colombiano, estén en óptimas condiciones de salud (sin síntomas de Infección Respiratoria Aguda [IRA] - o COVID - 19 o de otras enfermedades infecciosas, esquemas de vacunación completo, entre otras).*
5. *Limitar el desarrollo de actividades comunitarias o de asistencia masiva, cancelando las actividades y/o reprogramándolas.*
6. *Mantener en aislamiento a las personas con sin tomas de Infección Respiratoria Aguda (IRA) - o COVID - 19.*
7. *Restringir al interior de los territorios étnicos el contacto con personas con síntomas de Infección Respiratoria Aguda (IRA) - o COVID - 19.*
8. *Integrar acciones que promuevan la vigilancia comunitaria enfocadas a la identificación oportuna de casos sospechosos, definiendo actores determinantes (líderes, agentes de salud, gestores comunitarios, sabedores, entre otros) y las rutas de notificación y reporte inmediato.*
9. *Desarrollar acciones comunicativas con mensajes claros y sencillos según los usos y costumbres de los grupos étnicos presentes en el territorio (Resguardos, cabildos, Consejos Comunitarios, Kumpanias y otras organizaciones de base comunitaria).*
10. *Contar con intérpretes que faciliten la interacción, el flujo y comunicación efectiva de información garantizando que los grupos étnicos (pueblos y comunidades indígenas, NARP - Negras, Afrocolombianas, Raizales y Palenqueras- y el Pueblo Rrom) conozcan los actos administrativos y disposiciones que haya expedido y expida el gobierno nacional sobre prevención, contención y manejo del coronavirus COVID-19.*

18 Original Spanish title (English translation is my own): “Plan de contingencia para pueblos indígenas de Colombia frente a emergencia de salud originada por pandemia.”

2. Fortifying systems of traditional community medicine through the use of its plants, norms, and customs.
3. Arranging humanitarian aid for food, prevention, and for providing the minimum requirements such as drinking water, with the federal government.
4. Articulate and monitor activities from and towards the territorial and national dimension with the teams to develop the axes of the Containment Plan.
5. Coordinating territorial control exercises with indigenous guards and providing whatever type of humanitarian aid necessary, attending to biohazard norms and keeping traditional norms and customs in mind.¹⁹

The ONIC has also created online resources dealing with the pandemic through their Sistema de Monitoreo Territorial so that members of indigenous communities can access up-to-date information regarding infection, recovery, and mortality rates in their area as well audiovisual resources in indigenous languages (ONIC 2020). Similar to the Bolivian case, many indigenous communities, specifically Amazonian communities, have also opted for the closure of their territorial borders, believing that self-isolation and traditional healing are the best ways to survive the pandemic (“La respuesta de” 2020).

On March 3rd, 2021, representatives of the Vice-Ministry of the Interior and the Ministry of Health and Social Protection presented the National Vaccination Plan (Plan Nacional de Vacunación) to the members of the Permanent Roundtable of Indigenous Consultation, which was originally approved on January 29th, 2021, in federal decree No. 109 (Duque 2021). This gesture of transparency by the State included the proposal of a one-dose vaccination plan in indigenous territories complete with phases of prioritization according to the geographical location of specific communities in order to guarantee access to vaccination for all of Colombia’s native peoples (Ministerio de Salud y Protección Social de Colombia 2021). However, as in the Bolivian case, logistical issues, primarily associated with the country’s unique geography, plague the successful distribution of vaccines to indigenous communities, many of which are located within what is known as “Colombia profunda,” areas where dense jungles and mountain ranges impede easy access (García 2021). Furthermore, as in the Mexican case, some, such as the members of the Consejo Regional Indígena del Cauca (CRIC) and the Consejo Regional Indígena del Huila (Crihu), are rejecting the vaccine altogether. They have indicated that they will not apply the vaccine in their communities because they were not originally consulted by the State; they believe that ancestral medicine is more efficient for recovery, and that more people have died from violence than from the virus itself (Romoleroux Halaby 2021). However, in other areas with indigenous populations such as La Guajira, residents reported that, in April 2021, the public health system was on the brink of collapse and actively petitioned the State government for assistance (“Covid-19: Comunidad” 2021).

19 Original Spanish text (English translation is my own):

- *Difundir y darle alcance nacional a las resoluciones de derecho propio emitidas por las organizaciones zonales y regionales frente a la pandemia*
- *Fortalecer los sistemas de medicina tradicional de los pueblos a través de sus plantas propias, usos y costumbres*
- *Gestionar con el Gobierno Nacional la ayuda humanitaria en materia de alimentación, prevención y condiciones mínimas requeridas como el agua potable*
- *Articular y monitorear desde y hacia la dimensión territorial y nacional con los equipos para desarrollar los ejes del Plan de Contención*
- *Coordinar con las guardias indígenas los ejercicios de control territorial y la entrega de cualquier tipo de ayuda humanitaria, atendiendo todas las normas de bioseguridad y teniendo en cuenta usos y costumbres.*

Discussion

The COVID-19 pandemic has created a myriad of policy challenges for the federal governments of these three Latin American States, most notably regarding the ways in which to identify the different sociocultural, political, and economic factors that influence the spread of contagion and the ways in which to regulate the uncontrolled propagation of the virus. These challenges are further complicated by longstanding discussions regarding the role of federal governmental policy in indigenous communities in general, and specifically regarding the characteristics and boundaries of said bureaucratic discourses. Many questions arise from these debates, such as: What are the limits and obligations of the State regarding the development and implementation of policies geared toward native communities? Does the State even have the institutional legitimacy and authority to recommend courses of action or directly intervene in these communities, especially during times of crisis? And, what are the best practices, if any, for building positive and mutually beneficial relationships between the State and native populations? In order to address these and other questions, the three case studies presented here have provided a small glimpse of the ways in which specific policies created and promoted by the State regarding the COVID-19 pandemic have affected the lives and livelihoods of indigenous peoples throughout Latin America and what that may mean for the future of these groups when the pandemic ends. Their efforts, as well as indigenous peoples' responses, are categorized in the following areas:

Recognizing Indigeneity

The federal governments of all three countries recognize and acknowledge to some extent —through their various protocols, plans of action, or decrees— the active presence of indigenous populations within their territories and the importance of developing strategies to combat the pandemic that specifically take into account their unique cultural traditions, territorial boundaries, and preexisting sociopolitical organizations. However, it appears that none of the federal national vaccination initiatives were created in direct consultation with indigenous communities.

Developing Feasible Plans of Action

The federal governments of Bolivia and Colombia have implemented economic relief and humanitarian aid programs specifically addressing the members of indigenous communities. Mexico, as of the time of this writing, has not outlined a specific relief plan for native peoples. The Mexican State has translated and made widely available, at least online, all of its COVID-19 prevention resources, but not its vaccination resources. The Bolivian and Colombian governments have developed protocols listing specific guidelines and community strategies for preventing and identifying contagion. In the Colombian case, however, this document is not available in native languages and appears to not be widely circulated beyond State governmental websites. The national vaccination plans of Bolivia and Colombia recognize the unique circumstances within which the members of many indigenous communities live and have developed logistical strategies to distribute the vaccine. The overall efficacy of these strategies is up for debate.

Respecting Indigenous Territorial Autonomy

In Bolivia and Colombia, native communities, or local non-governmental institutions administrated by indigenous peoples, have created their own protocols and implemented their own plans of action to tackle the COVID-19 pandemic. Both the Bolivian and Colombian State have publicly recognized the importance of maintaining the operational structure

of indigenous territorial borders to prevent the spread of the virus, and the leaders of many indigenous groups appear to agree with this strategy. These two governments have also expressed the importance of making a general concerted effort to limit contact with native communities, except in order to provide necessary medical assistance. However, some native groups have expressed discontent regarding the State's perceived inaction and lack of viable support for those communities affected by the pandemic. Others reject the State's interventions outright, particularly regarding national vaccine campaigns.

State Transparency Regarding Epidemiological Statistics

The Mexican State provides transparent up-to-date statistics regarding infection, recovery, and mortality rates among indigenous communities. The ONIC, an organization that is not part of the federal government, provides this same information for the indigenous peoples of Colombia. The Bolivian State does include ethnic identification variables in its official epidemiological reports. In all cases, these reports are, to a great extent, based on self-reporting by hospitals and clinics and may not reflect the actual reality of the pandemic in native communities.

This paper has outlined the ways in which three Latin American States have managed the COVID-19 pandemic (thus far) in indigenous communities. The concepts of autonomy and territory figure greatly here, specifically when thinking about the strategies the State has employed in interacting with native populations. In some instances, the State recognizes the sociocultural and political value of indigenous autonomy, consulting with them directly when presenting already approved federal initiatives regarding the pandemic and respecting their independent decisions. However, by and large, these three countries have not actively considered indigenous opinions regarding the development of viable State strategies to combat the pandemic in their communities, and this has been a cause of conflict and distrust, especially regarding federal vaccination programs. Indigenous communities have also invoked the concept of territory to literally defend themselves from the virus by closing borders and even refusing State-sponsored medical assistance. The consequences of both the State's COVID-19 policies and the responses and initiatives of indigenous peoples will continue to unfold for years to come.

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