COVID-19 and Humanity

Indigenous Peoples in Asia

The fast spreading COVID-19 poses much higher health risks to Indigenous Peoples, Persons with Disability, elders and women making them the most vulnerable groups. These groups not only face challenges in accessing information on time and in their own language; but also, of discrimination and deprivation of basic health services.

As though COVID-19 is not harsh enough, we are also displaying the darker side of human society. Indigenous Peoples are battling against racial discrimination, criminalization and stereotyping and COVID makes it worse.

“Our battle is multi-fold and we will find the solution to COVID-19 soon but not to our humanity”, said Gam A. Shimray, Secretary General, Asia Indigenous Peoples (AIPP). “Racial discrimination, criminalization and destruction of the forests will continue”, he added.

AIPP has been monitoring the developments in Asia and here are highlights of issues from Thailand, India, Bangladesh and the Philippines.
India: COVID-19 and Racial Attack

While the world is up in arms to combat the COVID-19, Indigenous Peoples from North-East India are fighting two issues i.e. combating COVID-19 and fighting racism in the cities of India!

In India, the fear and anxiety of the COVID-19 has brought out the dark side of intensified racism against the Indigenous Peoples from North-East India (in particular).

Racial attacks and discrimination have spiked since the start of the COVID-19 pandemic ignoring the fact that the North-Eastern states have one of the least reported cases of the COVID-19 infected population. North eastners, whether health workers, professional employees, students or daily wage earners are under racial attacks and abuses.

The nature of threats and abuses, as documented by Naga Peoples Movement for Human Rights (NPMHR), Delhi, and other sources include:

- Not allowing Southeast Asian looking faces to enter shops to buy groceries
- Forcibly vacating them from rented houses or not allowing them to return to their houses
- Denying admission in hospitals or medical treatment even though cases are not related to COVID-19
- Being called and shaming in public places by the name “corona”, including by children in schools
- Forced testing for COVID-19 of employees
- Students being beaten by theirs neighbours demanding them to leave
- Not allowing to board public transport and being molested and spat on, etc.

The spike in racism can only be explained by the fact that racism is deeply held by much of the Indian population. As a nurse from North-East India, working in a reputed hospital in Bengaluru, recalling her experience posted, “I am standing in front of a shop casually buying some sweets to keep me going through my 14 hrs night shift. The little kid who’s standing next to me in the shop sees me and runs screaming ‘corona virus’. Kids are not born racist. Kids are taught to be racist through media, by the people close to them.”

She further stated, “No, I don’t want to blame the kid. Racism hurts coming from adults and now even from kids. Racism is a disease... I am always there for you my dear patients. I will choose to care for you even if you choose to hate me.” There have been some cursory responses from the authorities but still, has underplayed the seriousness of the issue of racism that will last a much longer time retarding progress and civilization of the society.

The inhumane side does not end there, the Government of India has announced INR 150,000000 million package for strengthening health systems and 1.7 trillion immediate packages for the poor. But without adequate preparation and giving free hand to law enforcement has done havoc to the poor. Saheli, a Delhi-based organization stated, “the corona crisis reveals India as cruel and heartless.” Traumatized by security forces and no resources, the poor have taken to the roads, with nothing to eat and no drinking water, leave aside water and soap to wash their hands.
Thailand: Battling the deadly twin problem of COVID-19 and Forest-fire

While the larger population has turned their attention to the unsatisfactory response and measures taken by the Royal Thai Government, Indigenous Peoples are battling the deadly twin problem of COVID-19 and Forest-fire in their villages.

The forest-fire has devoured five people and one has taken his own life because of the mounting frustration and pressure!

Every year, as the dry season approach, Chiang Mai (Northern Thailand) becomes one of the most polluted cities in the world. Indigenous Peoples are often made the scapegoat, discounting the varied causative factors to the problem of smog and air contamination, knowing little that they are fighting a lonely battle against forest-fires with no firefighting gears and little food supply across the northern region of the country. There is always a sad story of someone, from the guardian of the forests, losing their lives. Their heroic work of protecting the forests goes unnoticed and unsung!

“COVID-19 has certainly complicated the fight against the outbreak of forest-fires as people have to cooperate and work together. No family or village in isolation can put out forest-fire on their own”, said Sakda Saenmi, Convenor, Network of Indigenous Peoples in Thailand (NIPT).

Even before the government took the initiative to lockdown or put in place restrictions in localized areas, travel and public places, several Indigenous communities already took the lead as epidemics are not new to them. For example, several Karen villages performed their age-old ritual called, “Kroh Yee” or village closure) to invoke their spiritual commitment for collective action and cooperation. Many individuals who have been working in urban areas have either lost their jobs or have no other means for livelihood are returning to their respective villages. Suspected cases and returnees have been put into self-quarantine in nearby farm shelters with food and essentials. However, there are also reports of returnees getting stuck due to the closure of their villages, but improvements are being made through sharing of information and intervention from elders.

Communities are distributing food supply and masks in the absence or shortage of government’s supply or intervention. This has resulted in containing the situation.

However, communities are concerned that they have little means to deal with a situation if someone fall sick or if they begin to run out of food supply. There are also issues of shortage of hygiene kits, masks and unavailability of information in their local languages.
Indigenous Peoples in Bangladesh are among the poorest in the world and the outbreak of COVID-19 and Measles makes them highly vulnerable with fears of an ensuing crisis.

No infection of COVID-19 has been identified so far among Indigenous Peoples and the number of identified cases in still low in the country. However, the death rate is high with at least 17 deaths out of the 164 confirmed cases (as of April 7). And the government seems to be least prepared with poor health systems and food insecurity the country is likely to face from economic shocks within weeks if large-scale social distancing is imposed.

“The low-income Indigenous groups are suffering the most as they do not have alternative livelihood. The situation is already challenging, several Indigenous labourers have lost their jobs and there is also a case where a Chakma student, suffering from cancer, died on 6 April after several hospital authorities allegedly denied to treat him because they thought he may have COVID-19”, said Pallab Chakma of Kapaeeng Foundation.

Like in other countries, many Indigenous Peoples in both Chittagong Hill Tracts and in the plains, they have locked down their villages for more than 2 weeks as they have little options. They hardly have access to clinics and hospitals, let alone equipment for COVID-19 treatment.

Thousands of families belonging to Santal, Oraon, Paharia, Banai, Hajong, Koch, Garo, Khisi, Tripura, Mro and other communities are facing food crises in Rangpur, Rajshahi, Mymensingh, Sylhet, Khulna, Chittagong and Dhaka division during these outbreak times. The Prime Minister has announced a financial package of Tk 727.5 billion in total to face the impact on the economy. But Indigenous Peoples have not felt the support coming from the government.

To make the matters worse, the swift outbreak of measles in Chittagong Hill Tracts (CHT) is stretching the suffering of the communities. At least 300 children have been infected and it has claimed the lives of 10 Indigenous children in Rangamati, Khagrachhari and Bandarban hill districts. They are in dire need of urgent humanitarian and medical support.
The Philippines has become one of the first country where positive cases of COVID-19 has been identified among Indigenous Peoples in Asia. And they are feeling the impact of COVID-19 with lack of resources for hygiene and food relief.

Community quarantine was initiated when two positive cases of COVID-19 were reported from Aeta villages of Nabucod and Mawacat, Floridablanca town, Pampanga.

“We are deeply disturbed since Indigenous Peoples are one of the most vulnerable sectors in our society. If the virus spreads to other communities, they are not fully equipped to combat infectious diseases like COVID-19”, wrote Katribu on March 16, 2020.

The government delayed its response and is still insufficient and ineffective. Indigenous Peoples are not getting food relief from the government and many families are running out of foods in several locations.

In response, Bai and Katribu have launched a call for donations and information sharing network for immediate food relief and hygiene packs for the vulnerable communities. These organizations are working to reach the remote areas with reliable information and raise awareness (in areas where internet is very poor) for improving protection from COVID-19.

Further, 68 indigenous students and teachers displaced by violent armed conflict in Mindanao are again caught in the crossfire and calling out for help. They have been living in Manila since 2017 after their homes and lands were devastated by violent armed conflict.

The students (age from 11 to 22) are vulnerable to COVID-19 because they are living in a cramped condition. They do not even have the choice of practicing social distancing so if one of them is infected by COVID-19, all in the group may be infected shortly.