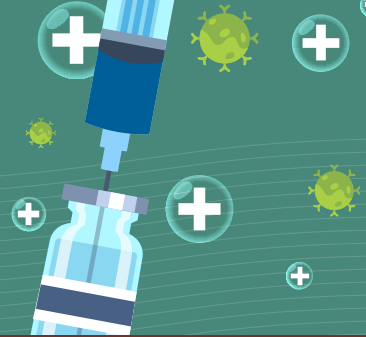


QUILOMBOLA VACCINOMETER



Report on the monitoring of vaccination against Covid-19 in Quilombola communities - 1st Edition

August/2021

Considering the general scenario of the Brazilian State's omission regarding the impacts of the Covid-19 pandemic over *quilombos*¹, the National Coordination for Articulation of Black Rural Quilombola Communities (Conaq²), with the support of *Terra de Direitos* and *Ecam Projetos Sociais*, monitors how vaccination is being carried out in *quilombos*, as a priority group, all over the country.

Quilombolas were included as a priority group for the vaccination against Covid-19 in February 2021, through a Supreme Court's decision. At that moment, the vaccination of the general population had just started and was advancing at baby steps in Brazil.

After roughly six months from that ruling, the survey on *quilombola* vaccinations demonstrates that the group has been facing a series of hardships to have their right ensured.

Until now, only 24% of the *quilombola* population is fully immunized with the application of the two needed doses or a single-shot vaccine, and 11% of the *quilombolas* consulted were not vaccinated. By way of comparison, at the beginning of August, more than 20% of the Brazilian population was already fully vaccinated. By analyzing states where the vaccination is more fast-paced, such as São Paulo, one may identify that more than 25% of the general population has received the two doses of the vaccine. In São Paulo's capital, for example, the population over 25 years of age is already being vaccinated.

This survey has allowed us to identify repetitive problems that crop up again in different locations and which have been preventing *quilombola*'s broad access to the vaccine. Aside from the lack of information, the transference of responsibility from the government to *quilombola* leaderships, and the lack of structure, one might perceive how racism functions in these cases. The delay in the process of acknowledgment of *quilombola* territories by the Palmares Cultural Foundation³ – which is the first step in the ownership process – and the lack of land registration are also used as arguments to prevent *quilombola* people from accessing the right to vaccination.

On the study:

Quilombola leaderships from different states are integrated into a collaborative work network to monitor the vaccination progress in *quilombos*. A questionnaire with open and closed questions was applied by the leaderships in *quilombos* from different Brazilian states.

This report marks a series of actions headed by *Conaq* in the confrontation of the Covid-19 pandemic and the vaccination monitoring in *quilombos*.

*Data collected from June 5 to July 27, 2021

445 *quilombos* consulted

23 states covered by the sample

138.230 *quilombolas* identified

246 municipalities covered by the sample

90.075
quilombolas vaccinated with
only the 1st dose

32.748
quilombolas vaccinated
with the 2nd dose

15.407
quilombolas were
not vaccinated

24% of the survey's *quilombolas*
fully immunized

11% of the mapped *quilombola* population still
has not had access to the vaccine

43% of *quilombos* showed vaccination problems

54 *quilombos* where *quilombolas*
residing outside the territory
did not have access to the vaccine



9 *quilombos* did not receive the vaccine
since they are not certified by the
Fundação Cultural Palmares



24 received insufficient doses



54 *quilombos* registered cases of people who
refused to get vaccinated



In order to see the *quilombos* mapped in the sample and where these types of problems were detected, [click here](#)

¹ Translator's Note: "*Quilombo*" is a term used to refer to Brazilian settlements founded by people of African origin. Most of the inhabitants of *quilombos*, called *quilombolas*, were maroons, a term for escaped slaves in the Americas.

² Coordenação Nacional de Articulação das Comunidades Negras Rurais Quilombolas, in Portuguese.

³ Fundação Cultural Palmares, in Portuguese



RELEVANT NOTES REPORTED ON QUILOMBOS

- At least 6 conflicts with municipal governments that did not accept *quilombolas* as a priority group for vaccination were registered.
- Despite some *quilombos* having already started the vaccination, some communities inside the territories have not yet started the process.
- There were cases in which vaccination only started after the Justice system was engaged.
- There were 22 cases of people who got vaccinated with different vaccines in the first and second doses.
- Due to Covid-19 outbreaks within the communities, some *quilombolas* had to recover and could not get the vaccine on the scheduled date.
- There were cases of racism experienced from the initial phase of debate with representatives from the municipal public power, when carrying out the vaccination planning, to its actual implementation, in the communities or healthcare units. There are reports of *quilombolas* having their identities questioned by healthcare agents and choosing not to get vaccinated due to the fear of criminalization.
- Lack of initiative from the municipal public power in relocating to communities or repeated use of the argument of unawareness of the communities as a justification for not carrying out the vaccination.
- Transfer of the public power's responsibility, with impositions from public representatives to *quilombola* leaderships, in order for them to present a name list of people who can be vaccinated as a condition for its implementation.
- Reports of difficulties experienced by *quilombos* when organizing these lists of *quilombola* people, and lack of public support for this survey.
- Cases of vaccine refusal due to fear, misinformation, or religious conviction reasons in at least 16 states. Additionally, there were cases of skipping the second dose.
- Reports of difficulties in accessing comprehensible information, and insufficient disclosure about how vaccination would be carried out in the *quilombos*.
- There are denouncements of inadequate use of vaccines in the municipalities, related to the targeting of doses to non-*quilombola* people. Likewise, there are denouncements of attempts of vaccination in *quilombos* by people who are not *quilombola*, nor their family members or people residing in the territory.
- Reports of lack of public healthcare equipment to structure vaccination in *quilombos*. In some communities where there is no adequate healthcare structure for vaccination, it takes place in the leaderships' homes.

ANALYSIS

The monitoring work of execution of a public policy, such as vaccination, brings along several complexities. In the case of *quilombos*, this reality is even more complex, considering the ineffective access to public policies and the corresponding lack of follow-up and monitoring mechanisms for the situation faced in each community.

In practice, the planning, execution, and monitoring of a few public policies that reach *quilombos* have been dependent almost exclusively on the activism, commitment, and organization from *quilombola* leaderships. It has not been different with vaccination. The lack of knowledge on what constitutes the *quilombola* identity, and on what is the reality of *quilombos* and their community members is blatant.

This issue is expanding and reaches up to the data production process on the vaccination itself, with all of the difficulties that the Brazilian State recognizes it has presented to produce and disclose disaggregated data regarding the vaccination in *quilombos*. **If the reality of these communities is not known, there is no way for the State to promote qualified actions.**

The survey hereby produced is, therefore, unprecedented. It provides a snapshot of the reality of execution of a public policy in *quilombos*, and it allows us to get to know the data on the situation faced by *quilombolas* which, at this



moment, the Brazilian State itself is not capable of producing. Naturally, a survey of this nature carries limitations, since a dynamic situation is being investigated and isolated in time.

Every day, the reality of vaccination in the country advances and the scenarios change, making it impossible to capture in a single moment and keep updated all the information of an ongoing process. In this survey, a situation in which portrayed characteristics occurred at the moment of data raising is presented. Even with these limitations, and amidst the Covid-19 crisis, it is fundamental to get to know the scenarios of healthcare policy execution for all those who should receive priority attention from the State.

Responsibility transferring

In September 2020, *Conaq* reached for the Federal Supreme Court (*Supremo Tribunal Federal – STF*, in Portuguese) through the Claim of Non-Compliance with a Fundamental Precept (ADPF⁴) No. 742 (), with the goal of ensuring that the *quilombola* population is recognized as a priority group by the Brazilian State and, thus, included in the priority groups for vaccination. The Supreme Court recognized *Conaq's* legitimacy by ruling in favor of the *quilombola* population in February 2021. Besides vaccination, the Supreme Court has also ruled for ensuring food safety in the territories and for suspending eviction orders during the pandemic.

Since the beginning of the Covid-19 pandemic, *Conaq* has been acting alongside its partners to measure the impacts of the coronavirus in *quilombola* territories, and to expose the lack of public policies for mitigating these impacts, in face of the neglect from healthcare authorities and the Brazilian State. Once again, *Conaq* presented unprecedented data on the situation of the *quilombola* population in the struggle against Covid-19 and denounces the State's silence regarding the inexistence of official data about Brazil's *quilombos* and *quilombola* population.

The State's lack of knowledge on the *quilombola* reality affects the way through which public policies are structured and administered, impacting the quality of decisions from people responsible for the public administration. In addition, it transfers the responsibility for the execution of a policy to the *quilombola* leadership.

In this sense, different problems were identified throughout the course of vaccination in the communities. At the planning stage, there were reports of problems related to information access and difficulties in organizing and disclosing information so that mobilizations in favor of vaccination could be carried out in advance, preparing the community. In several cases, it was up to *quilombola* leaderships to take upon the role of making the information on their right to get vaccinated, as a priority group, reach public authorities. This is a result of *Conaq's* work of informing leaderships about the favorable ruling achieved in the filing of ADPF 742 in the Federal Supreme Court, which recognized the vulnerability of this population, the compulsory requirement for vaccination planning, and a group of measures for the promotion of healthcare, food safety, and territorial protection during the pandemic.

Disinformation and racism

The difficulties in accessing information are particularly relevant due to the dimension of data related to personal refusal of getting vaccinated, several of which stem from misinformation regarding the Covid-19 vaccine. The reports presented on the refusal reflect a national tendency that is the result of the government's and public figures' omissions to promote awareness-raising campaigns for the population, regarding the importance of massive vaccination.

In this sense, the President of the Republic himself was a great disseminator of disinformation, by calling the vaccine's efficacy into question. In addition, one must consider that racism also acts as a way of discouraging the vaccination of the *quilombola* population. By having their *quilombola* identity questioned by healthcare agents, some people chose to not get vaccinated as a priority group, due to the fear that their identities would again be questioned and, thus, being criminalized.

⁴ Arguição de Descumprimento de Preceito Fundamental, in Portuguese



Racism situations have been exposed at every level of execution of the public policy for vaccination of the *quilombola* population: in the refusal to recognize *quilombolas* as a priority group, in the questioning of *quilombola* identity, in the transfer of responsibility from the government to *quilombola* leaderships, in the lack of an adequate structure for vaccination within *quilombos*, and the delay or delivery of insufficient doses.

By operating at all levels, institutional racism actively collaborates to discourage people from getting vaccinated, imposing a series of difficulties to the *quilombola* population's access to a basic healthcare policy. Moreover, racism also generates the unaccountability of the person responsible for public administration and the transfer of responsibility to the *quilombola* person, as if the effectiveness of a public policy depended solely upon the willingness or interest of the rights-holders. Racism, thus, operates in the justifications to explain the lack of public policies and to remove *quilombolas* from the condition of rights-holders. This situation is further aggravated in a government that openly delivers racist statements against this population and that deliberately does not advance policies for the registration of *quilombola* territories.

Lack of coordination

Additionally, there were also reports of difficulties in the collaborative work with some city secretaries in the construction of lists of populations that must be vaccinated, as well as divergences of positions between administrators on the criteria for the recognition of *quilombola* identity, and which people from the territory has the right to get vaccinated.

Such reality uncovers the difficulty in promoting a coordinated work between the many levels of administration of healthcare policies, in a participatory manner, bearing in mind the standardization of views and criteria for guaranteeing rights to the *quilombola* population. In several cases, this absence of coordination and standardization of information replicates experiences of institutional racism in the access to healthcare policies, leading *quilombolas* to an actual marathon in order to meet the requirements of the administration responsible for the location or even to trigger judicial mechanisms to guarantee their community's right to get vaccinated. These types of situations were reported in different locations.

At the policy-execution phase, several diverse problems related to the lack of information and services regarding specific situations were mentioned, such as, for example, the special attention towards vaccination of pregnant *quilombola* women; prior structuring and disclosure of the vaccination schedule in the communities; absence or precarious transportation of people to the vaccination post when it is not carried out in the community; lack of information and referral of cases of people who, due to flu-like symptoms or other health issues, failed to get vaccinated in the appointed date; a variety of requirements imposed for vaccination, related both to proof of *quilombola* identity (through card, inscription on the Single Registry, registration on the strategy for family healthcare) and the requirement of residency in the territory.

Vaccination criteria

The process of guaranteeing the right to public policies is a long trajectory of overcoming the limits imposed by the State. Some examples of this situation comprise the discussions in the scope of the ADPF 742 about the criteria to demarcate the right of *quilombolas* to vaccination. In this sense, the justice of the Federal Supreme Court, Edson Fachin, delivered an important decision broadening the understanding that the right to get vaccinated is linked to the *quilombola* condition and identity, and not only to the territory. Hence, he has determined that vaccination should cover *quilombolas* residing outside the territory. However, at this moment, this ruling still limits the rights of some *quilombolas*, since it only mentions situations in which residency outside the territory is due to health and/or study reasons. Conaq defends that the territory is a core element for the existence of communities as *quilombolas*; however, the location of residency of a *quilombola* person does not change its identity and, consequently, its condition as a rights-holder. In this sense, *quilombolas* residing outside the territory due to various reasons, such as work, must be considered as members of a priority group for vaccination.



Unfortunately, the data has shown that *quilombolas* have been paying the price for the Brazilian State's delay in regularizing their territories in different ways. The failure to provide guarantees for territorial rights has generated direct impacts on public administrators' decisions regarding access to the vaccine. **Thus, the State uses its own omission to impair the right to healthcare.** Cases of *quilombos* that were not yet certified by the Palmares Foundation having difficulties in accessing vaccines have been reported. In these cases, the same State that has failed to guarantee the regularization of *quilombola* territories uses its failure as a criterion to deny access to a public policy. This situation is further aggravated by the lack of a thorough survey on how many *quilombola* communities exist in Brazil. The data presented by the State are insufficient and end up invisibilizing several of the existing *quilombos*.

The monitoring of situations, the production of data, and the uncovering of situations of rights violations are some of the tools used by *Conaq* in the struggle for *quilombolas*' rights and against State racism. We hope, with the publication of this report, to take one step further in the fight towards top-quality public healthcare to the *quilombola* population.

Technical Information

Quilombola Vaccinometer: Snapshots of the Covid-19 vaccine situation in quilombos

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