

COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories

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Laney Beaulieu

COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories

An RSC Collection of Stories

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Cover Art

Laney Beaulieu , *Sa Ha'ah Gah Nareelya (We Are Standing Beside the Sun)*, (2020)

During COVID-19 I was given the opportunity to live in my home community, Deninu K'ue, for six months, something I haven't done since leaving home for university. During this time I was able

to reconnect with my family, both human and non-human, and was reminded of what's important to me and what I'm working towards. While I was in my community I saw all of our vulnerabilities to COVID, like lack of emergency medical transportation, high rates of comorbidity, and our large elder population. But I also saw all the resiliency of my people too, how we all love and look out for one another, something that I had missed desperately during my time in the South. When examining Indigenous Health and Wellbeing, it is important to keep both perspectives in mind, our vulnerability AND our resiliency, our isolation AND our relationality, our past AND our future.

About the Artist

Laney is Dene (Chipewyan) and Métis from Deninu K'ue in what is now the Northwest Territories. She is in her fourth year at Western University where she studies Biology and Medical Sciences. She is currently applying to medical schools and hopes to return to the North to work as a physician in a remote Indigenous community where the need for medical care is urgent. To see more of her work you can find her on Facebook (Laney Beaulieu Art) or Instagram (@laneygailbeaulieu).

Land Acknowledgement

The headquarters of the Royal Society of Canada is located in Ottawa, the traditional and unceded territory of the Algonquin Nation.

The opinions expressed in this report are those of the authors and do not necessarily represent those of the Royal Society of Canada.

Background on the RSC COVID-19 Task Force

Established by the President of the Royal Society of Canada in April 2020, the RSC Task Force on COVID-19 was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

The Task Force established a series of Working Groups to rapidly develop reports, with the objective of supporting policy makers with evidence to inform their decisions.

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Executive Summary

This Report, “COVID-19 and Indigenous health and wellness: Our strength is in our stories” is written as a collection of stories. As Indigenous scholars, practitioners and learners, we offer this writing to support an improved understanding about how COVID-19 is impacting the health and wellness of Indigenous peoples. We do so in a way that emphasizes the *relational* and *holistic* nature of Indigenous health and wellness; Indigenous health and wellness reflects an inter-relationship between humans and the natural world, and this inter-relatedness extends to mental, emotional, physical, and spiritual domains. Thus, our relationships are key to survival, strength, and ultimately, living well.

Due in large part to our relational understanding of health, combined with a shared experience of colonialism, Indigenous experiences of COVID-19 are indeed unique within the broader Canadian experience and health impact. We share our stories—with our vulnerabilities and learning laid bare—as a means of humanizing COVID-19 to the broader research and policy community. We take this approach to call attention to the dearth of Indigenous-specific COVID-19 data, but also as an expression of our self-determination to share our knowledge in a way that is meaningful to us as Indigenous scholars, practitioners and learners. Our communities have much at stake, and we bear important responsibilities to protect them now and in the future.

As COVID-19 rages on, so too do the health, social and political crises that pre-dated the pandemic continue to impact our communities. These include inadequate access to various social determinants of health (safe and affordable housing, food security, safe drinking water), as well as the more insidious impacts of our collective experience as Indigenous peoples, including land disputes, systemic racism, and the failure of Canada to recognize and uphold our inherent rights.

It is true that our communities have been resilient amidst the pandemic, and many have demonstrated incredible self-determination in the safety, care and protection of their community members. But our creativity and resilience during this time should not be misinterpreted by Canada as a waiver of its fiduciary and other responsibilities toward Indigenous peoples, and of our inherent Indigenous rights.

Report Highlights

1. The historic and enduring legacy of colonialism underlies and perpetuates the structural disempowerment of Indigenous peoples and their health, social and economic inequity. The persistence of disparities in Indigenous communities place First Nations, Métis and Inuit at high risk for contracting COVID-19.
2. COVID-19 has magnified existing inequities. Adequate housing, water, food and income is necessary for people and communities to practice public health measures (e.g., social distancing) during the current pandemic.
3. There is a persistent lack of Indigenous-centred processes for quantitative data collection, storage, governance and use across Canada. These gaps have led to significant data shortages with regard to COVID-19 incidence among Indigenous peoples.
4. Improved data relationships and infrastructure by Indigenous representatives and governing organizations are foundational for Indigenous data sovereignty; this will enable Indigenous

communities and organizations with the information required to curb the pandemic and support health and social equity in the years beyond.

5. Health research and policy must acknowledge and respect the relational worldview that is foundational to Indigenous health and wellness; strategies for healing and wellness must encompass social, spiritual and land-based relationships.
6. Indigenous self-determination, leadership and place-based knowledge have successfully protected Indigenous communities in Canada during the COVID-19 pandemic. These principles should be at the forefront when planning public health research, policy and other actions with Indigenous peoples.
7. Urban Indigenous organizations experience systemic discrimination regarding funding and jurisdictional gaps; they must be funded in a stable, equitable and targeted way, with flexible formulas that allow them to confront urgent community needs as they emerge.
8. COVID-19 has revealed foundational value-based issues in child welfare that place families' health and wellbeing—physical and emotional—at risk; child welfare must be reconceived and fully supported through Indigenous ways of knowing and being. Child welfare must recognize the importance of family and community connection as a foundational pathway to health and family and community wellness.
9. Story-based methodology is a way of knowing that is consistent with Indigenous traditions and perspectives. It is a powerful methodology for humanizing experiences of suffering and resilience.
10. Indigenous resilience during the pandemic should not be misinterpreted by the federal government as a waiver of its fiduciary and other responsibilities toward Indigenous peoples.

COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories

Introduction

In this report, the term “Indigenous Peoples¹” refers to First Nations, Inuit and Métis people who have historically lived, and continue to live, on the lands now known as Canada. Collectively, the Indigenous population is a broad, diverse and beautiful collection of people and communities who live on reserves and in towns and cities across Canada. Indigenous populations include roughly 1.7 million people, or 4% of the nation’s population. Greater than half of Indigenous peoples live in urban areas (Statistics Canada, 2016).

The beauty of Indigenous populations comes from the breadth of our historical, social, political, economic, cultural and geographic diversity. Indigenous peoples inhabit every major ecosystem, including the arctic, plains, mountains and foothills, great lakes, great rivers, and coastal areas. This diversity is evident in our many cultural practices including our languages and dialects, traditional foods and medicines, clothing, forms of transportation and governance systems, among many other traditions.

The concept of relationality and its importance for Indigenous health and wellness

Despite our geographic and cultural diversity, what connects us as Indigenous peoples is a way of knowing and understanding the world through a lens of *relationality*. This *relational* lens means that who we are as people is reflective of our relationships with others, both animate and inanimate, including our families, communities, nations, and wider ecosystems. LaDuke (2005) refers to these systems of knowing as Indigenous Knowledge, or the “culturally and spiritually based ways Indigenous peoples relate to their local ecosystems and to one another.” Indigenous Knowledge includes creation stories that link people to the land or features of it. This knowledge supports an understanding of our roles, rights and obligations as Indigenous peoples; these are intertwined with our responsibilities to care for our families and communities, including those in the natural and spirit worlds, today and for generations to come.

In Canada and across the world, the concept of relationality is central to Indigenous understandings of health and wellness. This relational world view is foundational to our identity as Indigenous people; it appears in our stories, our songs, our ceremonies and in our languages, weaving together elements of the whole person and community toward the goal of living a good life. Specific to wellness, many First Nations draw on the medicine wheel as a foundational epistemology, or way of knowing, that reflects dimensions of a balanced life—spiritual, social, mental and physical. In the Cree context, Adelson (2000) states that there is no word that translates into English for “health.” *Miyupomaatisiun* or “being alive well” constitutes what one may describe as being healthy; this concept is determined less by physical function or wellness but rather by the balance of human relationships central to Cree way of life. The Inuit refer to *Inuit Qaujimagatuqangit* (IQ) or “Inuit traditional knowledge.” IQ is a body of knowledge and way of understanding the inter-relationships of nature, humans and animals. As described by Tagalik (2018), core concepts of connectedness and belonging, based on respectful relationship-building are essential to the Inuit intention of

¹ The term ‘Indigenous’ is used throughout this report to refer inclusively to the original inhabitants of Canada and their descendants, including First Nations, Inuit and Métis peoples as defined in Section 35 of the Canadian Constitution of 1982.

living a good life. These relational philosophies serve as a common ground. Despite the miles that may separate us, these relational values are reflected through practices that centre around environmental sustainability, caring for our young and Elders, gift-giving, feasting, and more. Simply put, our relationships with other people and with our environments as Indigenous people are the key to wellness; wellness exists in a universe defined by relatedness.

Colonialism and Indigenous health: A historic and modern reality

As Indigenous peoples, we are also connected through a collective experience of colonization, which continues today. While there are distinctions in the way that First Nations, Inuit and Métis peoples have experienced colonization, its fundamental characteristics, including assaults on relationships with each other and with the natural world, are part of a common structure (Henry et al., 2018). Fundamentally, this experience is characterized by the targeted destruction, through legislation, policy or neglect, which place our communities at risk. Over the past several hundred years, Canada has developed, regulated, and defended an arsenal of violent policies and actions meant to dispossess Indigenous peoples of our lands and lifeways, and to destabilize our Indigenous Knowledge systems. While these processes have taken many forms—including the formation of the reserve system, the forced relocation of communities, the Residential and Day Schools, the 60's scoop and many more. The experience of colonization and its pattern of environmental dispossession have led to shorter life expectancies, greater burdens of chronic and infectious disease, greater risks of experiencing violence, and death by suicide at rates that far exceeds patterns in non-Indigenous populations (Gracey and King, 2009; National Inquiry Final Report, 2019). At the same time, they have contributed to jeopardizing the balance of relations and systems within community, family and personal relationships that serve to keep us well.

The historic and enduring legacy of colonialism underlies and perpetuates the structural disempowerment of Indigenous people and their health, social and economic inequity (Reading, 2018). Despite having faced countless historic and ongoing threats to survival, including novel infectious diseases, Indigenous people demonstrate resilience, strength and innovation (Richardson and Crawford, 2020; Chandler and Lalonde, 2008).

Indigenous people and COVID-19

At the broadest level, it is the persistence of social, political, economic and environmental disparities in Indigenous communities that place First Nations, Métis and Inuit at high risk for contracting COVID-19. Compared with the Canadian population, Indigenous peoples have a lower life expectancy (Tjepkema et al., 2019), they are more likely to live in poverty (Cooke et al., 2007), and many in the population live with underlying health conditions (Statistics Canada, 2020). Overcrowding of households (NCCAH, 2017), food insecurity (Richmond et al., 2020) and lack of access to clean drinking water (Baijius and Patrick, 2019) are critical public health issues for many Indigenous communities, as is their overrepresentation in the justice system (Canada, 2019). Inadequate access to the basic determinants of health by Indigenous peoples means that public health measures, such as social distancing and the adoption of hygiene practices, are not possible, thereby intensifying risk for exposure and spread of COVID-19 (Richardson and Crawford, 2020). A collective experience of colonialism underlies the everyday structural injustices and racialized violence endured by Indigenous peoples, including limited access to culturally safe and equitable health care (Allan and Smylie, 2015).

In March 2020, as COVID-19 emerged across Canada, Indigenous leaders took decisive action to protect their communities. By the end of March 2020, few First Nation reserves, Métis or Inuit communities were open to non-residents. Communities rapidly developed a series of local initiatives and policies to protect public health and support community safety during this time, including daily curfews, canceling social-cultural gatherings (e.g., pow-wows and ceremonies) and other such policies to support physical distancing.

In spite of these quick responses to the pandemic, the hard reality of COVID-19 is that there is little community-specific or nation-based epidemiologic data available to Indigenous leaders to inform their community responses to the pandemic. As we approach a full year since we began hearing about the virus in December 2019, data insufficiencies including a lack of consistent and relevant Indigenous-specific identifiers, barriers to data linking and inconsistent and poor data quality continue to underestimate the true impact of COVID-19 on Indigenous populations.²

Important calls for improved data relationships and infrastructure by Indigenous representatives and governing organizations have gone unanswered. The resulting gaps in COVID-19 data epitomize the ongoing colonial impact of displacement and a lack of sovereignty on Indigenous governance (Rowe, Bull and Walker, 2020). COVID-19 shines a spotlight on continued health service divisions across local, federal and provincial levels of government, underpinned by jurisdictional gaps on the ways in which Indigenous health data are being gathered, accessed, analyzed, and used.

A Story-based Methodology

This report is written from a story-based methodology. We write at a time when Indigenous research by Indigenous people, grounded in Indigenous worldviews and methodologies, is coming into the fore of health research in Canada (Anderson and Cidro, 2019; Hart, 2010). Alongside gravely lacking epidemiological and other “hard” data sources about COVID-19, we engage in a story-based methodology because it is a way of knowing that is consistent with our traditions and perspectives (McGregor, 2018; Abolson, 2011).

As Indigenous peoples, our knowledge systems and ways of sharing and relating with one another have always been rooted in oral tradition. Stories have been used for generations as a way to share knowledge and to impart values, lessons and ethics (Archibald, 2008). Stories emphasize the values embedded in, and purposed through, the practice of our Indigenous Knowledge systems. They tell us who we are in relation to the rest of the universe, as well as in relation to each other. As human beings, we are but one part of a much larger system of physical, social and spiritual entities. We are the sum of our relationships. Thus, we tell and share our stories as a way to recall and restore meaning, order and responsibility.

As contributing authors to this report, we come from various fields of study and practice related to Indigenous health and wellness. The resulting stories are examples that describe some of our unique journeys and experiences with COVID-19. Specifically, we draw upon our own experiences as a way to articulate how COVID-19 has shaped the nature of our own relationships—with self, family, community, land, and as self-determining peoples—and how this impacts health and wellness. Together, the stories act as demonstrations of our existence and highlight our efforts to document, share, and mobilize action based on those experiences.

2 <https://yellowheadinstitute.org/2020/05/12/colonialism-of-the-curve-indigenous-communities-and-bad-covid-data/>

There are a set of common values threaded through these stories that is grounded in relationships (Kirkness and Barnhardt, 2001). These common values, exemplified in a relational way of understanding, are fundamental to how we position ourselves within this report. These are articulated within the 5Rs of Indigenous Research: relationships, respect, responsibility, relevance, and reciprocity (Johnston et al., 2018). This report honours the integral role of respecting Indigenous knowledges in a time of COVID-19, and recognizing the relevance of Indigenous experiences in advancing discussions that promote community resilience and wellness. Through this report, we act in reciprocal ways by sharing our stories and experiences to Indigenous nations and the wider research and policy community. We take responsibility and accountability for sharing these knowledges, and we ground ourselves in principles of Indigenous research sovereignty, self-determination, and ethics.

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Time for Unseen Medicine

Vanessa Ambtman-Smith



Daddy and daughter walking on the shore of the Pickerel River
October 2020

Time for Unseen Medicine, Vanessa Ambtman-Smith

“The virus is here to wake up the world. Too many people are not connected to the land and water. It’s time for people to pay attention, to be still and to re-evaluate our lives. It’s time for us to be connected to our own way of being in the world and to get in touch with our own self in spirit.” (Teaching by Elder Liz Akiwenzie, May 12, 2020).

Time. I’ve spent the last eight months dancing with time. Time to be a mother. Time to be a student. Time to pay the bills. Time to cook. Time to advocate. Time to clean. Time to be a wife, daughter, auntie, and friend. Time to self. Time to practice culture. Time to do ceremony. Time for exercise. Time to run a business. Time to homeschool. Before the pandemic, I always knew how to use my time, and there never seemed to be enough. Once the virus hit, I had to learn how to do more things at one time in a confined space. I became filled with uncertainty, fear and anxiety, losing track of time and space. I needed my family to be safe, and I fought to keep them well. To keep them well, I needed to be balanced mentally, physically, emotionally and spiritually.



On April 28th, I made the decision to nurture my spirit, and to make the time to join a zoom with Elder Liz Akiwenzie. She shared so much this day, and every other week for two months after. I was craving the knowledge of how to find peace, comfort and safety. Liz told us that “to keep our minds good, we must be living in the heart, body and spirit”). Through these teachings I woke up to the knowledge that unseen “Medicine”¹ is everywhere, and with each new day comes new understanding. Sitting out on the land and on the earth can offer an immediate sense of safety and belonging. And while I had no control over the circumstances and time around me, I still had some important work to do, and needed guidance to seek out the kindness, gratitude and love that I could share with my family.

I learned that the gift of the pandemic is about stopping and being still. The gift of the virus is also about time. Time to go inward and reflect. My reflections bring me in and out of fear and uncertainty and remind me that growing up, as a Sixties Scoop survivor², I had no access to Indigenous Knowledge, teachings, culture or Elders. This disruption has caused so much trauma and insecurity around issues related to identity, belonging and having a secure place of being in the world. It has taken many decades to come back to a place of love, where I have the confidence, bravery and belief to know I have access to Indigenous knowledge, and that it has been there all along.

1 “Medicine” refers to Indigenous methods of health and healing through “the use of herbal remedies as well as specific ceremonies and rituals to promote spiritual, mental, physical and psychological well-being” (Royal Commission on Aboriginal Peoples, 1996, Vol. 5, p.11), known more generally as ‘traditional healing’ or ‘traditional medicine’.

2 The “Sixties Scoop” is a colonial initiative defined as a wide-scale national apprehension of Indigenous children placed in primarily non-Aboriginal homes in Canada, the U.S. and overseas from the late 1950s through the early 1980s (Wright, 2017; Johnston, 1983; Kimelman, 1985). Recent estimates suggest over 20,000 First Nations, Metis, and Inuit children were removed from their families (National Indigenous Survivors of Child Welfare, 2016).

The teachings from the Elder reinforced something my body has always felt: Unseen medicine is everywhere. Unseen medicine is about giving thanks for the basic things; it's about being able to listen and hear with the whole being. It's about going back to basics and understanding our logical place of being in the world. Unseen medicine is learning to continue to feed the spirit and take care of ourselves. Unseen medicine is the best way to help others: when we use this knowledge and share it, we stay in the love and light, and out of fear.

Ceremony doesn't need to be elaborate. Ceremony can be simply walking in your spirit and connecting to the grandmother and grandfather that walk with you, or sitting by the water to connect with Her spirit.

Living through this pandemic as a mother and a PhD student has offered many lessons and gifts. I learned I can reclaim spaces and nurture connections to my family and our relationship to the land, and that practicing culture is a state of mind that is accessible to everyone regardless of where one lives in relation to their traditional territory or families of origin. I learned that Indigenous Knowledge originates from cultural and spiritual connections to the land.

Indigenous Knowledge is needed to form strong and healthy relationships. Through connections to the land, we've learned to survive and thrive, and that we can continue to ask for help through these connections at any time. We can do this by sitting still, on the land and by placing our semaa on the ground and asking Creator to show us what we need, and the answers will come when we're being attentive, looking out for signs, and loving ourselves.



*Ceremony doesn't have to be elaborate
Carolena Smith at Komoka Provincial Park, August 22, 2020*

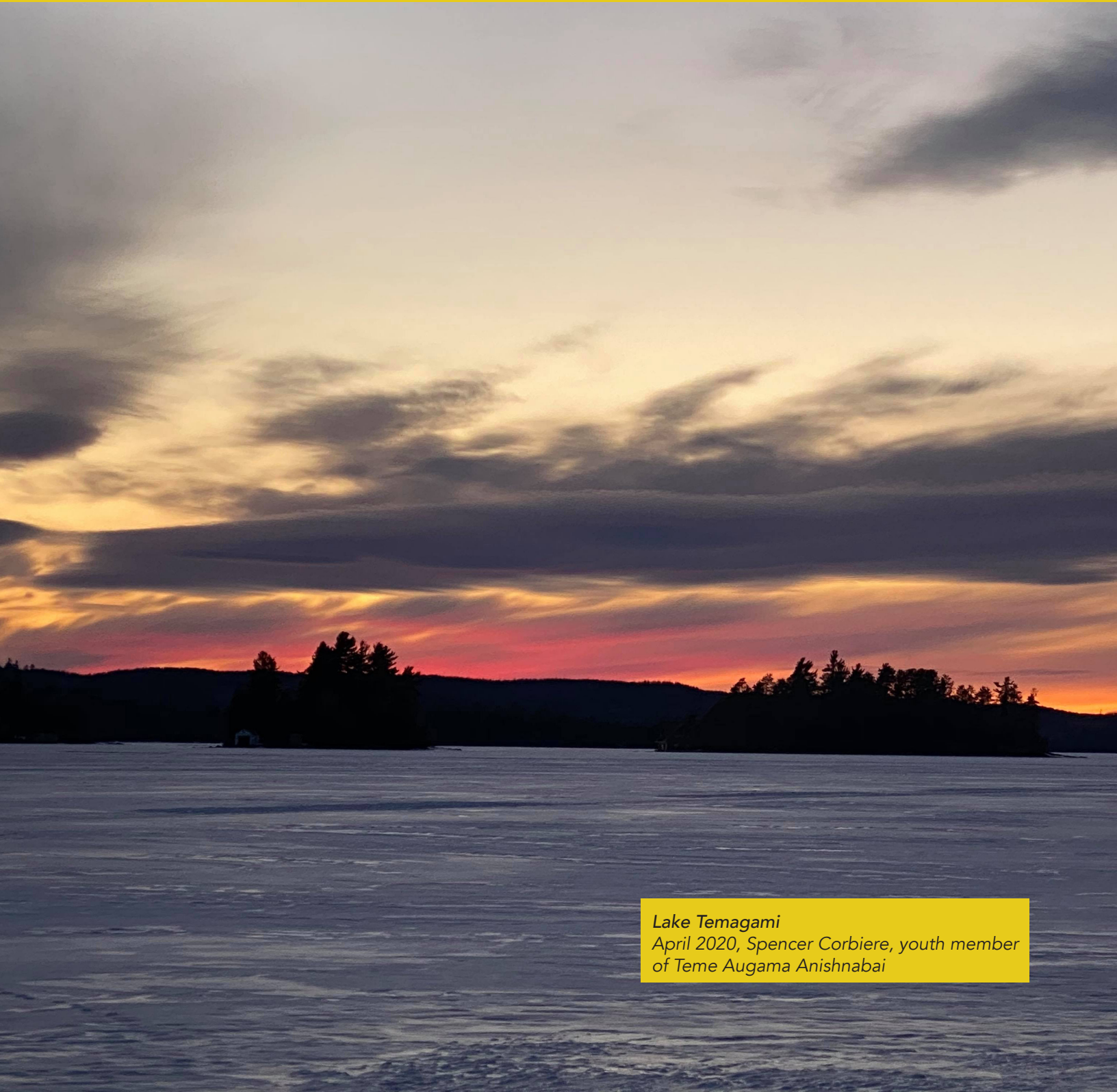


*Smith Family on the Pickerel River
October 2020*

RELATIONSHIP WITH SELF

Fear and Shame in a time of COVID-19: A personal impact narrative from the perspective of an Anishinaabekwe and PhD Candidate

Robyn Rowe



*Lake Temagami
April 2020, Spencer Corbiere, youth member
of Teme Augama Anishnabai*

Fear and Shame in a time of COVID-19: A personal impact narrative from the perspective of an Anishinaabekwe and PhD Candidate, Robyn Rowe

I stepped off the plane, grateful to be on the ground. Grateful that my 8-month old daughter, Lily was finally asleep after 18-straight hours of nursing her to help ease the pain in her ears from cabin pressure. Exhausted, my husband, Chris and I stood in the makeshift hallway space between the plane and the airport, watching everyone leave. We stood there waiting for our stroller to be taken off the plane so that we could begin our adventure out of the airport and into Melbourne, Australia. Suddenly a group of a dozen or so people dressed head-to-toe in full white coveralls, gloved and masked, made their way into the plane, carrying buckets, cloths, and cleaning products. My husband and I looked at each other with a glimmer of fear hidden in both of our expressions. As we made our way into the city, I began to check my emails for news of how COVID-19 was spreading around the world. It was mid-March and here we were, in Australia- with an infant, so that I could attend a conference, meet with international colleagues, and present on my PhD project. In my emails was one from the conference planners, regrettably informing all delegates that the conference had been cancelled due to COVID. They were attempting to mitigate the spread of the virus.

I was actually a little excited, this meant 10-days in Australia with no commitments and only one of my four kids! My excitement was pretty short-lived. We woke up after a much needed real sleep to emails from family, friends, supervisors, co-workers, Canada, calling us home. That glimmer of panic from yesterday was starting to turn into full-blown fear. When I tell the story now, I laugh and smile about how my husband and I spent literally 1-day in Australia before having to return home to isolation. Deep down though, my disappointment is real. My fear is real.

COVID-19 didn't just take away my trip, it changed the trajectory of my academic career, and may still change the trajectory of my life. My PhD project was rooted in my desire to have strong, lasting relationships with Indigenous data sovereignty leaders from around the world. Without that physical conference, my relationships would never grow beyond the 2-dimensional one that I had formed on Zoom calls for the last two years. My resilience, my perseverance, and my ability to push negativity aside did not prepare me for a pandemic of this magnitude or the waves of repercussions that would result from it. I don't think anyone was prepared for this.

Suddenly, I found myself working from home, helping and teaching my school-aged kids with their online learning between Zoom calls, and questioning everything. Beyond my studies, I am a research associate in an Indigenous health research team at Laurentian University. We have been working to respond to the needs of First Nations people across the province since March. As an Anishinaabekwe, I am blessed to be part of a team that is devoted to doing what our community partners want and need. While First Nations people have been through this sort of pandemic in the past, it doesn't negate the fear. I know I am scared. I am scared for my friends, my family, my community Elders, our stories, our traditions, and all of my relations.

Historically, tens of thousands, maybe even hundreds of thousands of First Nations people were wiped out over centuries of genocide through means that included biological warfare. During COVID-19 though, our communities are finding ways to mitigate the spread of the virus and most First Nations communities have pandemic response plans in place. At the turn of the century, during H1N1 (swine flu) many people may not remember, but when some First Nations communities in Canada asked for medical supplies to take care of the sick, the government sent body bags. The

H1N1 pandemic had devastating effects on First Nations communities in Canada and COVID-19 brings these experiences to mind.

As a result of these factors and others, my PhD research project has shifted gears. Evolving from one of global perspectives on sovereignty and data to one that explores First Nations enacting sovereignty through governance in a time of COVID-19.

I feel uncomfortable with my new project.

I'm uncomfortable because so many First Nations communities in Canada still don't have clean, running, and drinkable water or access to appropriate health and wellness care. My mom, my siblings, and my nieces live together in my community in a small house with one bathroom shared between seven people! Housing is a huge challenge in communities. All of these challenges compound together with known higher rates of just about every possible long-term health condition making my family, my community, my people more vulnerable and susceptible to not only catching COVID, but dying from it.

I'm uncomfortable with talking about how resilient, strong, and overcoming First Nations people are because there are so many things, *fixable things*, that we should not have to be overcoming!

First Nations communities should not have to implement "new and innovative ways" of preventing the spread of a virus because they don't have clean water to maintain basic personal hygiene. First Nations people should not have to barricade themselves in communities, further perpetuating feelings of isolation reminiscent of a time when permission from Indian Agents was needed to leave the reserve to hunt and fish on our own territory.

As the traditional land and water stewards of this country that we now call Canada, First Nations people should not have to find alternative ways to overcome a pandemic while not having the basic minimum standards for survival and well-being available.

So, I'm uncomfortable. Which is really my nice way of saying, I am ashamed. I am ashamed of the leaders of my country for not taking the appropriate action to ensure that- at the minimum- First Nations communities have the infrastructure needed to get through this pandemic without having to take innovative actions. I am ashamed that I will likely get a PhD out of this pandemic, while some of my people will lose their lives because of this virus.

Beyond my shame, I am scared.

Urban Indigenous Epidemiology Training during a Pandemic

Chenoa Cassidy-Matthews



Building harm reduction kits
for our Downtown Eastside
Vancouver community

Urban Indigenous Epidemiology Training during a Pandemic, Chenoa Cassidy-Matthews

Who I am. I am a Nishnawbe:kwe (Oji-Cree Woman) and a member of Aachiko-saakahikaniik (Sachigo Lake) First Nation in northwestern Ontario, and was born and raised near Ottawa, Ontario on the unceded territory of the Algonquin Anishnabek, Haudenosaunee (Iroquois), Ojibway/Chippewa peoples. I am an uninvited visitor on the unceded traditional territories of the Coast Salish speaking peoples. Specifically, the Sk̓wx̓wú7mesh sníchim-speaking people of Sk̓wx̓wú7mesh Nation, and the hən̓q̓əmiñəm-speaking Tseil-Waututh, x̓m̓əθk̓əy̓əm, and k̓w̓ik̓w̓əłəm Nations, with the privilege of income, education, housing, and being a white-presenting Nish:kwe. I am a PhD candidate in the school of Population and Public Health at the University of British Columbia in Vancouver BC, and my research explores the impact of the dual public health emergencies in BC, overdose and COVID-19, among urban Indigenous young people.

I have lived off-reserve my whole life. I grew up in a small town and I have spent the last 10 years living in major cities. This formative time coincided with my journey to reconnect to my culture and identity and unpack inherited family trauma as a third-generation residential school survivor. Because I did much of this (un)learning in diverse, vibrant, and volatile urban environments, I have grown deeply connected to urban Indigenous communities and cultures. It is true that in an urban setting we sometimes reimagine traditional practices to fit new environments and contexts, and these become intertwined with others from distinct nations, as many of us are on similar journeys of reconnection; contemporary interpretations. This influence transcends all aspects of my life, but it wasn't until this year, by the force of a global pandemic, that I truly began to understand Indigenous approaches to research and epidemiology.

My Experience Pursuing a PhD in Public Health during a Global Pandemic. When I began my PhD program in 2018, I knew 2020 was going to be one of the hardest years of my academic career. I often reflect on this time I spent worrying about the year 2020, and sometimes I wonder if it was a premonition or foreshadowing. My comprehensive exams were a three-day process at the beginning of June, which I needed to pass in order to carry on to candidacy. As I agonized over the enormity of 2020 for the first two years of my program, I was embroiled in intense coursework studying epidemiology, biostatistics, and research methods. Then 2020 finally arrived, and two months into our official exam preparation the COVID-19 crisis hit BC. Everything ground to a halt, yet we were expected to continue studying full-time for our exams, as they shifted to an at-home test but otherwise remained the same: Day one was a 6-hour epidemiology and biostatistics exam; day two was a 6-hour proposal; and day three was an oral critique of a manuscript to a panel of expert faculty (over Zoom, of course).

As a budding epidemiologist I couldn't help but feel my relevant skillset was being sidelined during critical moments throughout this pandemic in order to prepare for a test that felt less significant than the real-world test rapidly evolving around me. More importantly, I had the nagging feeling that, like many of our experiences with other illnesses, Indigenous peoples would likely face more barriers to care and support if they contracted COVID-19 or if it entered our communities. At the same time, unable to visit with friends or travel home to see family, I felt doubly isolated studying at my apartment, growing anxious for being unable to separate home and work environments. I sympathized with my Indigenous peers who were similarly unable to return to community, engage in milestone and long-awaited ceremonies, or visit with Elders.

I passed my exams; but I continue to struggle daily as we all do, with wanting to visit my parents, aunties, and kokums. I know others have lost parents, aunties, and kokums to COVID-19, and I grieve with them. I have grown zoom-fatigued and academically burnt out. I mourn the loss of so many Black and Indigenous cousins at the hands of the police state. I have grown weary from advocating for basic human and environmental rights, and weary of waiting for the outcome of a colonial election in which I have no say. These are times in which health and social justice research feels both transformative and impossible; however, in periods of rapid social change, I know I must persevere for the sake of my family and community.

True community-based, Indigenous research. I view it as my responsibility to conduct my work in a good way that centers relationality, reciprocity, and respect. Under non-emergency circumstances, I would have placed all my other work on hold until after my comprehensive exams; however, the Down Town East Side neighbourhood in Vancouver, BC with whom I am engaged in research was suddenly faced with COVID-19 related public health restrictions that conflicted with harm reduction protocol already in place to mitigate overdose risk. Social isolation, increased hygiene recommendations, and physical distancing coupled with many shuttered essential services in the neighbourhood signaled for us to set our regular research activities aside and quickly respond with outreach for folks using substances around the neighbourhood—not just our Indigenous kin, but anyone and everyone who needed safe equipment and other supports. As Indigenous epidemiologists, engaged in community-based research, we fulfill our role in the (w)holistic urban ecosystem by showing up for our community in whatever ways are needed—beyond those which involve research. This, to me, felt like the most important work I could be doing and at the same time this allowed me the mental space to study in preparation for my exams. In this way, responding to our urban community's needs brought a sense of calm to my life as I realized I was not sidelined at all; I was living and breathing true community-based, Indigenous research, which sometimes looks nothing like research at all, but feels every bit as important.

RELATIONSHIP WITH FAMILY

Grieving during COVID-19

Chantelle Richmond



*The Glistening Lake
Chantelle Richmond*

Grieving during COVID-19, Chantelle Richmond

Early in the morning on December 15, 2019 I boarded a plane from London, Ontario to be with my dad, who was dying. Only five months earlier, he'd been diagnosed with mesothelioma lung cancer. I was desperate to make it home in time to say goodbye. As the jet sped over Lake Superior to Thunder Bay, I stared hopelessly out the window, wishing I had a parachute to drop me down.

After landing, I began the three-hour drive to my hometown of Marathon. Despite my best efforts, I would not make it on time. An hour into the drive, my sister called to tell me it was time to say goodbye. Within half an hour, she called me back to let me know he was gone. It was a cloudless day and the sunshine glistened across Lake Superior like silver. The coastal mountains surrounded me like a hug. That I could be in such a magical place hearing the devastating news was almost like a gift. I pulled over and had a big cry. Then I called my husband and children to let them know that Papa Reg had left us.

Among Anishinaabe people, death is understood as a journey. We come to this place with meaning and purpose. We inhabit a physical body but our spirit is eternal. When we are done with our work here, our spirit leaves its physical body and moves on.

My dad coped with the foreknowledge of his death with great humility. He referred to his own death as "going up the river." He told us the songs he wanted played at his funeral, the people he wanted to talk. In his final conscious days, he made a wooden box to hold his ashes. Despite these conversations, I was ill-prepared for his death. Intellectually I had been preparing for this moment, recounting his diagnosis and contemplating the physical symptoms of his advanced cancer. But the moment I heard my dad had died, it felt like a giant punch in the gut. I thought we had more time. I was devastated that I was not present with my dad as he left this world.

But I resolved to do my best. My sisters and I made arrangements for his cremation. We planned a celebration of life. The people came. Food arrived, flowers too. My parent's house was full and noisy. The doorbell kept ringing. We were busy and exhausted. But we felt loved and supported.

Anishnaabe people will hold a four-day sacred fire to support and honour the spirit as it passes from this world to the next. But in mid-December, the weather was menacing. We sought direction on our obligations, and we were soothed by our teacher who told us dad had adequately prepared for his death in the last several months and his spirit had safely moved on. We were relieved. We wanted to honour dad, but at that time we were not capable of holding a four-day fire. Nor were we ready to part with his ashes. The act of holding on to and protecting his ashes felt like the most honourable thing we could do. We agreed that we would fulfill our ceremonial obligations and send dad "up the river" when the time was right. Little did we know how global events would impact this process in the coming months.



*Richmond Family
August 2019*

Over the winter and spring months, we made plans for the ceremony. My dad wanted his ashes released into the mouth of the Biigtig (also known as the Pic River), a place that holds tremendous importance for our family. Here, the river empties into Lake Superior. My mother's ancestors have travelled to and gathered in this place for generations. She and her siblings played here as a child. My parents came as lovebirds to drink beer in the sand dunes. We attended our first sweat lodge here. We received our traditional names here. Following her hysterectomy, my mother buried her womb here. My children's placentas are buried here.

We are connected to this place through our ancestors, through our time spent here. We are connected through the foods we eat. Over time, our bodies take on *this place*. It only makes sense that one day we should be returned here too.

No one can tell you what to expect when you are grieving or how long it will take. Nor can they prepare you for the profound loneliness you will feel. Your memories take you to happy times, sad times, the places and times you wish you could take back. Grieving during a global pandemic, and living thousands of kilometers from my family was very difficult. I was away from my loved ones. I was unable to see and be with them as I normally would, and I was forced me to cope with my thoughts and feelings largely on my own. Amidst the lockdown, my mom and sisters and I would talk for hours on the phone. We shared the same stories and memories probably a hundred times. We laughed, we cried. We held the space for one another. But sitting on the phone was just not the same as sitting at my mom's kitchen table. Not being physically present with my family was my saddest consequence of the pandemic

For my family and so many other Indigenous peoples in Canada and beyond, COVID-19 has significantly disrupted cultural practices associated with death and grieving. Across Turtle Island, people in our communities not only die younger, but they also die more often. During COVID-19, these patterns have escalated. With the imposition of lockdown however, access to essential public health, cultural and educational programs were halted. Children's breakfast programs, oncology screening, and Alcoholics Anonymous were terminated. Even the Indian Friendship Centres closed their doors. For many who were already suffering, the termination of these services escalated risk to new heights and many of our people died. But with hospitals in lockdown, planes grounded, Indigenous communities closed off to the world, many died alone, miles away from family and their ceremonial protocols.

Our people have experienced these disruptions before—sanatoria, residential schools, relocation for childbirth—and the available evidence points to the need for cultural safety in health care environments, during life, at its end, and in the time after. Now and into the future, we as a society must work harder to ensure cultural dignity and respect for those who die alone, and for the safe repatriation of their remains so that families can undertake the protocols needed to support their loved one's journey to the spirit world.

As lockdown restrictions began to ease in summer 2020, my husband, children and I made the journey to Northern Ontario. On a beautiful sunny afternoon in early August, we gathered at the mouth of the Biigtig to release my dad's ashes. My cousin Donald and his wife Julie conducted the ceremony. Though we knew our dad's spirit had left us several months ago, it was important to us to gather in that place to say goodbye.

On that day, along with dad's ashes, we released a dozen roses into the Biigtig. The roses did not float out into Lake Superior as we expected. They went up the river.

We knew in that moment that dad was okay.

Coffee's On and Something's Cooking: Urban Indigenous Services as a Lifeline to Community

Karine Duhamel, with Diane Redsky



Coffee's On and Something's Cooking: Urban Indigenous Services as a Lifeline to Community, Karine Duhamel, with Diane Redsky

My granny's house in Thunder Bay, Ontario, always smelled like cigarettes. It's the place where I learned, in a way that I could never forget, the theme songs for Dallas and for the Young and the Restless—Granny's favorite shows. They were her escape. As a second-generation residential school survivor, she had come to know, firsthand, the dangers of being Indigenous in northwestern



My Granny
Karine Duhamel

Ontario. In our quiet moment together, my Granny would tell me she loved my blonde hair and how lucky I was to be so light-haired and so fair-skinned. For a woman who had spent much of her life hiding from her own Indigeneity, I think she thought my life would be much easier because of it.

Granny was right—it has been. As an Indigenous person who's lived in urban spaces for nearly all of my life, I've never been profiled while shopping, deemed suspicious based on my appearance, or lived in fear of unprovoked acts of racism, discrimination and violence. But for many urban Indigenous people in Winnipeg—relatives—this isn't the case.

Urban environments test our connections as Indigenous people. Indigenous people are, all at once, extremely visible, yet invisible, within the urban landscape. Indigenous urban people are often in the news—but not for our strengths and our gifts. Instead, we often appear

in the news as missing or murdered, as alleged criminals, or as people who are— in a general sense—framed as those who have failed to adapt to modern urban life—and who bear the burden of succeeding in a broken system that works hard to maintain marginalization.

How do urban Indigenous people confront these perceptions, and what are some important models that push against these limited understandings that would place Indigenous urban people as always on the margins? "Coffee's on and something's cooking." According to Diane Redsky, this is how Ma Mawi Wi Chi Itata, a Winnipeg community service-provider, wants to welcome its guests. For Redsky, those who reach out to Ma Mawi aren't clients- they're family. These guests are members of Winnipeg urban Indigenous community who reach out on a daily basis for critical support and for a lifeline to wellness and health in an urban context.

Established in 1984 around a kitchen table, the name Ma Mawi Wi Chi Itata translates from Ojibway into the phrase, "we all work together to help one another." Its first programs focused on developing the capacity of the urban Indigenous community to provide Indigenous foster care and to respond to creating safe places for families to access services. Based on the idea that the most harmful and far-reaching impacts of colonization center on the destruction of families, Ma Mawi Wi Chi Itata's early leadership positioned its work on the need to strengthen, rebuild and revitalize these relationships for health, wellness and strength. Asserting that relationships with all elements of culture ensure our wellness, our security, and our rights as Indigenous people, the organization seeks to foster a shared community responsibility that promotes community

wellness. In short, its founders, along with its current leadership and staff, are community people working together, recognizing Indigenous strengths and values through its programming and services within the philosophy embodied in its name.

Today, Ma Mawi Wi Chi Itata focuses on four areas: running its Community Care Centres as safe spaces for families to access services; ongoing work in child welfare and with children who are at risk of, or who have been, apprehended; investing in youth through cultural programming; and, Indigenous knowledge- centered programs delivered through its healing and learning center. Community Care Centres are located where the proportion of Indigenous families living there is high, in 16 locations throughout the city. Last year, Ma Mawi Wi Chi Itata served 35% of Indigenous people located in Winnipeg, or just under 30,000 people.



Ma Mawi Chi Itata Centre

The organization has over 250 Indigenous staff and over 800 volunteers—many of whom were initially helped by the organization in their time of need. Those who work at Ma Mawi Wi Chi Itata aren't staff—they're helpers. The wealth of knowledge through lived experience, as exemplified by Ma Mawi Wi Chi Itata's staff and volunteers, signal the importance of lived experience and of connection, particularly within an urban environment. Its work has never been more relevant.

Ma Mawi Wi Chi Itata's philosophy of service is rooted in common Indigenous traditional values that reflect the diversity of the Indigenous urban landscape and the central values of respect, responsibility and reciprocity. Focusing on what brings us together, the organization aims to build relationships and honour people through strength-based approaches to understanding our roles, responsibilities and gifts. To do so, it draws on the Seven Sacred Teachings, otherwise known as the Seven Grandfather Teachings, that are rooted in Indigenous law, as well as the core values that keep Indigenous people and communities strong. These teachings are commonly shared from coast to coast in many different Nations, and many communities have important origin stories related to the teachings. In some, these teachings are also the foundation of the clan system—an important system of Indigenous governance in Anishinaabe communities. The teachings include Humility (Dbaadendiziwin), Bravery (Aakwa'ode'ewin), Honesty (Gwekwaadziwin), Wisdom (Nbwaakaawin), Truth (Debwewin), Respect (Mnaadendimowin), and Love (Zaagidwin).

Centering on these values, helpers provide inclusive programming for a diverse population, allowing those who are feeling disconnected to find their way home. As Diane Redsky notes, "We see everyone as a gift, everyone brings a strength." It's all a part of combatting deficit-driven systems: "We create something that aligns with our values where people are not recognized because of what's wrong with them—they are recognized because of what's right with them—gifts and strengths."

COVID has challenged this sense of connection and family, and our abilities to use our gifts and to fulfill our responsibilities. From the start, COVID restrictions meant that Ma Mawi Wi Chi Itata

had to close public sites—its vital Community Care Centers, which might service 100-150 people each day, 6 days a week. “Where are those people getting their food?,” Diane notes.

In addition, within the context of Ma Mawi Wi Chi Itata’s child welfare work, youth care and foster homes, service over 200 youth, were dramatically affected by the sudden cancellation of all family visits. While many visits moved online, Diane notes that it wasn’t the same for children. In addition, in homes for sexually exploited and trafficked youth without an internet connection—for safety reasons—the adaptation to this “new normal” took some time. As Diane explains, “We had to literally overnight, cut them off from their families. There could have been a better way.” Home returns—youth returning to their own families—were also cancelled, sometimes for months. As Diane points out, “Some families didn’t recover from that—another rejection of the system.” Impacts included self-harm and attempted suicide for youth whose only hope was vested in returning to family. Overall, “COVID interrupted relationships that are key to growth and development, peace of mind, and who we are as people.” Outreach for people living on the street was also difficult, and outreach workers—many of whom are also in recovery—were also triggered by the worsening conditions.

In addition, COVID 19 has further impacts for those involved as helpers or volunteers. As Diane explains, on any given day, prior to COVID, Community Care Centres would include the work of over 120 volunteers. Each Center offered a unique experience, because of the unique gifts of people working there. Beyond that, the volunteers - many of whom first came to the organization as people looking for help—found solace in helping community. According to Diane, “For many volunteers, this was their lifeline. It gave them a purpose everyday, to get up and go somewhere... A place where you will be welcomed, where you can share ideas, and where we can help.”

Like all service organizations, the organization has responses. Staff whose jobs are connected to the Community Care Centres are now working on a makeshift assembly line creating lunch bags and hampers, and providing door to door delivery for families in need. In an average week, Ma Mawi Wi Chi Itata provides 1000 large hampers and 200-300 lunch bags. Governments have eased restrictions on sources of funding, and some donors have been stepping in to help.

Still, as Diane notes, something is lost. The sense of community building, and the celebration of gifts that can lead individuals into new lives, is suspended for the foreseeable future. As she describes it, the organization is “in survival mode, just barely keeping up with making sure people have their basic needs. We’re doing our best to try to keep vulnerable people safe.” In the context of COVID 19, Ma Mawi—along with its extended family, is “not thriving, but surviving.” As Diane notes, “We miss those relationships, we miss people—we were always doing stuff—medicine picking, various healing circles going on, and so on.”

Ultimately, for Diane, lessons learned in COVID is that nothing replaces people. Nothing replaces community. Nothing replaces connection. Nothing replaces all our relations. In reflecting on the phrase “All My Relations”—a phrase frequently used in prayer in Anishinaabe and Dakota languages, Richard Wagamese notes: “It’s a way of saying that you recognize your place in the universe and that you recognize the place of others and of other things in the realm of the real and the living... It’s recognition of the fact that we are all one body moving through time and space together. To say these words is to offer a doorway to that understanding to those who hear you. It’s to proclaim in one sentence that this experience of living is a process of coming together and that it was always meant to be.”

As for the future, many are now discussing the new normal. But, as Diane notes, food and income insecurity for people who live in poverty shouldn't be normalized: "There some new normal that we don't want to return to, and some new normal where there is an opportunity to address issues. If we keep doing the things that aren't working, we shouldn't be surprised that we end up in the same spot."

Reflections on Anishnawbe Health's Mobile Healing Unit for COVID-19 Outreach and Community Support

Lisa Richardson



Reflections on Anishnawbe Health's Mobile Healing Unit for COVID-19 Outreach and Community Support, Lisa Richardson

From the outset of the pandemic, urban Indigenous organizations in Tkaronto recognized the need for culturally responsive programs to address the well-being of Indigenous people during the COVID-19 era. This focus emerged in part from the historical and ongoing experiences of mistreatment in the health care system. Furthermore, social inequalities like poverty and inadequate housing disproportionately affect Indigenous people in both urban and rural environments and can increase their risk of contracting COVID-19. Chronic health conditions such as diabetes and high blood pressure may also worsen the infection severity. In addition to the foregoing factors, the rights of Indigenous Peoples to self-determination create a framework for the development and implementation of novel responses to the pandemic designed and led by Indigenous communities.

As a mixed blood Anishinaabekwe physician working in Tkaronto, I have had the opportunity to work on a mobile healing unit started by our local Aboriginal Health Access Centre, Anishnawbe Health Toronto (AHT). The goal of the healing unit is to provide COVID-19 outreach testing to members of the urban Indigenous community. While testing through the mobile unit is open to everyone, the designated client groups are Indigenous people living in a variety of settings such as shelters, housing units, outdoor encampment sites as well as those who access services at specific Indigenous organizations or those who prefer to receive care from an Indigenous service provider. My work with the AHT mobile unit offers respite from the stress of practicing medicine during the COVID era. In fact, it has led to learnings which can enhance health care delivery for all people both during and beyond the pandemic.

One of the primary strengths of the AHT mobile unit is that it is a community-based initiative. Rather than being imagined and implemented by a tertiary care health center like a hospital, it evolved based on the needs of a community health center with a focus on the care of Indigenous clients. AHT is a trusted organization which has provided culturally safe care to Indigenous people in Tkaronto for decades. Clients who may be fearful of getting a test at a COVID-19 Assessment Center in a hospital may feel safer with AHT based on its mandate, history, Indigenous leadership and the presence of many Indigenous staff. AHT has strong relationships with community groups including both Indigenous organizations and non-Indigenous ones with a large number of Indigenous clients. These formal or informal partners often call upon AHT's mobile healing unit for COVID-19 testing rather than rely upon hospitals which may be unwelcoming or have a history of taking control rather than respecting a community organization's knowledge and expertise.

As an Indigenous health center, AHT enacts key principles to strengthen the health care of Indigenous people like trauma-informed care and cultural safety. Trauma-informed care embeds the knowledge that any client may have had a history of trauma or violence and recognizes how institutions may bring this trauma to the forefront of a person's mind and impact their behaviors. The act of being swabbed for COVID-19, although not painful, is actually quite invasive; it involves inserting a long testing swab into a person's nostril and may trigger fear or anxiety in someone with a previous trauma history. Within just a few hours of working on the mobile unit, I observed how team members clearly explained each step in the testing process and details about how the test results could be shared. This knowledge exchange ensures transparency and allows ample time for questions, both of which are paramount for a client to make an informed decision.

I quickly learned strategies to support a person who may be resistant to having a test because of its invasiveness: I allow them to hold the swab while I guide their hand to perform the test and explain each step of the process as it occurs. While there are many components of culturally safe care, some specific examples demonstrated by the mobile healing unit are the creation of a welcoming space through visual signifiers like the beautiful art painted on the RV, the opportunity for clients to ask questions before and after the test itself and the ability to smudge. As a mobile unit, the vehicle travels to sites around the city where Indigenous people are more likely to be living and hence increases client comfort through their familiarity with the physical surroundings.

Although the primary goal of the AHT mobile unit is to perform COVID-19 testing, it does not focus exclusively on COVID-19. The team consists of a physician or nurse practitioner who can provide wound care, counseling and even primary care in a private space with an examination table on the RV. Occasionally, a chiropodist attends to offer comprehensive foot care. Referrals or contact information for other services provided by AHT may also be shared. For those who are most structurally marginalized, the contact during a COVID-19 test is a critical moment of engagement with health care and an opportunity to provide primary care or build trust with a provider. In addition to health services, the mobile healing unit may include a drum circle, food truck or even informal conversations with children about careers in the health professions. It embodies a wraparound care model which is grounded in respectful relationships rather than clinical transactions.

Working with the mobile team brings me joy because I can serve our community as an Indigenous provider. But I also am deeply inspired by its innovative approach to high quality, community-based care. Although the healing unit emerged to meet the specific needs of Indigenous people, the program can inform and guide initiatives for other communities, especially those who may be marginalized or excluded by health and other government institutions.

Indigenous Women Experience Communication Barriers during COVID-19

Miranda Keewatin



Sunrise Ceremony
2019

Indigenous Women Experience Communication Barriers during COVID-19, Miranda Keewatin

Immunodeficient. High-Risk. Vulnerable. These are words that Indigenous women living with HIV have heard all too often when describing who they are. Especially with the global pandemic brought into the picture. These words have been engrained into the public's mind when discussing matters of COVID-19, and they are heightened when living with HIV. Morning Star Lodge (MSL) an Indigenous Community-Based Health Research Lab has worked with women living with HIV in Saskatchewan and have built relationships through the research studies. When working alongside the co-researchers MSL recognized the on-going concern for those that are immunodeficient, high-risk and vulnerable is paralleled to those more prone to catching coronavirus. The COVID-19 pandemic is not about using these words recklessly but it is more important to understand what they mean. We have to understand the difficult trade-offs and feelings of anxiety that come with being a woman living with HIV. In March 2020, in an effort to halt the spread of COVID-19, governments implemented public health measures including testing, isolation and quarantine. In Canada, public health agencies at the federal, provincial and municipal levels all play an essential role in monitoring disease, advising governments and communicating to the public immediate closure and shutdown of services until further notice. These actions have weakened the social cohesion which affected the co-researcher's access and utilization of services that benefit their health and well-being.

We must acknowledge that COVID-19 has heightened insecurity in the economy, employment, finances, relationships, and of course, physical and mental health. As human beings, we need security. People want to feel safe and have a sense of control over their lives and wellbeing. Fear and insecurity can leave a person with feelings of stress, anxiety, and powerlessness over their life direction. Lack of security for the basic needs as a human can drain a person emotionally while evoking a downward spiral of endless "what-ifs" and worst-case scenarios of tomorrow's unknowns.

Indigenous women living with HIV in Saskatchewan experience these emotions, causing a negative outcome in their lifestyles. These experiences are sometimes not personal but has affected their family, community and nation's lives. The COVID-19 outbreak has impacted the lives of Indigenous women living with HIV in Saskatchewan. As a research assistant for MSL has partnered with agencies like All Nations Hope Network for research studies working with Indigenous women living with or affected by HIV, also known as the co-researchers. For instance, the women participate in monthly programming, cultural intervention practices, and sharing circles as part of the research study and have discussed the pandemic's effects as a group. The women have identified that this disease outbreak has affected their access to treatment, causing a communication barrier in the services and programming they usually had received prior to a socially distanced world. Communication Barriers were experienced by women living with HIV because a support person or advocate was limited in how they usually could provide support or comfort when it came to appointments, medication pickup or hospital visits. The women were limited to how they received transportation, treatment and experienced aggressive behaviour from medical staff, causing a sense of judgement and discrimination. Communicating medical information to women living with HIV is extremely important, but at times, can be difficult for both parties. Communication barriers in healthcare can hinder patient's health outcomes and satisfaction, leading to negative effects.

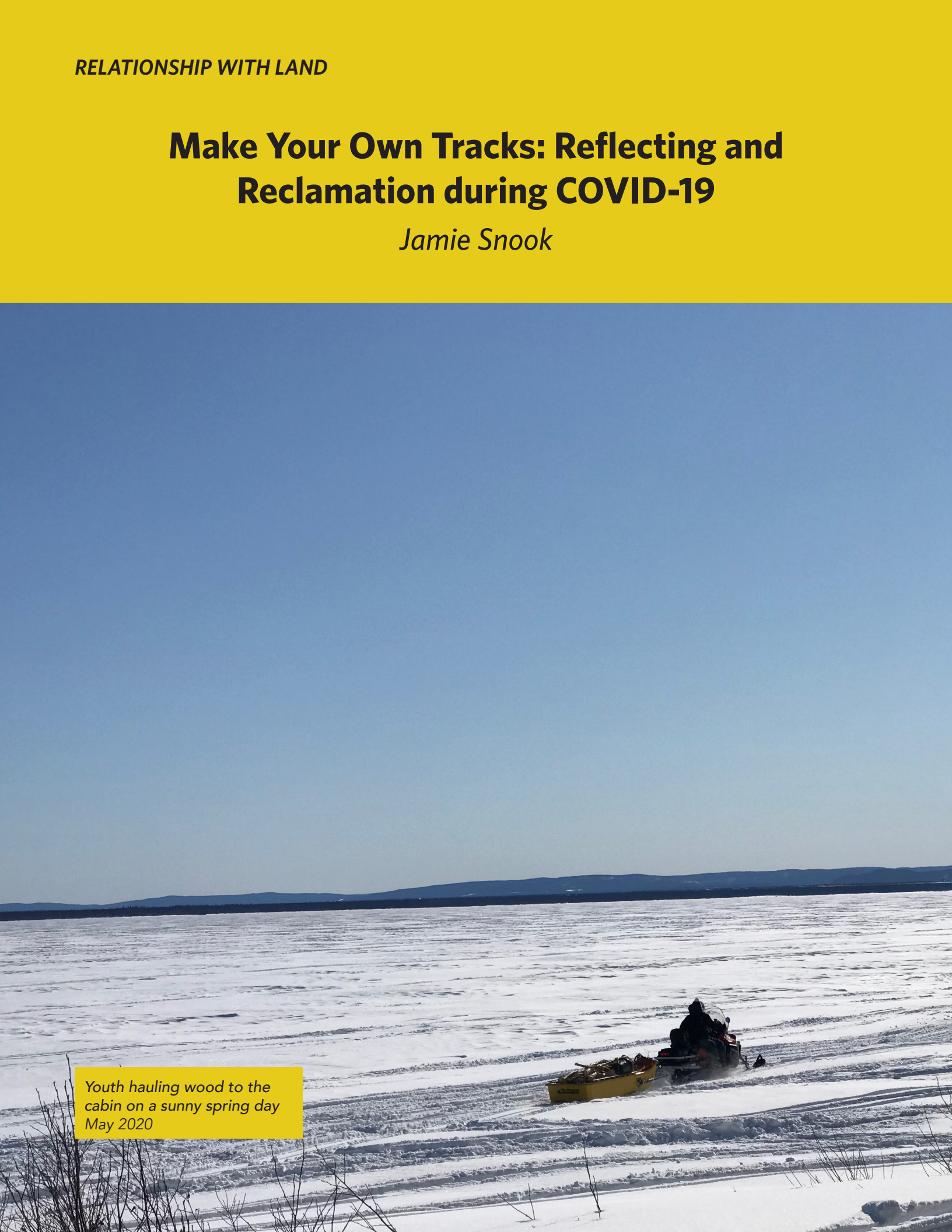
Saskatchewan's programming was closed in early March to June, creating limitations for women to access or utilize support services. These services are crucial in the lives of Indigenous women living with HIV because it introduces structure from programming, volunteering in the community, and participating in cultural intervention practices that has helped the women to sustain healthy lifestyles. The COVID-19 outbreak has changed many things about the way one lives their lives. Researchers all over the world have been trying to uncover reliable information about the new virus. This was reflected in this year's AIDS 2020 International conference, which was held virtually to encourage social distancing. Many works were presented to answer some of the questions raised by the coronavirus and its impacts on people living with HIV (AIDS 2020). Outreach workers and community navigators have observed that mental illness and HIV are closely related. Since COVID-19, organizations that have offered services were able to identify that women living with HIV were mentally affected by COVID-19 when support systems were temporarily closed; some women relapsed, some experiencing child apprehension, and others experienced spousal abuse. The conferences and continuous engagement with the co-researchers have brought forth the concerns of Indigenous women experiencing feelings of loneliness, anxiety, depression, and fear of health outcomes, contributing to the women's unhealthy lifestyle choices used as a coping mechanism. There are different reasons for this, including increased behavioural risk factors among Indigenous women living with HIV, and the potential for mental illness to interfere with their ability to receive and accept services or supports from advocates and outreach navigators.

During COVID-19 Indigenous women living with HIV in Saskatchewan have faced many barriers affecting their health and well-being. This has resulted in a communication barrier that affects how women living with HIV access and receive health care supports, social support networks, employment, working conditions, health care services, and cultural programming. These determinants of health provide an understanding of the health supports and priorities between the women living with HIV have faced in Saskatchewan today. As the pandemic continues, it is important to ensure that programming and access to support systems is prioritized for women living HIV to support their health and well-being during these uncertain times. By promoting safe environment programming, adapting practices to allow physical distancing, creating consistent groupings of the same staff, volunteers and participants will all help to ensure the safety and the wellbeing for women living with HIV. Immunodeficient. High-Risk. Vulnerable. These are the words that Indigenous women living with HIV have heard all too often, and it is time to reclaim their identity with who they truly are. Strong. Resilient. Powerful. These are the words that describe who these women truly are.

RELATIONSHIP WITH LAND

Make Your Own Tracks: Reflecting and Reclamation during COVID-19

Jamie Snook

A wide-angle photograph of a frozen lake under a clear blue sky. In the lower right, a person is kneeling on a yellow kayak, which is partially submerged in the snow. The person is wearing dark clothing and a hat. The lake is covered in a layer of snow and ice, with some tracks visible. In the distance, there are low mountains or hills. The overall scene is bright and sunny.

Youth hauling wood to the cabin on a sunny spring day
May 2020

Make Your Own Tracks: Reflecting and Reclamation during COVID-19, Jamie Snook

There are plenty of ironies when you plan a 140-kilometre snowmobile trip in the spring, and the day you plan to leave becomes the coldest day of the winter, plummeting below -40 Celsius with strong winds. Despite the cold and winds, we had confidence that an experienced Inuk guide would make sure we got from North West River to the coastal community of Rigolet safely. There was also humour knowing that we were transporting buckets of Mary Brown's chicken for a research open house that night, and the local radio station had already broadcast that the chicken was on the way in a komatik. Halfway into the trip, the chicken was frozen solid.

This trip of research colleagues to the coast was all about seeing friends, sharing research results, experiencing the winter trails, and hearing stories about the land. We were mostly going to chat about caribou and all they mean to people in Rigolet. From caribou stories come many more stories about culture, experiences on the land, early memories of family and kinship, and changes that have occurred. While the populations of caribou are now low, the social suffering is high associated with injustices that manifest themselves into the present with each new caribou season that could have been.

I understand the ways in which being on the land is connected to so many important things. I was born in a small coastal fishing village on the Labrador coast to an Inuit father and a settler mother. I went through a colonial educational system that did not share Inuit knowledge or teach Indigenous history in the curriculum, and certainly did not offer place-based education about the Inuit culture and lineage along Labrador's coastline. I grew up struggling with my history and my identity, and with my connection to the land. I did not grow up on the land like many Canadians would assume an Inuk should. My family moved away from my home community when I was young, as my father educated himself to become a laboratory and x-ray technician and got a job in a regional hospital. There are times when I am angry because I didn't have opportunities to learn and appreciate how important land skills were at a young age. That caused me to shut down and be discouraged about learning traditional and life giving activities over the course of my life.

This brings me back to Rigolet, where I was sitting by the fire doing a conversational interview with an Inuk Elder and hunter who generously spent a couple of hours with me providing his passionate thoughts about caribou, but also about passing on knowledge and maintaining his own land skills: "Well, let me give you one bit of advice when it comes to being out on the land." I lean in and listen: "Don't be chasing me around all the time, make your own tracks. Get that confidence. Don't be scared if you go off the road a little way, make the wrong turn, or go around the wrong point. Just as long as you don't go in the water. That's how you learn, doing stuff on your own, you know, whether it's putting up a tent or cutting down a stick of wood, or take a stick



Community open house and Inuit knowledge mapping in Rigolet
March 2020

of wood home and the God damn thing don't burn you know you got the wrong kind of wood, so you know you shouldn't do that twice."

Days later, the trip back to Happy Valley-Goose Bay was not as cold, and I had more confidence making the trip. This trail and ice on Lake Melville were getting more familiar to me, the more time I spend developing skills and reclaiming knowledge from my ancestors. The different bays, points, and landscapes are starting to look more familiar, their nuances and attributes more apparent.

Within a few days of my return, the concern about COVID-19 was getting stronger, and people were getting more worried. Travel to the Labrador coast was quickly restricted to protect the

communities, and people all over Labrador started to work from home. Life began to change quickly in Labrador, bringing with it a lot of humility, a sense of fragility, and genuine fear as Labrador had been indelibly marked by the Spanish Flu 100 years earlier.

Throughout the early days of the pandemic, I kept thinking about what I learned in Rigolet and my desire to reconnect to and learn from the land. If I had to work in isolation and practice social distancing, I decided it might as well be in a small cabin near a woodstove with my laptop. Each day, I'd snowmobile to our cabin, light the fire, and do my work. As each day passed and this new pattern provided a sense of wellness and gratitude, I started to explore more and more around Lake Melville after work. I was going where so many others were going on the land during this pandemic, but I was also making my own tracks, and that felt liberating.



*A full komatik load of freshly cut juniper
May 2020*

I also began to look for different types of firewood, preferably dry black spruce or birch that could be burned that year. But then, with some advice from Elders, I started to look for juniper (or larch or tamarack, as called in other places), as I was told juniper burned "real hot" and that sounded appealing for the really cold January and February months.

As the spring days passed, I noticed my connection to the land, and my overall wellness, was increasing. The pandemic forced me to turn inward and toward the land, in ways that I had not previously done. It brought opportunities for me, as well as my family and friends, and many others throughout Labrador, the space for reflection, and for reclamation of time on the land, and the knowledge that emerges from that connection. We are now on the cusp of a second wave in Labrador, as well as nearing the winter months. I will take that opportunity to continue with my own reclamation and learn what I can from these opportunities to be on the land, sharing, learning, connecting, and healing.

We leaned into our responsibilities

Christopher Mushquash



Talking Earth Pottery,
Ohsweken

We leaned into our responsibilities, Christopher Mushquash

This is a story about balance. It is a story about how, when we find ourselves in crisis, there is a sense that we are out of balance. This is the time when we must lean further into our teachings and cultures. This is when we lean into our responsibilities. This is a story about what is sacred and what is revered.

The COVID-19 pandemic simultaneously demonstrated the resilience in Indigenous communities and laid bare the existing systemic disparities in access to what so many others have available. Our leaders quickly closed our communities to those from the outside. This was an effort to protect our most valuable asset: our people. It ensured that our Elders would be protected. It ensured that our children, who we hold as sacred, would be shielded. It was a measure to ensure that those who carry the cultural knowledge that we revere would be safe. These actions were taken to ensure the protection of our lifeways. But, it was also a grim realization that should COVID-19 arrive in our communities, due to the disparities caused by hundreds of years of colonial imposition, there could be great difficulty in managing the consequences of the disease. After all, physical distancing measures are difficult for those in overcrowded housing. Frequent handwashing is difficult for those without clean running water. Ensuring spaces have appropriate air circulation and ventilation is difficult when living in moldy dwellings is common. And, comorbid conditions that increase risk for poorer COVID-19 outcomes are difficult to avoid for those who struggle with food insecurity. Services closed. Disparities widened. Our women and children at risk went without shelters and safety. Our family members experiencing addiction went into withdrawal and mental health difficulties grew. Our Elders could not access the medical care that they required. And, the fallout of lack of economic opportunity, cultural dispossession, and the constant undermining of self-determination and self-efficacy coupled with the illnesses inherent in social media meant new, dangerous stories began entering our communities.

But this is not a hopeless story. Many of those in our communities did what so many generations of our people did to maintain wellness: we went out on the land. The structure that the natural world provides our days and actions is foundational to our wellness. On the land there is no overcrowding. There are no moldy dwellings. We can find safe water. The food is lean and free from the processed additives that make us ill. There is sleep. There is physical activity. On the land, there is purpose, hope, belonging, and meaning. There are things to do each day that must be done. There is also hope that the world holds a place for us, our children, families, and communities. There is belonging with others and with all of our relatives, from the earth to the sky, with our ancestors and those yet to come. And, there is a greater reason which compels us forward. That orients us to our responsibilities as citizens of a community to care for the most vulnerable. Many leaned into their responsibility to care for each other. This is what we had always done. We arranged food and supplies for those who could not do this on their own, either due to age or illness. Many used the opportunity to connect with our children and to show them who they are as Indigenous people. Many supported our family members in providing for safety, warmth, and support through mental health and addiction difficulties.

As we navigate the second wave of the pandemic, it is time again to find balance. We can find new ways to connect. We can use technology, where it is accessible to us. We can seek teachings from our Elders on the appropriateness of moving our stories, songs, and ceremonies to virtual spaces. We can embrace truth and send those stories from social media that emerge to disrupt and disorient back out of our communities. We can continue to be responsible to ourselves, our

families, and our children by ensuring that we are keeping COVID-19 from our doorways by doing what is in our control. We can continue to support those who are most vulnerable by arranging for food, firewood, and company. We can arrange our services such that they do not close completely to those who most need them. And, we can continue to look after each other, as we always have. And, we can do it with wisdom, love, respect, courage, honesty, humility, and truth. In the beginning the creator put everything we would need here with us.

RELATIONSHIP WITH SELF-DETERMINATION

COVID-19 responses in First Nation, Métis and Inuit communities: Relationship with self-determination

Malcolm King, Alexandra King, and Nathan Oakes



*Biigtigong Gate
March 2020, Juanita Starr*

COVID-19 responses in First Nation, Métis and Inuit communities: Relationship with self-determination, Malcolm King, Alexandra King, and Nathan Oakes

The effects of COVID-19 on First Nation, Métis and Inuit communities in Canada have been quite varied, and there has been a spectrum of responses by Indigenous communities to the initial outbreak. More than eight months into the pandemic, most communities have been thriving, keeping community health secure from the coronavirus. Yet some communities have been hard hit. For example, in northern Saskatchewan, where approximately 80% of the 40,000 residents identify as First Nations or Métis, COVID-19 infection rates were more significant than the south and central parts of the province from March – July 2020. (Indigenous Saskatchewan Encyclopedia, n.d.; Quenneville & Whitfield, 2020; Ellis, 2020). The northeast side has been relatively spared and is a geographic region that contains a large percentage of Indigenous people (Ellis, 2020). To the east, Manitoba First Nations have been mostly successful in keeping COVID-19 out of their communities during the initial outbreak (Niigaan, 2020). There have been no confirmed cases throughout Nunavut, with its >90% Inuit population (CBC, 2020).

Indigenous communities nevertheless remain susceptible to the virus, so emergency response measures vital to prevent more outbreaks and protect population health are continuously required. Collective community action, collaboration, communication, resource mobilization, leadership, and advocacy will be imperative to reduce any magnification of COVID impacts for Indigenous communities.

So, the question is, what factors are contributing to this highly variable response? A crucial consideration is the level of self-determination or sovereignty of the communities. Our communities range from those with high self-determination or independence to those where self-determination is only an aspiration and not yet a reality. One reason for the success of communities who could keep the virus at bay is their ability to regulate movement in and out of the community. Geography aids this factor – it's easier to control access where there's only one access road, and perhaps even easier where there's only fly-in access. However, local authorities must have the wherewithal to set and enforce these access controls, which is an indicator of sovereignty or self-determination. Unfortunately, our urban communities generally lack this kind of authority, with a resulting increased vulnerability.

The level of Indigenous self-determination¹ during the COVID-19 pandemic has been positively impacted by a high commitment of leadership and collaboration within and between communities using and adapting technology. Exchanging practical knowledge, medicines, stories, and preserving a respectful space for ceremony have remained vigilant despite surviving the horrendous adversities projected and exacerbated by colonial history. Therefore, a proactive approach to protect traditions will be necessary to foster collective community resilience². Important COVID-19 information needs to be communicated freely through technology so leaders can protect the health of Indigenous communities. For instance, Piapot First Nation (Treaty 4, SK) Chief & Council adapted to virtual meeting platforms to publicize COVID-19 response measures during the initial outbreak (Piaopot First Nation, 2020). Chief & Council communicated the risks associated with large

1 "Indigenous self-determination" is internationally recognized as the ability for Indigenous individuals and communities to collectively exercise rights to education, rights to identity and culture and act politically. A fundamental right is to also have sovereign governance of lands and resources.

2 "Community resilience" refers to the ability for communities to collectively exercise innovative practices to sustain collective cultural identity and traditions.

group gatherings and promoted physical distancing protocols so the community can practice safety measures diligently (Piapot First Nation, 2020). Piapot Chief & Council communicated the traffic regulations, community sanitation care-package investments and distributions, band hour operations, local water services, health services, and education protocols (Piapot First Nation, 2020). Councillor Jeremy Fourhorns (previous chief) is on the community website in videos driving and communicating the initial phases of Piapot's community emergency response to the initial outbreak and bringing awareness to the community (Piapot First Nation, 2020). The Federation of Saskatchewan Indigenous Nations also deployed COVID-19 pandemic information in Indigenous languages to reinforce communications with Elders and Indigenous language speakers (Thomson, 2020). Thus, partnerships, leadership and communication have offered vital leverage in positively impacting Indigenous wellness, community self-determination, and protecting communities' health during the pandemic.



Councillor Jeremy Fourhorns, Piapot First Nation

Our elderly citizens have been particularly affected by COVID-19, with high infection rates and deaths in many seniors residences. An important aspect of this for Indigenous communities is the fact that there are often few opportunities for our seniors to remain in their homes and in their communities as their care needs increase. Our Elders are precious resources to our communities. They are often Knowledge Holders and language speakers, and they represent a vital intergenerational connection to our youth. Many Indigenous communities lack the resources and policy sovereignty to make decisions and direct resources towards maintaining seniors in their homes and in their communities. Unfortunately, there have been many examples of our Indigenous seniors dying in seniors residences in the urban communities where they have been placed. COVID-19 has just exacerbated a situation that was already unsatisfactory.

Our Indigenous communities and authorities need the resources and the power to develop programs and policies to keep our seniors close to home. Protecting Elders' well-being simultaneously protects language and tradition; therefore, protecting Elders adds value to communities' overall wellness and preservation of identity. Our responsibility is to protect our Knowledge Holders and protect, uplift and promote their intrinsic contributions to our society.

Discussion and Conclusions

These stories weave together to support an improved understanding of our individual and collective experiences of COVID-19 and its impact on our health and wellness. Stemming across myriad perspectives, locations and contexts, we share our stories as a means to illustrate what it means to understand the world through a relational worldview. Our stories highlight the strength and importance of our relationships—to self, family, community, land, and with self-determination—for our health and wellness. Our stories demonstrate how COVID-19 has interrupted our abilities to practice our rights, roles and responsibilities to the varying relationships that make us whole, and support our wellness.

Our stories also detail the strength of personal and community resilience. As Indigenous peoples, our responsibilities to care for and protect one another remains our top priority. This thread rings true across all stories. In times of fear and uncertainty, we have banded together to protect and support one another. COVID-19 has also offered important opportunities for reflection, personal growth and innovation. The strength, resilience and hopefulness in our communities are foundational to our collective story.

However, we continue to lag in one critical aspect of our ability to tell our collective story: the availability of numbers that we can trust and rely upon for timely decision-making. There is a persistent lack of Indigenous-centred processes for quantitative data collection, storage, governance and use across Canada (Rowe, Bull and Walker, 2020; Kukutai et al., 2020), and this has become even more apparent as we try to measure the impact of COVID-19 on our populations. We lack meaningful and ethical integration of First Nations, Inuit and Métis identifiers in some of the most fundamental datasets required for solid epidemiology and health care quality assessment, including laboratory testing data, hospitalization records and mortality statistics. Ethical integration of identifiers cannot be done without strong Indigenous governance structures and trusting relationships between the holders of data, users of data and Indigenous governance organizations. This process requires data governance agreements with data holders that ensure that First Nations, Inuit and Métis governance over data is integrated through all levels of data collection, access and use and also ensures that collective Indigenous stories are shared by Indigenous people in ways respect Indigenous knowledge and experience.

While we have a long way to travel on the road to Indigenous data sovereignty, there are reasons to be hopeful. Structures to support Indigenous data sovereignty do exist in some places and for some Indigenous governance organizations. These structures are the result of decades of collaborative work grounded in the 5R's: relationship, respect, responsibility, relevance and reciprocity. In these rare instances, Indigenous-specific COVID-19 data have been able to flow quickly in response to real-time need, such as the case of the Chiefs of Ontario, who share a weekly report on the number of status First Nations people who have been tested for COVID-19 and the number who have tested positive¹. In instances where data-centred relationships fail to support Indigenous sovereignty, the COVID-19 data landscape is dry. The increased pressure for "race-based data" on COVID-19 have led some organizations and decision makers to implement hasty solutions to the paucity of Indigenous-specific data.

In addition to the ongoing threats posed to our communities by COVID-19, we bear health and social suffering associated with inadequate access to the social determinants of health (e.g. homelessness, food insecurity, unsafe drinking water), racialized violence, systemic racism and the

broadscale failure by Canada to recognize and support our inherent Indigenous rights. Irrespective of the pandemic, the structural nature of colonization is persistent in our communities and its impacts for health and wellness is devastating. Just in the past six months, we have witnessed violent disputes, public health emergencies, and death. The Lobster fishery in Mik'mak'i. 1492 Land Back Lane. The Pines of Kanehsatake. The evacuation of Neskantaga First Nation. The death of Joyce Echaquan. Through the lens of recent events, as well as through the ongoing suffering in Indigenous communities caused by COVID 19, it is clear to see how this highly charged context may serve to disrupt relationships and to complicate our relational ways of being well.

But we have many reasons to be hopeful. As Cindy Blackstock expressed before the National Inquiry into Missing and Murdered Indigenous Women and Girls however, "our intergenerational strength is greater than our intergenerational trauma." While it is true that our communities have experienced many disruptions, and we will likely continue to experience many more through the time of COVID-19 and beyond, we will continue to do as we have always done. We remain resilient. We will learn from our experiences, including the harms, disruptions and the creativity spawned during this time. We will adapt. We draw from our Indigenous knowledges, and the roles and responsibilities contained therein, to attend to the needs of the relationships that sustain us and to acknowledge their essential place in our ability to live a good and healthy life.

Due in large part to our relational understandings of health, combined with a shared experience of colonialism, Indigenous experiences of COVID-19 are indeed unique within the broader Canadian context. We share our stories—with the vulnerabilities and learning laid bare—as a means of humanizing COVID-19 to the broader research and policy community. We do this to call attention to the dearth of Indigenous-specific COVID-19 data, but also as an expression of our self-determination to tell the stories that are important to us and to our communities. These are teachings. Our communities have much at stake, and we bear important responsibilities to protect them now and in the future.

But we cannot do this work alone. We know and understand that our healing and wellness, in times of COVID-19 and beyond, will come from research, policy, and other actions founded in relationship, respect, responsibility, relevance, reciprocity, and above all, recognition of our rights as Indigenous peoples. Whether in research, health care, education or the justice system, it is critical that Indigenous peoples and their knowledge, cultural practice and ways of knowing are treated with respect and dignity. Creating the conditions necessary to address health inequities will require greater investments in Indigenous communities and organizations, particularly in the urban context where federal COVID-19 investments have been sparse.

It is true that our communities have been resilient to this disease and many have demonstrated incredible self-determination in the safety, care and protection of their community members.

But our resilience during this time should not be misinterpreted by Canada as a waiver of its fiduciary and other responsibilities toward Indigenous peoples, and of our inherent Indigenous rights.

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