
‘WITH SO MUCH AS RISK, WE COULDN’T JUST WAIT FOR HELP:’ INDIGENOUS COMMUNITIES AND COVID-19

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To date, both the incidence of infection and mortality from COVID-19 have shone a bright light upon health inequity in Canada and around the world. The horrific experiences in nursing homes illustrates how widescale greed, ignorance and under resourcing of staff is leading to tragedy among our nation’s most vulnerable. This virus thrives in environments where social distancing cannot be maintained and personal protective equipment is either unavailable or not used properly. Messaging across the world has been to ‘lockdown’, ‘quarantine’, practice social distancing and frequent handwashing, and to limit gatherings to family units and/or households.

At the broadest level, the social, economic and environmental conditions of many Indigenous communities in Canada place First Nations, Inuit and Métis peoples at high risk for contracting COVID-19. Indigenous peoples have a lower life expectancy than the Canadian population, they are more likely to live in poverty, and many in the population live with underlying health conditions. Overcrowding of households, food insecurity and access to clean drinking water are critically important issues in many Indigenous communities, as is the overrepresentation by Indigenous people in the justice system. A collective experience of colonialism underlies the every day structural injustices and racialized violences endured by Indigenous peoples. COVID-19 adds yet another layer of complexity .

To date, COVID-19 incidence amongst Indigenous peoples living in Canada has been relatively low. There are two possible interpretations to this seeming paradox.

The first and most hopeful piece of this narrative is that Indigenous peoples are not mere victims in their experiences of inequity . Since March, the federal government has made \$1.3B available to Indigenous communities to support COVID-19 efforts. However impressive it sounds, the reality is that this money is woefully inadequate to address Indigenous needs amidst the pandemic, let alone the health, economic and social infrastructure that is lacking in so many communities. As such, many Indigenous communities have taken matters of protection into their own hands. We note several examples here.

On March 23, 2020, less than a week after Ontario “shut down,” Biigtigong Nishnaabeg, a small Anishinaabe community in Northwestern Ontario passed a Band Council Resolution declaring a state of emergency and implementing its own COVID-19 Bylaw. Of his community’s response, Chief Duncan Michano said “with so much as risk, we couldn’t just wait for help.” In practical terms, this meant that a guarded barricade was placed across Highway 627 – the only road that leads into and out of the community – thereby closing the community to those who do not live in Biigtigong. The Bylaw put this and other measures into place to support social distancing, a daily curfew and to prohibit non-essential travel into/out of the community for its members.

To the West, in the early weeks of the pandemic, the Huu-ay-aht First Nations Government was enforcing its own existing modern treaty law that protects public health. The Huu-ay-aht Land Act s. 50 establishes that no one is permitted to do anything on Huu-ay-aht Treaty Lands that may constitute a danger to public health. Thus, entry to Anacla, an isolated Nuu-chah-nulth community near Bamfield, BC on Vancouver Island, was restricted; only non-residents who provided essential services or who did not pose a danger to public health were permitted, and only after they had completed a Screening Tool that Huu-ay-aht had adapted from the Centre for Disease Control.

For the Métis in the prairies, cases have skyrocketed. Due to the jurisdictional ambiguity between provincial and federal levels of government support with respect to the Métis, there has been no plan, no resources, no programs, and no supply chain. Thus, Métis communities took it upon themselves to purchase personal protective equipment and other medical supplies for their communities. Because Métis people do not have their own healthcare system that includes health centres, clinics and health staff, each Métis organization was left to put their own COVID-19 preparedness plan in place. The Manitoba Métis Federation (MMF), for example, decided to launch a massive and innovative campaign across the province that focused on supporting Métis kinship and keeping Elders healthy and safe, including daily messages to its members about how its leadership is responding to keep communities safe. Prescriptions and food are delivered directly to Elders' homes, and monetary support has been made available for those who are in need. Five mobile tiny homes became available for emergencies in the villages or towns where families or family members needed to self-isolate. In addition, a Manitoba Métis construction company has mobilized two secure 48-bed camps as fully-accessible health facilities as part of a larger action of community supports for people entering self-isolation and for those with special needs. These are equipped with gyms, televisions, computers and food.

In the North, Nunavut, the largest comprehensive land claim settlement region in the country, covering over two million square kilometres and home to over 28,000 Inuit remains COVID-free at the time of our writing. Looking to the East, Neqotkuk (also known as Tobique First Nation) immediately began providing vulnerable people in its community with hand sanitizer, gloves, masks, and disinfectants. The Nation decided to take more extreme measures by focusing attention on protecting the community's 135 Elders and establishing a 'check-in procedure' program, as well as declaring a local state of emergency, curfew, and tribal checkpoint security. Friendship Centres across the country are supporting the needs of urban Indigenous peoples, responding to a 200% increase in requests for assistance; the Aboriginal Friendship Centre of Calgary, for example, established an Indigenous COVID-19 Task Force in early April to ensure community members have their basic needs met. They are supporting women and children who have sought refuge from domestic violence, providing emergency care package of food, personal care items, and diapers.

The other side to this narrative is that we are not seeing the whole picture. No one really knows for certain how many cases there are due to a lack of rigorous public data; Indigenous Services Canada only reports First Nations and Inuit, not Métis – and its online messaging is inconsistent. Canada has a poor track record of collecting accurate and relevant data concerning Indigenous peoples' health and wellbeing. Tracking COVID-19 cases in the Indigenous population remains one of the greatest challenges to understanding the breadth, scope and impact of this virus. When it comes to collecting data about confirmed cases of COVID-

19 in Indigenous communities, only First Nations living on reserve are accurately captured because those communities fall under the jurisdiction of Indigenous Services. The collection of data for all other Indigenous populations, including those living in Métis and urban communities, is the responsibility of provincial and territorial public health authorities, which do not always require individuals to self-identify when undergoing testing at local centres.

A number of Indigenous communities have battled COVID-19 outbreaks. La Loche, a Métis community of 2800 people located about 600 kilometres northwest of Saskatoon, was perhaps the hardest hit Indigenous community in Canada, with over 180 people testing positive for COVID-19. Important questions are pressing on the minds of Indigenous leaders, health care providers, and families across the country. What is the actual impact of COVID-19 for First Nation, Inuit, and Métis in living in rural and remote settings? What about the urban Indigenous population? How is COVID-19 presenting from a gendered perspective? How can Indigenous peoples access COVID-19 testing and treatment within a healthcare system that has demonstrably racist structures and people staffing them? What are the culturally relevant supports available for Indigenous health and healing?

As we move into the fourth month of quarantine, everyday life in all corners of the globe has been impacted. But it is fair to say that some are impacted far more than others. Getting access to a haircut and getting access to an oxygen tank are two very different types of 'need'. Indigenous communities have been significantly disrupted. They have been on high alert and actively preparing for the worst. Immediate responses to shut borders and isolate communities have been vital for protecting communities against the spread of COVID-19, but at what expense? Traditional activities and ceremonies are communal, how/are they being conducted? Holding an election during a pandemic poses serious public health risks - how will Indigenous communities move forward with their current governance systems amidst social distancing measures? What is the state of food (in)security? How is mental health (e.g., domestic violence and suicide) being supported in isolation? How are families dealing with overcrowding and social distancing in close-knit communities? How are students able to access remote learning when many have little to no access to the internet or space for study?

Indigenous-led responses in these times have been essential for protecting communities from the imminent danger of this disease. But as we move through the complexities of this pandemic, into the second wave and beyond, the egregious reality of these social and economic disparities will not only remain, but will likely increase. And while media attention on matters like climate change, big oil and other matters that directly challenge the health and rights of Indigenous peoples have - for now - been silenced, the hard reality is that these issues of inequity remain.

We cannot go back to the way things were; Indigenous communities need the material and symbolic space and resources to make the changes they need to see in an equitable world. Now is the time to turn to the innovation that arises from adapting to change in local surroundings, something that Indigenous peoples have been doing since time immemorial. Actions taken to date with respect to COVID-19, despite underfunding and lack of direction by government, demonstrates the capacity and skill of Indigenous people to be self-determining on all matters, not only in times of pandemic.

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