



EXECUTIVE SUMMARY



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

December 2020

An RSC Collection of Stories

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.