



WHAT WE HEARD: INDIGENOUS PEOPLES AND COVID-19

The current report works to summarize and contextualize the information that was provided by members of Indigenous communities about their personal experiences and communities' experiences during the early stages of COVID-19.

Key Themes

This section identifies successes and struggles that were common among participants.

Sovereignty: Sovereignty includes the inherent rights and freedoms of Indigenous Peoples, and manifests in the form of self-determination and empowers communities to preserve their distinct ways of being and knowing. During the COVID-19 pandemic, sovereignty was evidenced through community-led shutdowns. Challenges arose for some groups due to insufficient support from external governments alongside a concurrent pressing need for Indigenous engagement in decision-making. Many communities were concerned about the lack of consultation regarding the potential reopening of borders and crafted proactive plans aligning with federal, provincial, and territorial health guidelines. Their collective efforts allowed Indigenous communities to assert autonomy, navigate the pandemic's complexities, and safeguard their wellbeing.

Kinship: During the COVID-19 pandemic, Indigenous communities demonstrated a profound sense of kinship in the face of challenges. Their collective strength was evident as communities banded together to provide essential supplies, medicines, and food, particularly supporting Elders and Knowledge Keepers. Youth displayed resilience in maintaining community engagement during social distancing mandates, but encountered obstacles (e.g., limited employment opportunities, barriers to remote schooling due to a lack of devices and internet access). The pandemic also heightened challenges for remote communities in accessing food due to increased costs and transportation limitations. Some communities responded by cultivating their own produce and embracing traditional methods of obtaining food, but encountered difficulties adhering to physical distancing measures. Communities persevered by innovating ways to uphold traditions, conduct physically distanced ceremonies, and engage in events, emphasizing the newfound benefits of increased family time. Unfortunately, physical distancing remained challenging in overcrowded homes, limiting opportunities for gatherings and traditional ceremonies experienced before the onset of COVID-19.

Mental Health: Participants highlighted the role of community connection, which included physical, cultural, and spiritual dimensions, on mental wellbeing. Concerns surfaced when Indigenous communities witnessed a marked increase in fear, depression, contemplation of suicide, and deaths by suicide during the pandemic. Going forward, organizations should 1) consider which mental health resources are truly accessible and appropriate for Indigenous Peoples, taking into consideration cultural, linguistic, logistical, and spiritual needs; and 2) ensure solutions are available to provide long-term, evidence-based mental health resources.

Substance Use: When Indigenous communities entered lockdown, some residents experienced withdrawal from opioids or other drugs/alcohol as travel to/from remote communities became more difficult. Some Indigenous communities were able to increase the availability of drug/alcohol treatment programs and services including naloxone kits.

Community Leadership and Preparedness: During the COVID-19 pandemic, Indigenous communities showcased exceptional resiliency and resourcefulness. Despite lacking personal protective equipment (PPE) and comprehensive preparedness plans, communities created safeguards against the diverse impacts of the virus, including food insecurity, isolation, and depression. Challenges arose with lockdown measures (e.g., increased responsibilities to provide individuals with health conditions various services, logistical hurdles associated with accessing and distributing PPE, food, and supplies). Going forward, governments must continue to improve communication and preparedness in conjunction with Indigenous leaders.

Mistrust: Governments must continue following through with promises made in the Truth and Reconciliation Commission to rebuild trust between Indigenous Peoples and health, education, justice, and political bodies.

Healthcare Access: Access to healthcare is fundamental for maintaining good health during COVID-19; unfortunately, Indigenous communities face diverse challenges accessing healthcare. Many communities identified the same key aspect of effective COVID-19 management: health teams who were capable of integrating cultural and traditional knowledge with biomedical approaches. The integration was difficult to achieve because of limited physician and nursing availability, a strong reliance on virtual care, and drops in funding for health services. The advantages of telemedicine are limited for Indigenous communities who encounter barriers such as the cultural safety of telemedicine practices, the lack of private spaces for calls, additional internet costs, and the absence of phones or internet for some patients. The pervasive impact of systemic racism, both historical and present, contributes to a reluctance among Indigenous individuals to interact with healthcare professionals. Furthermore, in healthcare settings, the ability of Indigenous Peoples to practice traditional rituals like smudging, ceremonies, and funeral rites becomes challenging, underscoring the need for addressing cultural safety in healthcare environments.

Funding: Indigenous Peoples everywhere in Canada received fewer programs, services, and funding, in part because they are deemed to be a minority population relative to the larger non-Indigenous population.

Land: Connection to the land is central to many Indigenous communities and individuals. Some individuals felt that changes in environmental obligations during COVID-19 allowed mining and extraction companies to move ahead with projects that Indigenous Peoples and communities had been protesting.



Structural Inequalities: Structural inequalities can manifest in varied ways and intensities, affecting Indigenous Peoples and communities distinctly. Structural inequalities can be found in the following areas: internet access, affordable and safe housing, clean water, food security, land stewardship, employment, access to healthcare and mental health services, effective transportation, community funding, personal finances, stereotypes, discrimination, and racism, relationships (or lack thereof) with different governments, and policies which discount Indigenous worldviews (i.e., their values, beliefs, ceremonies, knowledge).

Relationships with the Government: Some Indigenous communities have successfully fostered effective collaboration with local public health units and governmental structures while navigating their relationship with governments. Such collaborations have resulted in improved communication, strategic planning, and more proactive responses to challenges posed by the ongoing pandemic. Notable gaps persist, particularly in key discussions and decision-making moments where Indigenous communities are not adequately represented. Critical topics (e.g., technology, food insecurity, inadequate infrastructure) lack the comprehensive inclusion of Indigenous perspectives, indicating a need for more inclusive and representative decision-making processes.

Ceremony: In some communities, the decision to hold ceremonies was made by Elders, community leaders, and community members. Some communities experienced police interventions when holding ceremonies, despite being told that the government would not prohibit Indigenous Peoples from participating in ceremonies.

Domestic Violence: Closing schools, cancelling social programs, and the inability of individuals to leave their houses exacerbated domestic violence. Some communities opened shelters for women and children during COVID-19, but the needs often exceeded the available resources.

Communication

- **Connecting Virtually:** Lockdown situations led to communities using creative outlets to virtually engage with community members and ensure that Indigenous ways of knowing and being were transmitted.
- **Public Health Messaging:** Public health messaging needs to be tailored to communities' specific contexts and geographies.

Data: Any data collected, including responses to the COVID-19 pandemic, would need to abide by the OCAP (Ownership, Control, Access, and Possession) Principles and the Inuit Tapiriit Kanatami (ITK) research principles. Adhering to these principles ensures a respectful and culturally sensitive approach to data collection, aligning with the values and practices of First Nations and Inuit communities.

The Way Forward

This section identifies solutions to the key themes that were identified by participants.

- **Funding**
 - Indigenous communities and/or organizations should own and control Indigenous-specific statistics and data to improve funding, resources, and policies.
 - Funding for Indigenous public health needs to be increased.
 - Emergency or pandemic funding should be needs-based like other subsidy programs provided to non-Indigenous cities and businesses.
 - Funding should be established to assist Indigenous communities, organizations, and businesses during COVID-19 and as part of subsequent recovery efforts.
- **Decision Making**
 - The Public Health Agency of Canada should continue its efforts to make time and space for Indigenous representation in their decision-making spaces and tables.
 - Pandemic planning needs to consider potential implications on Indigenous women who may be facing domestic violence.
- **Relationship Building**
 - The federal government should develop reciprocal and long-standing relationships for community engagement with Indigenous communities and Peoples.
 - Future engagement and relationship building needs to acknowledge that Indigenous Peoples are not homogenous. Therefore, government bodies must consult with multiple groups to properly reflect Indigenous opinions.
 - To ensure change in structural inequities, all public servants in the federal, provincial, territorial, and municipal governments should take mandatory cultural safety training with performance evaluation built into the annual employee performance review.
- **Communication**
 - Ensure that all federal government departments and agencies are working from the same definitions to describe rural, remote, isolated, and urban Indigenous communities. The definitions should be created in partnership with Indigenous Peoples.
 - Communication channels between Indigenous communities and governments built to manage the pandemic should stay open. The communication channels will help Indigenous Peoples to be included in decision-making, facilitating mandates are culturally, linguistically, and socially appropriate.
- **Resources**
 - Reliable, timely, and evidence-based strategies for COVID-19 testing must be accessible and able to support all Indigenous communities, including remote and isolated groups.
 - All funding, resources, and programming needs must be aligned with Indigenous ways of being and knowing; specifically, each person's physical, mental, spiritual, and emotional functioning need to be simultaneously supported.
 - Hospitals and/or health clinics with many specialized services should be built in the North to further improve access and provide Indigenous control in health care.
 - Governments must re-examine the timelines for improving water access, improving and increasing adequate housing, and funding for Indigenous child welfare.

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