

COVID-19 Context

Indigenous peoples are already highly marginalized within health and social services;

COVID-19 will thus have a greater impact on these populations in these and other ways:

- Economic impact of COVID-19 is deepening—many Indigenous peoples live in poverty.
- Physical distancing—how does this work with Indigenous homeless or overcrowding in Indigenous homes?
- Self-isolation—lack of housing, temporary lodging, and overcrowding are Indigenous social issues.
- Health care—quality and access are already the major issues for Indigenous peoples.
- Existing health burden—high existing burden of chronic disease, obesity, and commercial tobacco increase the risk of serious COVID-19 infections for Indigenous populations
- Water—some Indigenous reserves lack clean and accessible drinking water, and this can complicate hand washing and sanitizing of the self, home, and environment
- Travel—some Indigenous communities are isolated thus travel is a barrier for treatment, health care providers, and supplies. Travel is also an issue in cities, as due to poverty most Indigenous people do not have their own private vehicles and are reliant on public transit, which puts them at risk of infection.
- Precarious employment—this is a greater issue for all Indigenous populations.
- Mental health implications— Residential school trauma, feelings of isolation, abandonment, and exclusion are exacerbated due to the COVID-19 pandemic and can have long-lasting impacts on the holistic health of Indigenous peoples. (See ON-NEIHR webinars: [Here](#))

- Cultural-relevancy in messaging— Limited messaging exists that is culturally-safe and relevant to communities regarding caring for a loved one with the COVID-19 virus, funeral services, and contact tracing (Please see Morning Star Lodge COVID-19 Fact Sheet for more information: <https://www.indigenoushealthlab.com/protecting-our-home-fires>)
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- Gender-based violence— Mandated stay-at-home orders elevate the risk of violent acts towards Indigenous women, girls, and 2SLGBTQIA peoples.
- Indigenous children/youth— Stress and anxiety among children and youth due to the uncertainty of the pandemic are intensified. The COVID-19 pandemic is also having consequential impacts on the safety and wellness of Indigenous children/youth in the care of child welfare.

COVID-19 Current Issues

- The COVID-19 vaccine rollout in Canada prioritizes Indigenous peoples. As of April 15th 2021, Indigenous Services Canada is reporting 613 communities with vaccinations underway (for either priority groups or all adults) in First Nations and Inuit communities in provinces and territories, where 297,461 doses have been administered, of that 78,242 were second doses.
- Urban Indigenous peoples, including First Nations living off reserve, Inuit and Métis are or will receive COVID-19 vaccination through their provincial or territorial health services, and this information can be accessed through [provincial or territorial roll-out plan](#)
- In Toronto, Indigenous vaccine clinic information can be found at <https://www.tkarontovaccines.com>
- Ongoing colonial and racist experiences with Western-based healthcare systems in Canada diminish the confidence First Nations, Inuit, and Métis peoples have in the COVID-19 vaccine. Thus, while the COVID-19 vaccine rollout continues in Indigenous communities across Canada, culturally-safe and trauma-informed efforts are necessary to ensure trust in the vaccine and community uptake.

- All Indigenous populations are more vulnerable to COVID-19 community spreading.
- Urban Indigenous peoples continue to be ignored by government and health care responses.
- With a third wave of the COVID-19 virus currently underway in Canada, Indigenous communities are still not getting clear or direct messaging from governments and local public health units about testing and vaccinations.
- Much misinformation is being circulated in Indigenous communities.
- Indigenous Healers/Elders are still not being consulted by government or biomedical systems for traditional medicines and knowledges regarding pandemic or covid-19 responses.
- A lack of technological infrastructure in Indigenous communities has decreased the accessibility of remote services, such as online mental health care.
- Government is continuing to impose colonial models of health care and public health on both reserves and Indigenous urban settings, i.e., drop in doctors, nurses, mental health workers, biomedical only services.
- Deficit-based understandings of the impacts of COVID-19 within Indigenous communities predominate the ways in which governments and public health units are interacting with Indigenous peoples, as seen through the continued imposition of Western health responses within Indigenous communities. COVID-19 preparedness and response mechanisms that are community and strengths-based must be at the forefront to curtail the spread of the virus and mitigate the cultural, social, and economic effects of the pandemic.
- WBIIH/U of T (Suzanne Stewart) and Well Living House/St. Michael's Hospital (Janet Smylie) are implementing an **Urban Indigenous Response to COVID-19** that includes an Indigenous testing and vaccine clinic.
- WBIIH/U of T (Dr. Suzanne Stewart) is working with Toronto-based Indigenous organizations, such as the Native Women's Resource Centre of Toronto, Native Child and Family Services, NAMERES, and Anishnawbe Health Toronto, with the development and implementation of urban-Indigenous responses to COVID-19 that are community organizations specific.

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- WBIIH/U of T (Dr. Angela Mashford-Pringle) published a 2021 Public Health Canada report *What we heard: Indigenous Peoples and Covid-19*
<https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/indigenous-peoples-covid-19-report/cpho-wwh-report-en.pdf>

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The Waakebiness-Bryce Institute for Indigenous Health believes partnerships are the key to wellness and sovereignty in Indigenous health; partnerships with Indigenous peoples, leaders and organizations, with educational, public health and cultural institutions, and with all levels of government.

Through partnerships built on cultural safety, respect, inclusion, and trust, together we are laying the foundation for a sustainable future of healing with Indigenous peoples — one policy, one community and one person at a time.