



Canada's response to COVID-19 for Indigenous Peoples: a way forward?

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Dear Editor,

Indigenous Peoples in Canada have borne the brunt of pandemics since the time of European contact, representing a disproportionate burden of infections, including smallpox, influenza, TB, HIV, HepC, and H1N1 (Duncan et al., 2011). Indigenous Peoples still carry the strain of genocidal attitudes and actions, leaving them susceptible to infectious diseases as a result of geographic location and remoteness, underlying health issues, advanced age, lack of healthcare infrastructure, access to clean drinking water and housing, among others (Levesque & Thériault, 2020a). There has been and continues to be chronic underfunding of Indigenous healthcare needs in Canada (Levesque & Thériault, 2020a). For generations, Indigenous people's health has not been a priority, even though Indigenous communities are effectively governed as though they are wards of the state. The Canadian government is all too familiar with the poor living conditions and lack of healthcare services that plague Indigenous communities, which place them at greater risk during a pandemic (Carling & Mankani, 2020). Nevertheless, there were no preparatory or other initial actions taken to bolster Indigenous communities in their fight against COVID-19 (McBride, 2020).

As the COVID-19 pandemic unfolded, the Canadian government waited until Indigenous leaders expressed persistent and extreme concern for their people before providing dedicated funding (Wright, 2020). These pleas catalyzed long-awaited actions directed towards Indigenous communities to improve housing, access to safe water, and healthcare services (Vogel, 2020). While the government's reactionary response evolved, the funding specified for Indigenous Peoples, who make up 4.9% of the population, has equalled just 1% of the

federal money allocated during the COVID-19 response (Levesque & Thériault, 2020b). The funding now distributed to Indigenous communities for their directed use means that Indigenous communities are bypassing existing colonial structures that have historically controlled their sovereignty over expenditures. It is our hope that this change, at the moment temporary, in the colonial paternalistic relationship between Canada and Indigenous Peoples, may signal an openness of the federal government to finally recognize the validity of Indigenous nationhood and the communities' sovereign right to manage the pandemic within their territories.

Throughout the pandemic, we have witnessed many Indigenous communities in Canada assert their authority in dealing with the COVID-19 virus, including creating their own public health orders, restricting travel through their territory, adapting their ceremonies, and intensifying public health campaigns. These actions must be recognized as an expression of Indigenous nationhood and a continued assertion of sovereignty. These community-led actions have, in part, led to a less severe impact of COVID-19 on Indigenous communities when compared to the general public (Government of Canada, 2020). The success of Indigenous communities in fighting COVID-19 needs to be clearly articulated as a result, alongside other factors, of Indigenous voices and outcry demanding the provision of federal funds for equitable care during the pandemic (Black, 2020). The assertion of Indigenous sovereignty is essential for efficient healthcare development for Indigenous communities in Canada.

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Compliance with ethical standards

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