

**UCLA**

**American Indian Culture and Research Journal**

**Title**

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**Permalink**

<https://escholarship.org/uc/item/6xg0r433>

**Journal**

American Indian Culture and Research Journal , 44(2)

**ISSN**

0161-6463

**Authors**

Rowe, Robyn K.

Rowat, Julia

Walker, Jennifer D.

**Publication Date**

2020-03-01

**DOI**

10.17953/aicrj.44.2.rowe\_rowat\_walker

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# First Nations' Survivance and Sovereignty in Canada during a Time of COVID-19

*Robyn K. Rowe, Julia Rowat, and Jennifer D. Walker*

During the novel coronavirus pandemic that began in 2019, First Nations people from more than 634 communities across Canada have continued to go beyond mere survival, after centuries of settler domination and attempted subjugation, assimilation, and eradication.<sup>1</sup> *Survivance* is about more than overcoming obstacles and living; rather, merging “survival” and “resistance,” it epitomizes the collective resilience and continuation of First Nations peoples, languages, histories, and cultures across Canada.<sup>2</sup> Undeterred by a global pandemic and a persistent narrative of disparity underscored by inequity within educational, legal, socioeconomic, infrastructure, child welfare, and healthcare systems, First Nations people and communities have demonstrated, and continue to demonstrate, persistent and resilient cultural, linguistic, and traditional survival that has led to an ongoing presence and survivance.<sup>3</sup>

The World Health Organization (WHO) declared COVID-19 a global pandemic on March 11, 2020.<sup>4</sup> On March 18, 2020, Canada began evasive action to limit the spread of the virus by closing the borders to all non-Canadian citizens, with few exceptions.<sup>5</sup> Many measures to ensure the safety of the whole country were put into place;<sup>6</sup> however, as global COVID-19 rates continue to increase,<sup>7</sup> limited resources and access

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ROBYN K. ROWE (Anishinaabekwe) is a hereditary member of Teme Augama Anishnabai. She is a PhD candidate and research associate in the School of Rural and Northern Health at Laurentian University in Sudbury, Ontario, Canada. JULIA ROWAT is a graduate of the Masters of Indigenous Relations program at Laurentian University. She is also a research coordinator of settler descent in Indigenous health in the School of Rural and Northern Health at Laurentian University in Sudbury, Ontario, Canada. JENNIFER D. WALKER is Haudenosaunee from Six Nations of the Grand River and a Canada Research Chair in Indigenous Health. She is also an associate professor in the School of Rural and Northern Health at Laurentian University in Sudbury, Ontario, Canada.

to health care for First Nations communities across the country have left First Nations organizations and leadership searching for ways to keep people safe.

Community responses have included limiting who enters and who leaves communities, voluntary lockdowns, enforced security, community curfews, in-community COVID-19 testing centers, and more.<sup>8</sup> First Nations in Canada continue to grapple with systemic health and social inequities that have been magnified because of the pandemic. While ongoing colonial efforts have been exemplified by oppression, land dispossession, geographic isolation, and cultural genocide, resulting in systematic discrimination, inequity, and racism across the country,<sup>9</sup> First Nations continue to rewrite the mainstream narrative to one of hope, powered by resistance, resurgence, and survivance. As Anishinaabe theorist Gerald Vizenor explains, “survival is an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survival stories are renunciations of dominance, tragedy, and victimry.”<sup>10</sup>

As WHO continues to make recommendations on the importance of controlling the spread of COVID-19 through hand hygiene, social distancing, and self-isolation, First Nations people in communities are uniquely vulnerable to the virus due to Canada’s failure to take the necessary action to eliminate socioeconomic and systemic inequities and barriers.<sup>11</sup> Further, given the history of Indigenous Peoples being disproportionately affected by pandemics, COVID-19 can be hauntingly triggering for many First Nations. First, this commentary will discuss the impact of systemic inequities on health and offer a brief historical overview of past pandemic and infectious disease experiences that have resulted in modern-day, high-quality pandemic responses by First Nations in Canada. We then demonstrate First Nations’ diverse responses to the needs and priorities of their people and communities during COVID-19 and—weaving these two threads together—explore how, by taking control of COVID-19-related responses, pandemic planning, and data, First Nations demonstrate survival in asserting sovereignty and self-determination.

## RISK OF COVID-19 RISES WITH SYSTEMIC INEQUITIES

While SARS-COV-2, the virus responsible for the COVID-19 pandemic, does not discriminate between color, culture, race, or creed, the social conditions surrounding the pandemic do. COVID-19 in many respects has (re)illuminated the vulnerabilities, challenges, and systemically rooted inequities experienced by First Nations across the country. In this time of added crisis, many nations were successful in restraining the virus for many months through community pandemic response planning. However, this has become increasingly challenging within the confines of systemic health inequities.

An Indigenous<sup>12</sup> determinants-of-health framework embodies the physical, mental, emotional, and spiritual wellness of a whole health approach, whereas westernized biomedical definitions of health and wellness amplify the impact of long-standing social, environmental, and political inequities.<sup>13</sup> From a biomedical perspective, First Nations communities in Canada were already experiencing significant disparities in

health prior to the pandemic,<sup>14</sup> including disproportionately high rates of mortality<sup>15</sup> and higher rates of chronic conditions, and associated comorbidities and complications.<sup>16</sup> If we add on the burdens resulting from colonial oppression, it is clear that First Nations are at risk of severe outcomes due to the virus.<sup>17</sup> For instance, unfavorable socioeconomic conditions, unemployment, poverty, and marginalization is evidenced within many First Nation communities. Many First Nations experience high rates of household overcrowding, a lack of access to clean water, and inequitable access to healthcare services and primary care providers.<sup>18</sup> These factors are further exacerbated by COVID-19 and increase the vulnerability of First Nations people and communities to infectious diseases and pandemics. Nonetheless, many First Nations communities across the country have successfully found ways of limiting the spread of the virus.

### *Delayed Impact on First Nations and Emergency Preparedness*

In the early days and months of the pandemic, the rates of COVID-19 in First Nations communities were much lower than predicted.<sup>19</sup> A full year has passed and the reported *total* cases in Canada exceeds one million, with less than 23,000 known cases in First Nations communities across the country.<sup>20</sup> Thus, while the rates remained quite low in the beginning of the pandemic, as of March 2021, the rate of reported cases of COVID-19 in First Nations people living in communities is 183 percent higher than the rate for the general Canadian population.<sup>21</sup> However, 94 percent of First Nations people living in First Nations communities who tested positive for COVID-19 have recovered and the proportion of people dying from the virus (case fatality rate) is about 44 percent that of the general Canadian population.<sup>22</sup>

First Nations communities, organizations, and leadership have been taking many actions to mitigate the spread of the virus and reduce negative outcomes through active expressions of survivance, which we see exemplified through the assertion of community sovereignty and autonomy.<sup>23</sup> At the same time, First Nations continue to activate protective determinants and innovation aimed at advancing and preserving cultural knowledges, traditions, and overall collective resilience.<sup>24</sup> Many First Nations communities and organizations across the country have turned to data in order to most effectively impact COVID-19-related decision making, leverage community and research funding, mitigate the spread of the virus, and improve health outcomes for their communities.<sup>25</sup> Most of the First Nations communities across Canada have preexisting emergency preparedness plans and have made the revisions needed to respond to the current pandemic.<sup>26</sup> Quick actions taken by First Nations leadership and community members to incorporate traditional knowledges and practices into these revisions have no doubt reduced the spread of the virus, saving the lives of many.

### *Pandemics, Infectious Diseases, and First Nations*

First Nations have been burdened by infectious diseases since settler arrival.<sup>27</sup> Assimilatory policies and a reported lack of immunity to foreign diseases have had catastrophic and lethal impacts on First Nations people and communities for hundreds

of years.<sup>28</sup> Present-day pandemic responses by First Nations leadership and communities in Canada are scrutinizing historical outcomes to create response plans that better meet community priorities in an effort to flatten the curve on infection rates. Some organizations are even simulating worst-case scenarios and working to understand what steps would be needed to mitigate those outcomes and what responses would be needed to address specific scenarios.

Oral histories, tribal memories, and historical documents speak of settlers who spread deadly diseases through deliberate contact with First Nations as a form of “ethnic cleansing by means of biological warfare.”<sup>29</sup> An early example of such an attempt to eradicate entire populations is the distribution of smallpox-infected blankets to First Nations people.<sup>30</sup> An estimated 200,000 to 300,000 Indigenous People died as a result of smallpox and other forms of weaponized biological diseases—half of the Indigenous population from the seventeenth to nineteenth centuries.<sup>31</sup>

In 2009, as two waves of a novel influenza-A virus (also known as H1N1 or the swine flu) made its way around the world,<sup>32</sup> First Nations people in Canada were again disproportionately affected, with heightened severity of negative H1N1 outcomes.<sup>33</sup> Epidemiological reports highlight that during the H1N1 pandemic, First Nations people were 6.5 times more likely to be admitted to an intensive care unit due to infection, with hospitalization rates three times higher than non-First Nations people, with an increased burden placed on individuals living in First Nations communities.<sup>34</sup> Yet, in at least one instance, the federal government, rather than respond to these communities with the requested antivirals, hand sanitizer, or flu kits, instead sent body bags to four First Nations communities in Manitoba.<sup>35</sup>

### *Pandemic Survivance: Keeping Our Traditions Alive*

First Nations are mobilizing in response to the pandemic and asserting self-determination not only to protect their people, but also to protect their oral histories and stories, which are often in the care of the oldest people in their communities, who are sometimes the most medically vulnerable.<sup>36</sup> As with prior pandemics,<sup>37</sup> COVID-19 is inspiring socially and culturally driven innovations that seek to improve current and future systemically rooted pandemic response planning and delivery.<sup>38</sup> In fact, culturally grounded community responses throughout the COVID-19 pandemic exemplify the ongoing survivance of First Nations people, communities, cultural practices, and histories.

Culturally based practices have always been and continue to be used to amplify holistic healing and wellness for First Nations. These practices are often driven by community and cultural connection. A century ago, between 1918 and 1919, the Spanish flu wreaked havoc on First Nations communities as it made its way across Canada.<sup>39</sup> The traditional regalia known as the jingle dress and its associated dance emerged during that time to help protect and heal children from the flu.<sup>40</sup> During the COVID-19 pandemic, dancers across the country continue this practice as they dance to pray for healing and protection for their people and communities.<sup>41</sup>

## DATA GOVERNANCE GAPS IN A TIME OF COVID-19

COVID-19 has really emphasized the Crown's persistent influence over the autonomy and governance of First Nations people through the Indian Act.<sup>42</sup> Structural and systemic inequities have resulted in chronic underfunding and limitations to community-based governance structures. The Crown's authority has also led to the hindrance of First Nations' leadership having full authority over pandemic-related decision making.<sup>43</sup> For instance, First Nations in Canada have been seeking changes to the ways First Nations data is collected, managed, held, and stored for decades.<sup>44</sup> Sadly, unstable funding limits how well research and policy recommendations designed to improve First Nations' health outcomes during the pandemic are turned into action.

Many lessons have been learned from the devastating impacts and increased mortality rates faced by First Nations communities during past infectious diseases and pandemics. However, there remain overwhelming gaps in public health systems and health care that address the distinct needs of First Nations communities during the current pandemic. While First Nations' health and data priorities are being highlighted as they become even more critical in a time of pandemic, survivance during these challenging times is simply not enough. The state of emergency brought on by COVID-19 further highlights the lack of adequate and timely data infrastructure. In order to address the complete needs of First Nations during the pandemic and beyond, the rights, priorities, and interests of communities and leadership must be central to current and future pandemic planning and responses. To achieve this, First Nations must be included in the processes that define, collect, use, and share First Nations-based COVID-19 data and information.<sup>45</sup> Current experiences limit funding, hinder the breadth of First Nations-driven COVID-19 research, impairs community capacity development, and immobilizes action.

The ongoing survival of First Nations people and the survivance of First Nations' diversity should be a priority for health policy makers, funding agencies, and governments in Canada; yet, a need for increased partnerships between First Nations' and federal and provincial health data holders is ongoing. Despite a lack of appropriate infrastructure, clean water, safe housing, and poor access to healthcare services, First Nations are actively applying recommended and innovative measures aimed at limiting the spread of COVID-19.

## PANDEMIC RESPONSES: CHRONIC UNDERFUNDING AND ITS IMPACT ON WELLNESS

As settler governments work to control the spread of the virus across the country using mainstream methods, First Nations communities are also developing their own holistic pandemic response measures implemented to improve spiritual, mental, emotional, and physical health outcomes.<sup>46</sup> Briefly, this has included repurposing community dollars in order to provide funds for families in need of support; programs and ongoing wellness support for children, families, and vulnerable citizens; the installation of isolation and emergency shelters; and the use of social media as a tool to share cultural teachings.

However, after a year of the pandemic, many First Nations people are experiencing the same stressors and anxieties as non-First Nations people related to individual financial situations; being socially isolated; and concerns over family health. These stressors are compounded for First Nations due to social inequities and the rising rates of COVID-19 in their communities. Many of the inequities illuminated due to COVID-19 are related to improvements that have been needed for decades.<sup>47</sup> Again, these include challenges associated with poor socioeconomic conditions such as overcrowded housing, inadequate water infrastructure, and inequitable access to healthcare services and primary care providers.<sup>48</sup>

In an effort to address some of these challenges, the federal and provincial governments have been providing COVID-19 relief funds for Indigenous communities across the country, which has provided some support for nations.<sup>49</sup> Sadly, the failure of colonial and subsequent government policies has led to a lineage of racism and discrimination, including long-standing inequitable policies and health practices, the impacts of which will require massive infrastructure investments. A history of chronic underfunding will not be quickly resolved.

## PERSISTENCE AND SURVIVANCE

Despite the catastrophic impacts of historical biological diseases, First Nations people continue to demonstrate resurgence, revival, and resistance that is grounded in the survivance of First Nations' cultures, languages, laws, and ceremonies. Given evolving public health guidelines aimed at limiting the transmission of the virus, including self-isolation and social distancing, First Nations' are enacting innovative measures to ensure the preservation of physical, mental, emotional, and spiritual health. Despite many challenges, First Nations leadership has bypassed colonial institutional planning to exercise survivance and resiliency by issuing states of emergency and enacting community-level response plans across Canada in an effort to curtail negative outcomes.

As First Nations across the country seek to protect elders, knowledge keepers, and those deemed the most vulnerable during the pandemic, many are turning towards digital approaches that enable cultural sharing and connection to community through virtual dances and powwows.<sup>50</sup> Ensuring that cultural knowledge transmission does not stop, elders, knowledge keepers, and others are making online traditional language classes available across the country and demonstrating survivance by continuing to pass down stories, share in ceremony, and enhance cultural knowledges.<sup>51</sup>

## CONCLUSION

First Nations people from across Canada have been enacting emergency response measures that assert community sovereignty and are aimed at keeping First Nations people, families, and communities safe. Due to the proactiveness of First Nations communities and leadership, community-level pandemic response measures including roadblocks, checkpoints, barricades, and community-based COVID-19 testing, the initial spread of the virus was mitigated. These initial actions most certainly counteracted the mortality rates forecast for First Nations communities across the country.



While earlier reports highlighted confirmed COVID-19 rates to be lower in First Nations communities than within the general population in Canada, a year has passed and the known rates for First Nations people living in First Nations communities who have tested positive for COVID-19 are 183 percent higher than the rate for the general Canadian population. This increase in rates is likely partially a result of poor housing, water, and healthcare infrastructure.

Survival and survivance following historically devastating infectious diseases and pandemics such as smallpox, influenza, cholera, tuberculosis, measles, and scarlet fever have led to foundational preparedness in the fight against COVID-19; however, future response planning should consider the need for appropriate infrastructure to support both data and pandemic needs. By asserting autonomy over COVID-19 pandemic responses and information, First Nations across the country are shifting the narrative that historically places First Nations in a space of helplessness and victimhood. Instead, First Nations are showcasing that being an active and engaged member of the emergency preparedness planning and implementation can lead to improved pandemic outcomes. First Nations are ideally positioned to lead the discussions that pertain to First Nations health and wellness; therefore, First Nations must continue to assert autonomy and self-governance in order to continue improving health outcomes. Survivance relies on the traditions, histories, and cultural significance of First Nations to continue to thrive and prosper. First Nations must continue leveraging traditional knowledges and past pandemic experiences in order to continue to disrupt political and assimilatory systems. As First Nations model survivance in ways that advance sovereignty, we continue to work towards limiting the spread of the virus, reducing negative outcomes, and ensuring the survival of oral histories, tribal memories, and traditional stories.

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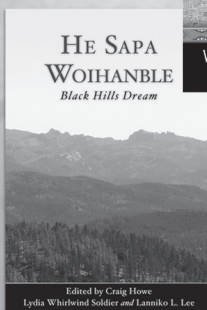
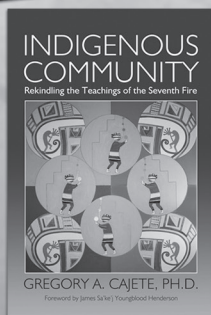
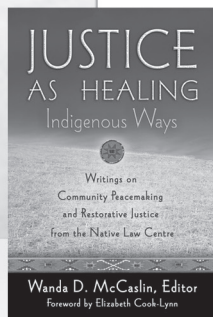
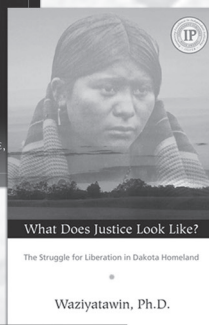
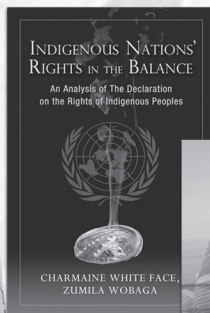
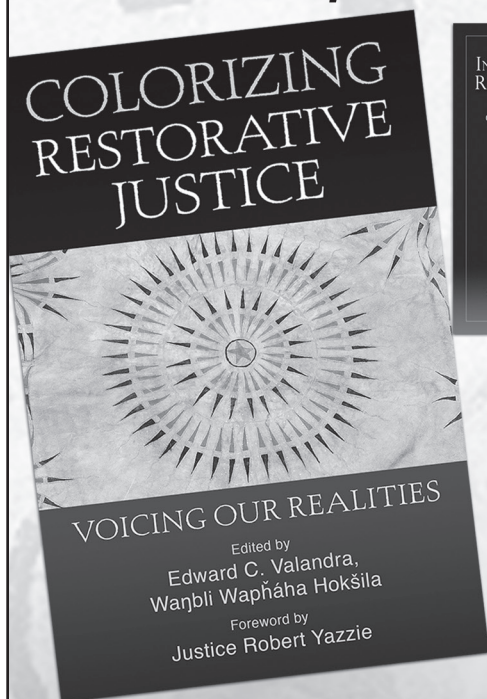
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Contact us  
for your  
desk copy.  
ljpress@aol.com

**Living Justice Press**  
livingjusticepress.org  
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