TAKING CONTROL OF INDIGENOUS COMMUNITY HEALTH: STEALTH SOVEREIGNTY DURING THE COVID-19 PANDEMIC

Alicia Clifford is a white settler Ph.D. candidate in the department of Health, Aging and Society at McMaster University. They stand in solidarity with and work alongside Indigenous women to explore what healing, health, and well-being mean in prison from the perspective of those with lived experience. Alicia wants their privilege to serve those targeted by the legal system because there is no justice system in the settler colonial state of Canada, only a legal one.

Hope Ace is a doctoral student in the Department of Indigenous Studies at the University of Manitoba. Her research interests are treaties, sovereignty, Indigenous feminism, and governance.

Avery Hallberg is a Métis woman from Winnipeg, Manitoba. Her research interests include political sociology, women's rights and race relations in Canada and the United States. She recently completed her Honours degree at the University of Manitoba where her thesis research concerned right-wing social media discourse in the United States and the former president's role in spreading misinformation. She is currently a Master's student with the COVID-19 Impacts study and works for the Government of Manitoba as a policy analyst.

Dane Monkman is a member of Peguis First Nation and who was raised in the Canadian north on the Great Slave Lake and the lands of the Deh Cho Dene peoples. Dane's research is focused primarily on Indigenous governance and Canadian political economy, Treaty Governance and material political dynamics arising from Treaty number 1.

Sally Ogoe was a postdoctoral fellow on a CIHR-funded study of the social, economic and mental health outcomes of newcomers in Canada, USA and Mexico and is currently a Senior Research Associate at the University of Winnipeg on a multi-year refugee employment project. Her research interests includes immigration and integration, gender-based research with focus on women and children, racism and human rights issues, as well as policy development.

Jeremy Patzer (Metis, Saulteaux, & German) is assistant professor in the Department of Sociology and Criminology at the University of Manitoba. His research interests lie in Indigenous rights (particularly in settler state courts), the forms of legal-political resolution and repair employed by settler states in the wake of colonial dispossession, as well as the sociology of law and contemporary theory.

Kiera Ladner holds the Canada Research Chair in Miyo We'citowin, Aboriginal Governance and Digital Sovereignties. She is Professor Emeritus of Aboriginal and Canadian Politics at the University of Manitoba, where she is the founder of Mamawipawin. Her research interests include Canada, Australia and Aotearoa/New Zealand, comparative Aboriginal constitutional law and politics, digital sovereignties, missing and murdered Aboriginal women and girls (MMIWG), and treaties and Aboriginal representation.

Lori Wilkinson, PhD, is Professor of Sociology at the University of Manitoba. She holds a Canada Research Chair in Future Migration (2021-2028). Her research program focuses on the integration experiences of newcomers to Canada, with a particular interest in refugee families. She recently received the Dr. and Mrs. Ralph Campbell Award for Community Engagement from the University of Manitoba (2019) and the Metropolis Canada Award for Research Excellence (2021).

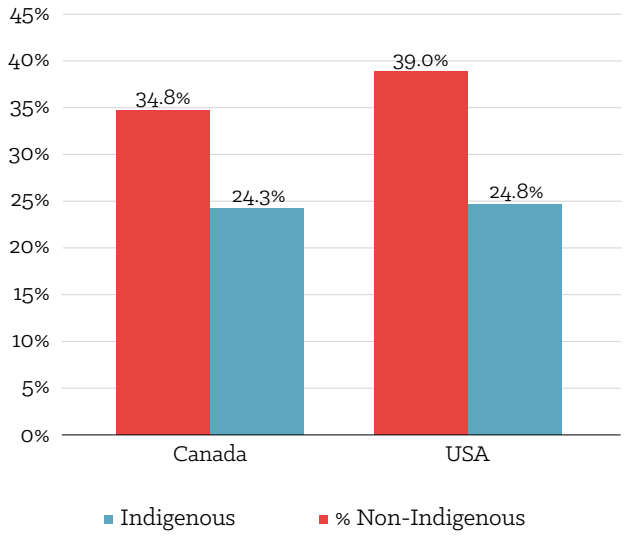
INTRODUCTION

The COVID-19 pandemic was a strain on Indigenous communities across the board, and this strain was not only on individual capacity but also on institutional resilience. Dangers posed by the pandemic were heightened by the vulnerable precarity that settler colonialism has imposed upon Indigenous Peoples. For First Nations in particular, the federal law and policy has treated them as wards of the state for generations, disrespecting their distinct nationhood. These governments are often given little autonomy compared to the other entities in Canadian federalism, despite contemporary discourse and policy shifts that give lip service to increased self-determination and self-government. Sometimes lost in the pandemic analysis is that times of unrest such as these are of interest, and of consequence, for Indigenous nations as nations. In effect, Indigenous communities have long had to come together to weather a variety of crises, including other pandemics. This article therefore focuses on how Indigenous nations took control of their community health and their pandemic response in a variety of ways, reanimating pathways to the resurgence and reassertion of sovereignty.

SOCIAL DETERMINANTS OF HEALTH, POLITICAL DETERMINANTS OF HEALTH?

In Canada, overall health remains poorer for Indigenous Peoples, despite Canada being one of the healthiest countries in the world (Gabel et al., 2017). Many health inequalities are directly linked to social, political, and economic disadvantages connected directly to ongoing settler colonialism (Downey, 2020). Disparities include socioeconomic status, housing, employment, education, environmental hazards, access to health services, and food insecurity, to name a few. For example, access to clean, potable water is something many take for granted and is an essential component of human existence necessary to curb the spread of viruses. Nevertheless, roughly 20–30% of First Nations communities continue to face water insecurity, with a significant number still experiencing water advisories and high-risk water systems. Over half of these have lasted more than a decade, making the communities acutely susceptible to a variety of health-related issues (Bharadwaj & Bradford, 2018; Luo, 2021). The COVID-19 pandemic has amplified and compounded many of these disparities (see Figure 1). For example, Indigenous Peoples in Canada and the United States have been more likely than non-Indigenous respondents to be affected by food security during the COVID-19 pandemic. However, while there are determinants of health that pose a higher risk for COVID-19, Indigenous communities are engaged and taking the lead to secure the health and safety of their people.

FIGURE 1. COVID-19 IMPACT ON MEETING BASIC FOOD REQUIREMENTS, WAVE 4, 2022 (N=1748).



Nevertheless, it is our contention that the social determinants of health that affect Indigenous Peoples negatively in Canada are just as much *political* as they are social, flowing from constitutional complexities and harmful settler colonial practices that stretch back for generations and continue to this day. Currently, healthcare in Canada is delivered through a patchwork of services that create a complex maze for on-reserve/off-reserve or remote/urban Indigenous Peoples to navigate (Gabel et al., 2017). The labyrinth connects directly to the division of legislative powers outlined in sections 91 and 92 of *the Constitution Acts, 1867 to 1982*. Under section 91(24), the federal government is responsible for "Indians, and Lands reserved for the Indians," including healthcare. In contrast, section 92(7) dictates that provincial legislatures are responsible for establishing and delivering healthcare services. The division of powers means that the current funding models for First Nations, Métis, and Inuit Peoples' services remain distinct (Gabel et al., 2017; Lavoie et al., 2011; Nelson & Wilson, 2018). With federal services and coverage offered for status First Nations and Inuit by the First Nations and Inuit Health Branch (of Indigenous Services Canada, but formerly of Health Canada), Indigenous recipients of the benefits were at risk of being caught between provincial-federal jurisdictional disputes over responsibility for coverage—sometimes with deadly consequences. This was the case until 2007, when the federal government adopted Jordan's Principle, named for Jordan River Anderson, a five-year-old Cree boy from Norway House Cree Nation who died in hospital while the federal government and the Province of Manitoba argued over who was responsible for coverage of his home care (Blackstock et al., 2005). Furthermore, under this model, the federal government maintains a separate pricing scheme related to healthcare costs which may not equal what the provinces pay to administer healthcare services. Not only are there price

differences, but this is further complicated by identity as not all Indigenous groups are treated the same (i.e., status vs. non-status First Nations, Métis, Inuit). The result is that healthcare funding between Indigenous and non-Indigenous Peoples is unequal, with significant differences in coverage and services. As a result, Indigenous People end up short-changed, widening gaps in health further.

STEALTH SOVEREIGNTY: COMMUNITIES TAKING CONTROL OF INDIGENOUS HEALTH AND SAFETY

Despite all of this, an ongoing area of research that is of interest to us centres on those areas in which Indigenous Peoples, and Indigenous governments, exercised agency in the heated moments of the COVID-19 pandemic. Settler colonialism's dispossession of Indigenous Peoples, along with the dismantling of Indigenous sovereignty and governance systems, have no doubt resulted in contemporary conditions that make it all the more challenging for Indigenous nations to rise to the challenge posed by the COVID-19 pandemic. Seeking to exercise sovereignty in order to protect the health and well-being of Indigenous people was not necessarily accomplished through grand gestures such as media and political campaigns, jurisdictional legal battles, or stand-offs with law enforcement and Canadian military reminiscent of those witnessed in the 1990s (e.g. the Oka Standoff, Ipperwash). During the pandemic, Indigenous sovereignty has arguably manifested more *in practice* than in official forms of settler state recognition, a quiet shift whereby Indigenous governments were compelled to act to protect their communities and to protect themselves from the costs of inaction—costs which could be counted in dollars, in the social harms of prolonged lockdowns, or in the lives of community members.

While federal and provincial levels of government, both with much more institutional capacity than Indigenous governments, were slow to respond to the public health crisis during the uptake and have since been quick in their 'return to normal,' First Nations have been making tough but much more time-sensitive decisions in regards to the protection of the community and individual health. This also comes after the experience of previous public health crises, such as the H1N1 influenza virus in 2009. As was reported at the time, many First Nations were left without support from the Canadian government, offering a critical lesson for First Nations. The federal government's moves to offer relief for the deceased during H1N1—in the form of bodybags shipped to some First Nations—rather than support for the living, made headlines (CBC News, 2009). The poor infrastructure and lack of support from the federal government have not been forgotten and subsequently forced First Nations to build capacity where its absence could be expected. Many First Nations have developed policies, protocols, and practices—based primarily on the protection of their members and the protection of the community—regardless of the provenance of funding, support, or permission from settler governments.

As one example, Peguis First Nation in Manitoba put in place stricter social distancing guidelines for its members than were employed by the provincial or federal governments, while offering extended support and tracking of cases within the community. Enforcement was also something managed internally by the First Nation. Frequently updated statistics, multiple in-community vaccine clinics and incentives, financial support and food hampers for those impacted by lockdown (Peguis First Nations, 2022) were extensions of the nation's sovereignty and included ways to self-determine their response to the ongoing pandemic.

Other Nations, such as Samson Cree Nation in Alberta, devised protocols to keep community members safe without any contact, spread information through frequent newsletters and fostered community during the pandemic by having distanced and safe food drives and events (Samson Cree Nation, 2022). Empowered collection and sharing of information, engagement with the community, and strict rules put in place by the community's government not only helped the nation's well-being during the crisis but also increased capacity within the community when it was not offered elsewhere.

An example of built capacity can also be found in Moose Cree First Nation in Ontario, where the First Nation implemented its own system of tracking and reporting cases. In this nation though, the response to the crisis went beyond tracking and sought to build capacity to prevent the spread. Moose Cree First Nation set aside 'Isolation Units', which the community made available for families and individuals who tested positive or were of higher risk (Moose Cree First Nation, 2022). This capacity is one which many communities, both Indigenous and non-Indigenous, could have benefited from.

While not a First Nation government regulated under the *Indian Act*, the Manitoba Métis Federation, in its struggle to ensure the wellbeing of its members during pandemic lockdowns and under the exclusionary pandemic policies of the provincial government, put in place its own educational supports for Métis children under lockdown (Manitoba Métis Federation, 2020) and actively sought to procure and distribute its own COVID-19 vaccines to MMF citizens (Manitoba Métis Federation, 2021).

TRUST AND SETTLER COLONIALISM

Trust is a complex and multifaceted concept that can suggest a range of meanings, from trust between individuals to trust in society's institutions and systems (Merriam-Webster, n.d.). It is also considered an essential component of social

wellbeing and governance and involves the hope that individuals, communities, or institutions will act positively (OECD, 2017, 2019). There are many layers to trust, making it difficult to measure. However, we all know what it feels like when it does not exist. So, what precisely happens when trust intersects with settler colonialism?

Many ascribe colonialism to the past, failing to recognize how it is very much interwoven through the institutions, structures, laws, and policies that remain in place today (Lowman & Barker, 2015; McCallum & Perry, 2018; Wolfe, 1999, 2006; Woolford, 2014; Woolford & Gacek, 2016). Settlers arrived and have not left what is now called Canada. More importantly, colonial laws and policies remain intact. The *Indian Act* is not some long-forgotten document. It is an active piece of Canadian legislation that dictates the relationship between Indigenous Peoples, specifically First Nations, and the federal government, including how nations govern themselves. The state exerts power through formal legislation to control and dominate Indigenous Peoples and their territories (Lawrence, 2003). Doing so demonstrates that settler colonialism remains alive and entrenched within Canada's institutions that attempt to enfold Indigenous Peoples into the dominant settler colonial systems that target them (Woolford, 2014; Woolford & Gacek, 2016). It should perhaps come as no surprise, then, that our study demonstrates that Indigenous Peoples in Canada have lower levels of trust in the federal government than do their non-Indigenous counterparts (see Figure 2). Moreover, their levels of trust are higher for their local Indigenous community leaders (see Figure 3).

While Indigenous Peoples in Canada are less likely to trust the federal government than non-Indigenous respondents, trust levels have dropped slightly less for Indigenous respondents (15.4%) than non-Indigenous respondents as the pandemic has progressed, with the latter group seeing a drop of 18.3% in trust in the federal government since wave 1 of the survey. A slight increase between waves two and three can be seen in both groups.

Interestingly, Indigenous respondents between 25 and 34 years of age scored as less trusting in Indigenous community leaders than other age groups. While it is a 50/50 split for those between 25–29 years, those between 30–34 years are almost 20% less likely to trust community leaders. However, one must not ignore the fact that the most significant damage wrought upon Indigenous governance systems has been that imposed by settler colonialism. Many Indigenous communities are forced to manage themselves in conditions of imposed immiseration and under *Indian Act*-imposed governance systems, while their traditional forms of governance have been disregarded. The question of whether these conditions pose challenges to Indigenous community members' trust in Indigenous governments is one that merits further research. In addition, further exploration would be beneficial to understand whether this is an anomaly or a significant issue within this age group specifically. For those 35 years of age and older, trust in community leaders continues to increase throughout the rest of one's life.

FIGURE 2. TRUST IN THE FEDERAL GOVERNMENT OVER TIME (N=11,195) WAVES 1-4, 2021-2022.

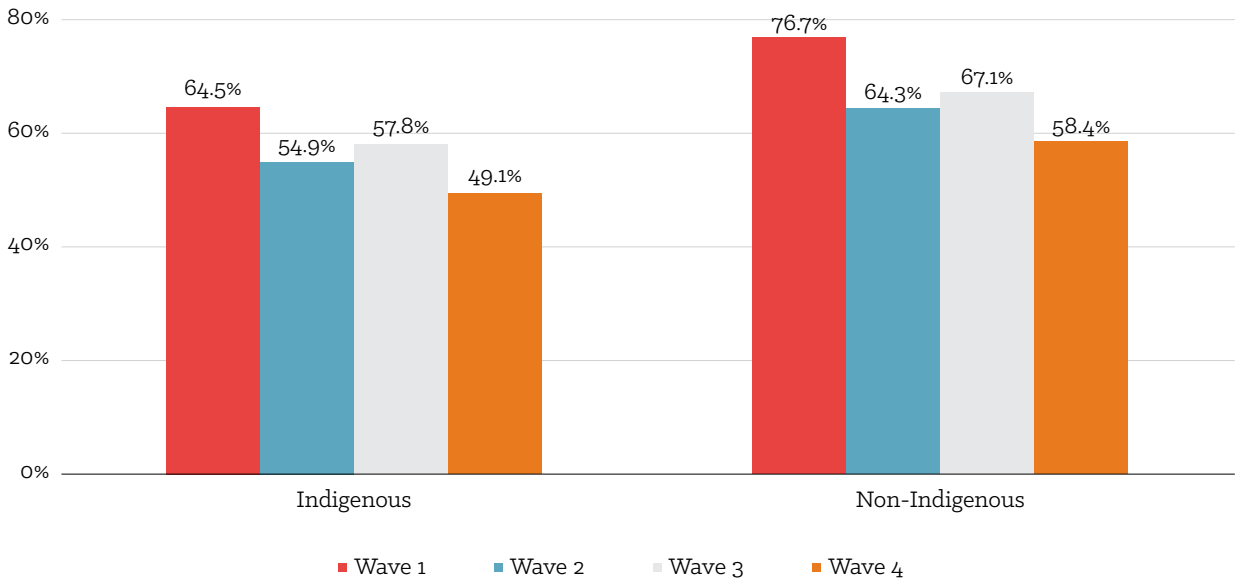
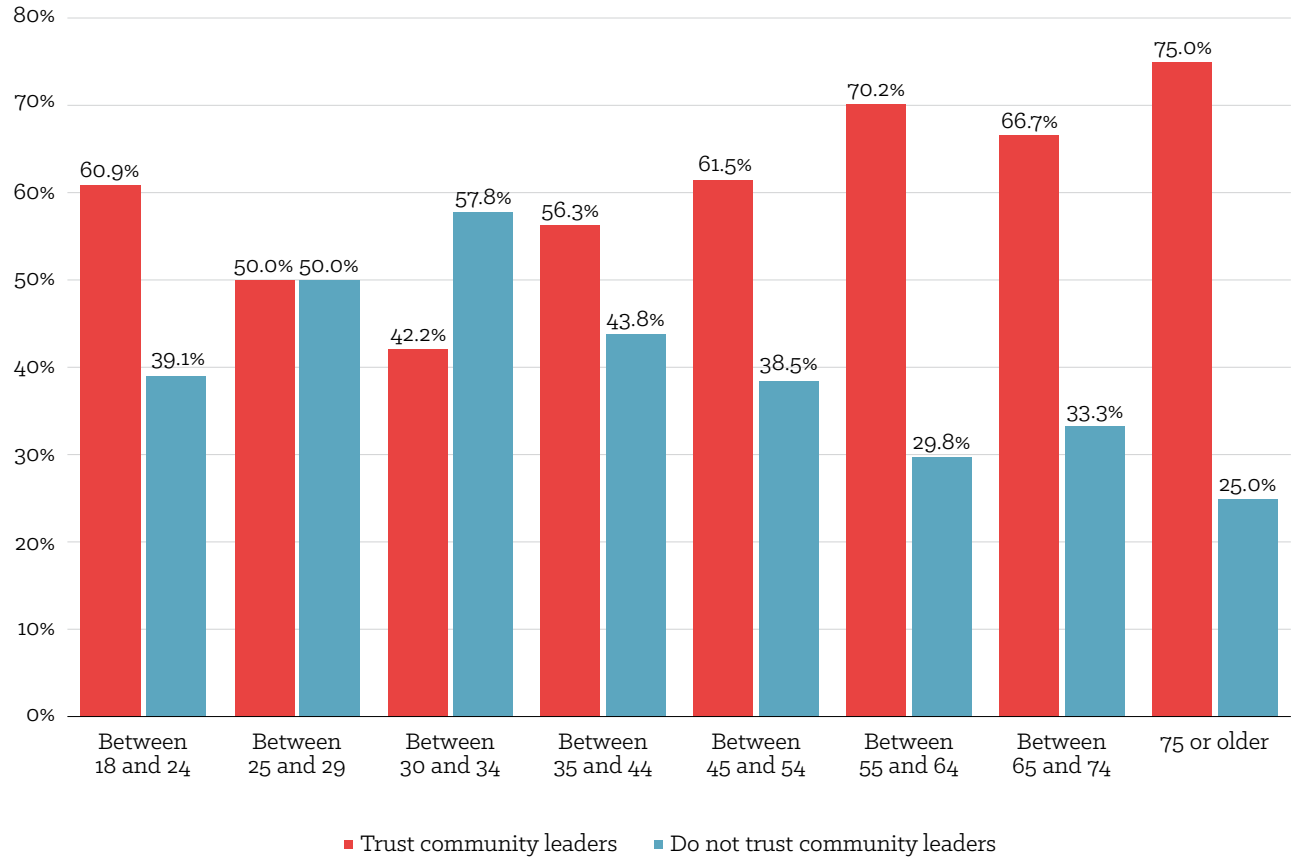


FIGURE 3. TRUST IN COMMUNITY LEADERS DURING WAVE 4 (N=455)



CONCLUSION

While many of the protective practices and protocols put in place by Indigenous governments often come at a cost to the nation itself, these decisions were made by the nations concerned rather than imposed upon them. However, taking a proactive stance during the pandemic allowed for the stealthy move towards greater self-determination. As Indigenous communities have done in several hundred years of pandemics, they came together for mutual support and protection. Pandemic response activities can be conceived of as nation-building activities. Sovereignty is not just a matter of recognition (from settler states or the international community), it is also a matter *of doing*. There are challenges associated with this, of course, such as building new capacities and community-based institutions, fighting stigma and misinformation, and deciding where community wellbeing intersects and interacts with a nation's external relations. The urgent needs of many Indigenous communities as they faced yet another pandemic served as a call for many Indigenous governments to rise to these challenges and put sovereignty into practice, quickly and without fanfare.

REFERENCES

Bharadwaj, L., & Bradford, L. (2018). Indigenous water poverty: Impacts beyond physical health. In H. Exner-Pirot, B. Norbye, & L. Butler (Eds.), *Northern and Indigenous health and healthcare* (ch. 4). University of Saskatchewan. https://openpress.usask.ca/northernhealthcare

Blackstock, C., Prakash, T., Loxley, J., & Wien F. (2005). *Wen:de: We are Coming to the Light of Day*. Ottawa: First Nations Child & Family Caring Society of Canada. https://cwrp.ca/publications/wende-we-are-coming-light-day

CBC News. (2009, September 16). *Ottawa sends body bags to Manitoba reserves*. CBC. www.cbc.ca/news/canada/manitoba/ottawa-sends-body-bags-to-manitoba-reserves-1.844427

Downey, B. (2020). Completing the circle: Towards the achievement of IND-equity – A culturally relevant health equity model by/for Indigenous populations. *Witness: The Canadian Journal of Critical Nursing Discourse, 2*(1), 97–110. https://doi.org/10.25071/2291-5796.59

Gabel, C., DeMaio, P., & Powell, A. (2017). Towards healthier Indigenous health policies? Navigating the labyrinth for answers. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin, 2*(1), 47–59.

Lavoie, J. G., Gervais, L., Toner, J., Bergeron, O., & Thomas, G. (2011). *Looking for Aboriginal health in legislation and policies, 1970 to 2008: The policy synthesis project*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

Lawrence, B. (2003). Gender, race, and the regulation of native identity in Canada and the United States: An overview. *Hypatia, 18*(2), 3–31. www.jstor.org/stable/3811009

Lowman, E. B., & Barker, A. J. (2015). *Settler: Identity and colonialism in 21st century Canada*. Fernwood Publishing.

Luo, C. X. (2021, November 14). *The water crisis in Canada's First Nations communities: Examining the progress towards eliminating long-term drinking water advisories in Canada*. https://storymaps.arcgis.com/stories/52a5610cca604175b8fb35bccf165f96

Manitoba Métis Federation. (2020, September 3). *MMF announces support for Métis families homeschooling their children*. www.mmf.mb.ca/news/mmf-announces-support-for-metis-families-homeschooling-their-children

Manitoba Métis Federation. (2021, April 12). *MMF delivers first of 100 COVID-19 vaccines for Métis Elders and vulnerable citizens*. www.mmf.mb.ca/covid-19-news/mmf-delivers-first-of-100-covid-19-vaccines-for-metis-elders-and-vulnerable-citizens

McCallum, M. J. L., & Perry, A. (2018). *Structures of indifference: An Indigenous life and death in a Canadian city*. University of Manitoba Press.

Merriam-Webster. (n.d.). Trust. In *Merriam-Webster.com dictionary*. Retrieved August 5, 2022, from www.merriam-webster.com/dictionary/trust

Moose Cree First Nation. (2022, May 13). *Amendments to pandemic by-law: By-law #1609 COVID-19 preventative measures*. www.moosecree.com/amendments-to-pandemic-by-law-5/

Nelson, S. E., & Wilson, K. (2018). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Science & Medicine*, 218, 21–27. https://doi.org/10.1016/j.socscimed.2018.09.017

Organization for Economic Co-operation and Development. (2017). *OECD guidelines on measuring trust*. OECD Publishing. https://doi.org/10.1787/9789264278219-en

Organization for Economic Co-operation and Development. (2019). *Government at a glance 2019*. OECD Publishing. https://doi.org/10.1787/8ccf5c38-en

Peguis First Nation. (2022, May 10). *Peguis income assistance COVID-19 Round 3 distribution*. https://peguisfirstnation.ca/peguis-income-assistance-covid-19-round-3-distribution-2/

Samson Cree Nation. (2022, May 12). *Nipisihkopahk acimowin: SCN newsletter Volume 8 Issue 8*. Issuu. https://issuu.com/samsoncreenation/docs/volume8issue8

Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event*. Cassell.

Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research, 8*(4), 387–409. https://doi.org/10.1080/14623520601056240

Woolford, A. (2014). Discipline, territory, and the colonial mesh: Indigenous boarding schools in the United States and Canada. In A. Woolford, J. Benvenuto, & A. L. Hinton (Eds.), *Colonial Genocide in Indigenous North America* (pp. 29–48). Duke University Press. https://doi.org/10.2307/j.ctv11sn770.5

Woolford, A., & Gacek, J. (2016). Genocidal carcerality and Indian residential schools in Canada. *Punishment & Society, 18*(4), 400–419. https://doi.org/10.1177/1462474516641375