

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.¹ *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.² 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.³

The World Health Organization (WHO) declared COVID-19 a global pandemic on March 11, 2020.⁴ 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.⁵ Many measures to ensure the safety of the whole country were put into place;⁶ however, as global COVID-19 rates continue to increase,⁷ limited resources and access

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.⁸ 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,⁹ First Nations continue to rewrite the mainstream narrative to one of hope, powered by resistance, resurgence, and survivance. As Anishinaabe theorist Gerald Vizenor explains, “survivance is an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survivance stories are renunciations of dominance, tragedy, and victimry.”¹⁰

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.¹¹ 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 survivance 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 Indigenous¹² 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.¹³ From a biomedical perspective, First Nations communities in Canada were already experiencing significant disparities in

health prior to the pandemic,¹⁴ including disproportionately high rates of mortality¹⁵ and higher rates of chronic conditions, and associated comorbidities and complications.¹⁶ 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.¹⁷ 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.¹⁸ 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.¹⁹ 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.²⁰ 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.²¹ 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.²²

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.²³ 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.²⁴ 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.²⁵ 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.²⁶ 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.²⁷ 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.²⁸ 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.”²⁹ An early example of such an attempt to eradicate entire populations is the distribution of smallpox-infected blankets to First Nations people.³⁰ 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.³¹

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,³² First Nations people in Canada were again disproportionately affected, with heightened severity of negative H1N1 outcomes.³³ 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.³⁴ 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.³⁵

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.³⁶ As with prior pandemics,³⁷ COVID-19 is inspiring socially and culturally driven innovations that seek to improve current and future systemically rooted pandemic response planning and delivery.³⁸ 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.³⁹ 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.⁴⁰ 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.⁴¹

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.⁴² 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.⁴³ For instance, First Nations in Canada have been seeking changes to the ways First Nations data is collected, managed, held, and stored for decades.⁴⁴ 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.⁴⁵ 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.⁴⁶ 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.⁴⁷ 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.⁴⁸

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.⁴⁹ 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.⁵⁰ 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.⁵¹

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.

NOTES

1. Truth and Reconciliation Commission of Canada, *Final Report of the Truth and Reconciliation Commission of Canada, Volume One: Summary: Honouring the Truth, Reconciling for the Future* (Toronto: James Lorimer & Company, Ltd., 2015).

2. Gerald Robert Vizenor, *Manifest Manners: Narratives on Postindian Survivance* (Lincoln: University of Nebraska Press, 1999); *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social*, ed. Margo Greenwood, Sarah De Leeuw, and Nicole Marie Lindsay (Toronto: Canadian Scholars' Press, 2018), 3–14; Karina Czyzewski, "Colonialism as a Broader Social Determinant of Health," *International Indigenous Policy Journal* 2, no. 1 (2011), 1–14: <https://doi.org/10.18584/iipj.2011.2.1.5>.

3. Gerald Robert Vizenor, *Manifest Manners: Narratives on Postindian Survivance* (Lincoln: University of Nebraska Press, 1999); Gerald Vizenor, *Survivance: Narratives of Native Presence* (Lincoln: University of Nebraska Press, 2008).

4. World Health Organization, "Timeline: WHO's COVID-19 Response" (2020), <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline/>.

5. Government of Canada, "Coronavirus Disease (COVID-19): Travel Restrictions, Exemptions and Advice," *Coronavirus Disease (COVID-19)* (2020), <https://www.canada.ca/en/public-health/>

services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#_Canada-U.S._border_restrictions_1.

6. Max Roser, Hannah Ritchie, Esteban Ortiz-Ospina, and Joe Hasell, "Coronavirus Pandemic (COVID-19) (Our World in Data, 2020), <https://ourworldindata.org/coronavirus>.

7. Government of Canada, "Canada's COVID-19 Economic Response Plan (2020), <https://www.canada.ca/en/departement-finance/economic-response-plan.html>.

8. Tamara Power, Denise Wilson, Odette Best, Teresa Brockie, Lisa Bourque Bearskin, Eugenia Millender, and John Lowe, "COVID-19 and Indigenous Peoples: An Imperative for Action," *Journal of Clinical Nursing* 29, no. 15-16 (2020): 2737-41, <https://doi.org/10.1111/jocn.15320>; Yellowhead Institute, "COVID-19 In Community: How Are First Nations Responding?," *COVID-19, Indigenous Governance*, April 7, 2020, <https://yellowheadinstitute.org/2020/04/07/corona-in-community-the-first-nation-response/>.

9. Ibid.; Czerwinski, *Colonialism as a Broader Social Determinant of Health*.

10. Gerald Robert Vizenor, *Manifest Manners: Narratives on Postindian Survivance* (Lincoln: University of Nebraska Press, 1999).

11. *Determinants of Indigenous Peoples' Health*; Malcolm King, Alexandra Smith, and Michael Gracey, "Indigenous Health Part 2: The Underlying Causes of the Health Gap," *The Lancet* 374, no. 9683 (2009), 76-85, [https://doi.org/10.1016/S0140-6736\(09\)60827-8](https://doi.org/10.1016/S0140-6736(09)60827-8); World Health Organization, "Coronavirus Disease (COVID-19) Advice for the Public," (2020) *World Health Organization*, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>; Shirley Thompson, Marleny Bonnycastle, and Stewart Hill, "COVID-19, First Nations and Poor Housing: 'Wash hands frequently' and 'Self-isolate' Akin to 'Let them eat cake' in First Nations with Overcrowded Homes Lacking Piped Water," Canadian Centre for Policy Alternatives, May 2020, <https://policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2020/05/COVID%20FN%20Poor%20Housing.pdf>.

12. Canada's three distinct groups of Indigenous Peoples are identified as "First Nations," "Inuit," and "Métis."

13. *Determinants of Indigenous Peoples' Health*; Malcolm King, Alexandra Smith, and Michael Gracey, "Indigenous Health Part 2: The Underlying Causes of the Health Gap," *The Lancet* 374, no. 9683 (2009), 76-85, [https://doi.org/10.1016/S0140-6736\(09\)60827-8](https://doi.org/10.1016/S0140-6736(09)60827-8).

14. Mary McNally and Debbie Martin, "First Nations, Inuit and Metis Health: Considerations for Canadian Health Leaders in the Wake of the Truth and Reconciliation Commission of Canada Report," *Healthcare Management Forum* 30, no. 2 (2017): 117-22, <https://doi.org/10.1177/0840470416680445>; Office of the Auditor General of Canada, *2013 Fall Report of the Auditor General of Canada*, Ch. 6, "Emergency Management on Reserves," (2017), https://www.oag-bvg.gc.ca/internet/English/att__e_38848.html.

15. Mamow Ahyamowen, "Learning from Our Ancestors: Mortality Experience of First Nations in Northern Ontario," (March 2020) <https://mamowahyamowen.ca/wp-content/uploads/2020/10/Mamow-Ahyamowen-UPDATED-March-2020-4.pdf>; Donna Feir and Randall Akee, "First Peoples Lost: Determining the State of Status First Nations Mortality in Canada Using Administrative Data," *Canadian Journal of Economics/Revue canadienne d'économique* 52, no. 2 (2019): 490-525, <https://doi.org/10.1111/caje.12387>.

16. *First Nations and Diabetes in Ontario*, ed. Michael E. Green, Carmen R. Jones, Jennifer D. Walker, Baiju R. Shah, Kristin Jacklin, Morgan Slater, and Eliot Frymire (Toronto, CN: IC/ES, 2019), <https://www.ices.on.ca/~media/Files/Atlases-Reports/2019/First-Nations-and-Diabetes-in-Ontario/Full-report.ashx>; Jennifer D. Walker, Melissa Andrew, Susan Bronskill, Janet Smylie, Wayne Warry, David Henry, Donna Loft, Carmen Jones, Roseanne Sutherland, Melissa Blind, Morgan Slater, Karen Pitawanakwat, Graham Mecredy, and Kristin Jacklin, *Ontario First Nations*

Aging Study: Overview and Report November 2019 (Sudbury, CN: Ontario First Nations Aging Study, 2019), http://chiefs-of-ontario.org/wp-content/uploads/2020/10/COO_ONFirstNationsAging-Study.pdf.

17. First Nations Information Governance Centre, "RHS Statistics for Shaping a Response to COVID-19 in First Nations Communities" (2020), https://fnigc.ca/wp-content/uploads/2020/09/0ab2092ec4f6262599ed396de5db3cf0_FNIGC-RHS-Covid-19-Report1.pdf.

18. Czyzewski, "Colonialism as a Broader Social Determinant of Health"; Billie Allan and Janet Smylie, "First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-being of Indigenous Peoples in Canada," discussion paper (Wellesley Institute Centre for Research on Inner City Health/The Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health and Wellbeing/St. Michael's Hospital, 2015), <https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>.

19. Vijay Kumar Chattu, Anil Adishes, and Sanni Yaya, "Canada's Role in Strengthening Global Health Security During the COVID-19 Pandemic," *Global Health Research and Policy* 5, no. 1 (2020): 16, <https://doi.org/10.1186/s41256-020-00146-3>; Government of Canada, Indigenous Services Canada, "Epidemiological Summary of COVID-19 Cases in First Nations Communities," November 10, 2020, <https://www.sac-isc.gc.ca/eng/1589895506010/1589895527965>; Lisa Richardson and Allison Crawford, "COVID-19 and the Decolonization of Indigenous Public Health," *Canadian Medical Association Journal* 192, no. 38 (2020): E1098-100, <https://doi.org/10.1503/cmaj.200852>.

20. Government of Canada, "Coronavirus Disease 2019 (COVID-19): Epidemiology Update," <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>; Government of Canada, Indigenous Services Canada, "Epidemiological Summary of COVID-19 Cases in First Nations Communities," March 14, 2021, <https://www.sac-isc.gc.ca/eng/1589895506010/1589895527965>.

21. Government of Canada, Indigenous Services Canada, "Confirmed cases of COVID-19," March 14, 2021, <https://www.sac-isc.gc.ca/eng/1598625105013/1598625167707>.

22. Ibid.

23. Chantelle Richmond, Heather Castleden, and Chelsea Gabel, "With so much at risk, we couldn't just wait for help': Indigenous Communities and COVID-19," *The Globe and Mail*, June 17, 2020, <https://www.theglobeandmail.com/opinion/article-with-so-much-as-risk-we-couldnt-just-wait-for-help-indigenous/>.

24. Ibid.; Power, et al., "COVID-19 and Indigenous Peoples."

25. Ibid.

26. Ibid.; Nadia A. Charania and Leonard J. S. Tsuji, "A Community-Based Participatory Approach and Engagement Process Creates Culturally Appropriate and Community Informed Pandemic Plans after the 2009 H1N1 Influenza Pandemic: Remote and Isolated First Nations Communities of Sub-Arctic Ontario, Canada," *BioMed Central Public Health* 12, 268 (2012), <https://doi.org/10.1186/1471-2458-12-268>.

27. Richardson and Crawford, "COVID-19 and the Decolonization of Indigenous Public Health."

28. James Burgess Waldram, Ann Herring, and T. Kue Young, *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives* (University of Toronto Press, 2006); Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver: University of British Columbia Press, 1999); *Implementing the Vision: BC First Nations Health Governance* (West Vancouver, CN: First Nations Health Council, 2011), https://www.fnha.ca/Documents/FNHC_Health_Governance_Book.pdf].

29. Gary Geddes, *Medicine Unbundled: A Journey through the Minefields of Indigenous Health Care* (Victoria, CN: Heritage House Publishing Co., Ltd., 2017); Andrew Woolford, "Ontological

Destruction: Genocide and Canadian Aboriginal Peoples,” *Genocide Studies and Prevention* 4, no. 1 (2009): 81–97, <https://scholarcommons.usf.edu/gsp/vol4/iss1/6>.

30. Paul Hackett, “From Past to Present: Understanding First Nations Health Patterns in a Historical Context,” *Canadian Journal of Public Health* 96, no. 1 (2005): S17–21, <https://doi.org/10.1007/BF03405311>.

31. Esther Wagner Stearn and Allen Edwin Stearn, *The Effect of Smallpox on the Destiny of the Amerindian* (Boston: B. Humphries, Inc., 1945).

32. John Zarocostas, “World Health Organization Declares a (H1N1) Influenza Pandemic,” *British Medical Journal* 2009; 338: b2425, <https://doi.org/10.1136/bmj.b2425>.

33. Tini Garske, Judith Legrand, Christl A. Donnelly, Helen Ward, Simon Cauchemez, Christophe Fraser, Neil M. Ferguson, and Azra C. Ghani, “Assessing the Severity of the Novel Influenza A/H1N1 Pandemic,” *British Medical Journal* 2009; 339: b2840, <https://doi.org/10.1136/bmj.b2840>; Barbara Kermode-Scott, “Canada Has World’s Highest Rate of Confirmed Cases of A/H1N1, with Aboriginal People Hardest Hit,” *British Medical Journal* 2009; 339: b2746, <https://doi.org/10.1136/bmj.b2746>.

34. Andrea K. Boggild, Lilian Yuan, Donald E. Low, and Allison J. McGeer, “The Impact of Influenza on the Canadian First Nations,” *Canadian Journal of Public Health* 102, no. 5 (2011): 345–48, <https://doi.org/10.1007/BF03404174>; Kathryn T. Morrison, David L. Buckeridge, Yanyu Xiao, and Seyed M. Moghadas, “The Impact of Geographical Location of Residence on Disease Outcomes among Canadian First Nations Populations during the 2009 Influenza A (H1N1) Pandemic,” *Health & Place* 26 (2014): 53–59, <https://doi.org/10.1016/j.healthplace.2013.12.005>.

35. S. Michelle Driedger, Elizabeth Cooper, Cindy Jardine, Chris Furgal, and Judith Bartlett, “Communicating Risk to Aboriginal Peoples: First Nations and Métis Responses to H1N1 Risk Messages,” *PLOS one* 8, no. 8 (2013): e71106, <https://doi.org/10.1371/journal.pone.0071106>.

36. Woolford, “Ontological Destruction;” Hillard S. Kaplan, Benjamin C. Trumble, Jonathan Stieglitz, Roberta Mendez Mamany, Maguin Gutierrez Cayuba, Leonardina Maito Moye, Sarah Alami, Thomas Kraft, Raul Quispe Gutierrez, Juan Copajira Adrian, Randall C. Thompson, Gregory S. Thomas, David E. Michalik, Daniel Eid Rodriguez, and Michael D. Gurven, “Voluntary Collective Isolation as a Best Response to COVID-19 for Indigenous Populations? A Case Study and Protocol from the Bolivian Amazon,” *The Lancet* 395 (2020): 1727–34, [https://doi.org/10.1016/S0140-6736\(20\)31104-1](https://doi.org/10.1016/S0140-6736(20)31104-1); Richmond, et al., “With so much at risk.”

37. Charania and Tsuji, “A Community-Based Participatory Approach and Engagement Process,” 268.

38. Grace Kyoan-Achan and Lynda Write, “Community-based Pandemic Preparedness: COVID-19 Procedures of a Manitoba First Nation Community,” *Journal of Community Safety and Well-Being* 5, no. 2 (2020): 45–50, <https://doi.org/10.35502/jcswb.131>; Yellowhead Institute, “COVID-19 In Community: How Are First Nations Responding?” *COVID-19, Indigenous Governance*, <https://yellowheadinstitute.org/2020/04/07/corona-in-community-the-first-nation-response/>.

39. Esyllt Jones, “Surviving Influenza: Lived Experiences of Health Inequity and Pandemic Disease in Canada,” *CMAJ* 192, no. 25 (2020): E688–89, <https://doi.org/10.1503/cmaj.201074>.

40. Mark G. Thiel, “Origins of the Jingle Dress Dance,” *Whispering Wind* 36, no. 5 (2007): 14–18, https://epublications.marquette.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1036&context=lib_fac.

41. Rhiannon Johnson, “Mississauga Nation Launches Online Culture and Language Initiatives,” *CBC News*, July 15, 2020, <https://www.cbc.ca/news/indigenous/mississauga-online-culture-language-1.5649354>; Christian Allaire, “How the Indigenous Community Is Using Dance

as a Way to Heal,” *Vogue*, March 30, 2020, <https://www.vogue.com/article/tony-violet-duncan-indigenous-dancers-heroes-heroines>.

42. Government of Canada, Indian Act, RSC 1985, c I-5, <https://canlii.ca/t/5439p>.

43. Angela D’Elia Decembrini, “Exercising Indigenous Jurisdiction amidst the COVID-19 Pandemic,” COVID-19 Series (First Peoples Law Corporation, 2020), <https://www.firstpeopleslaw.com/public-education/blog/exercising-indigenous-jurisdiction-amidst-the-covid-19-pandemic>.

44. Jennifer D. Walker, Evelyn Pyper, Carmen R. Jones, Saba Khan, Nelson Chong, Dan Legge, Michael J. Schull, and David Henry, “Unlocking First Nations Health Information through Data Linkage,” *International Journal of Population Data Science* 3, no. 1 (2018): np, <https://doi.org/10.23889/ijpds.v3i1.450>; First Nations Information Governance Centre, “The First Nations Principles of OCAP®.”

45. Ibid.

46. Richardson and Crawford, “COVID-19 and the Decolonization of Indigenous Public Health.”

47. Truth and Reconciliation Commission of Canada, *Final Report*; First Nations Information Governance Centre, “The First Nations Principles of OCAP®” (2019), <https://fnigc.ca/ocap-training/>; “Report of the Royal Commission on Aboriginal Peoples” (Ottawa, CN: Royal Commission on Aboriginal Peoples, 1996), <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>.

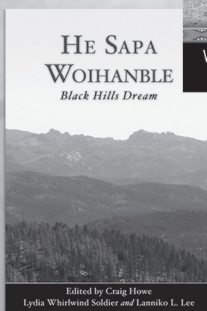
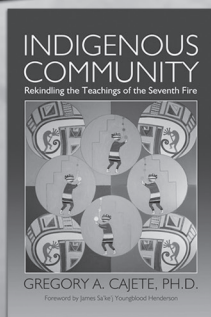
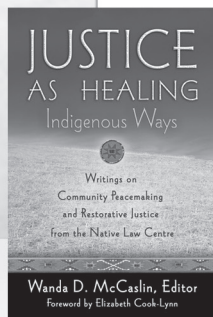
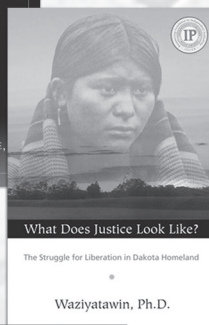
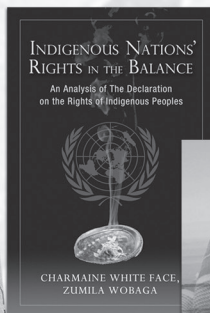
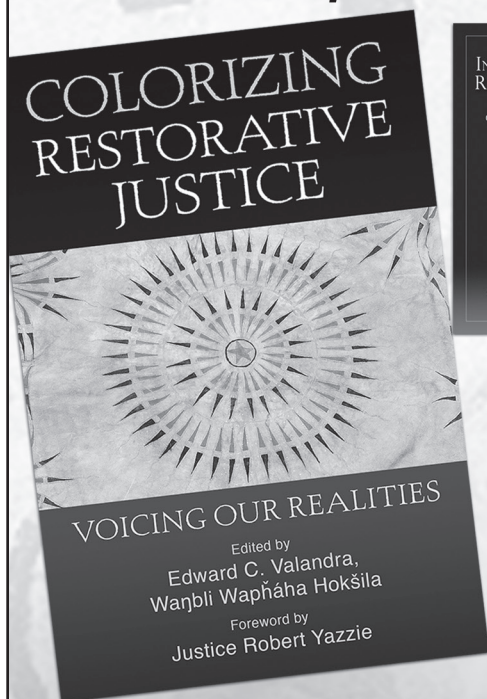
48. *First Nations and Diabetes in Ontario*, ed. Michael E. Green, Carmen R. Jones, Jennifer D. Walker, Baiju R. Shah, Kristen Jacklin, Morgan Slater, and Eliot Frymire (Toronto, CN: Chiefs of Ontario and ICES, November 2019), <https://www.ices.on.ca/~media/Files/Atlases-Reports/2019/First-Nations-and-Diabetes-in-Ontario/Full-report.ashx>; “Report of the Royal Commission on Aboriginal Peoples.”

49. Government of Canada, “Canada’s COVID-19 Economic Response Plan” (2020), <https://www.canada.ca/en/department-finance/economic-response-plan.html>.

50. Nic Meloney, “Virtual Powwow Connects Dancers, Drummers and Vendors amid Pandemic,” *CBC News: CBC*, April 4, 2020, <https://www.cbc.ca/news/indigenous/coronavirus-virtual-powwow-social-distance-1.5521785>.

51. Richardson and Crawford, “COVID-19 and the Decolonization of Indigenous Public Health”; Johnson, “Mississauga Nation Launches Online Culture and Language Initiatives”; Rhiannon Johnson, “Traditional Crafters Indigenizing Face Masks during COVID-19 Pandemic,” *CBC News*, April 22, 2020, <https://www.cbc.ca/news/indigenous/indigenous-arts-crafts-mask-coronavirus-1.5541049>.

Indigenous Voices on Education, Rights, Land, and Justice



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

Living Justice Press
livingjusticepress.org
651.695.1008