#### COMMENTARY

McGill Journal of Medicine

# Understanding Lessons From the COVID-19 Pandemic in Creating Healthcare Initiatives for Indigenous Populations

Prabhdeep Gill<sup>1</sup> | Ishmanjeet Singh | Jobanpreet Dhillon<sup>2</sup>

<sup>1</sup>The Michener Institute of Education at UHN, Toronto, Ontario, Canada

<sup>2</sup>University of Ottawa, Ottawa, Ontario, Canada

#### Correspondence

Prabhdeep Gill Email: psgill98@gmail.com

# **Publication Date**

June 1, 2025

MJM 2025 | 22 (1) 1020

https://doi.org/10.26443/mjm.v22i1.1020

# McGill Journal of Medicine

www.mjm.mcgill.ca



This work is licensed under a Creative Commons BY-NC-SA 4.0 International License.

#### 1 | BACKGROUND

From providing support to affected individuals to regulating public health policy, the resilience of health-care systems worldwide continues to be tested by the COVID-19 pandemic. As of November 2023, there have been a total of 4.8 million documented coronavirus cases in Canada. (1) However, it is important to consider

how different populations in Canada were impacted because the burden of disease was not equally shared. More specifically, COVID-19 cases were 188% greater for on-reserve First Nation community members compared to the general population in Canada. (2) Moreover, Indigenous peoples presented with significantly higher rates of COVID-19 symptoms compared to those with non-Indigenous status (49.3% versus 42.9%, re-

#### **ABSTRACT**

Over the course of the pandemic, Indigenous peoples in Canada experienced firsthand the devastating impact of COVID-19. Despite facing challenges, Indigenous communities, with the support of government organizations, were able to limit the spread of the SARS-CoV-2. Forming collaborative initiatives and integrating Indigenous medicinal practices with public health approaches shows promise in our ability to create effective and culturally-informed healthcare policies.



Public Health, Health Policy, Indigenous Health



spectively, p = 0.04). (3) This may have occurred due to structural and systemic factors faced by Indigenous peoples such as poverty, crowded housing, and limited access to healthcare, making them more susceptible to contracting COVID-19. (4, 5) Their increased vulnerability justifies the need for additional resources to contain the virus and limit its devastating effects, with efforts from the government and local Indigenous communities. In this perspective article, we highlight some of the initiatives, reflecting on the lessons learned from these positive action responses that can ultimately be implemented in the future.

# 2 | COVID-19'S DIFFERENTIAL IM-PACT

The COVID-19 pandemic appears to have exacerbated existing disparities with regards to providing healthcare to minority groups. Overall, compared to majority ethnocultural groups, ethnic minorities and immigrants in North America reported higher rates of COVID-19 infection, hospitalization and death, and higher levels of distress and mental health issues. (6) Looking beyond Canada, comparisons can be drawn between Indigenous communities across the world. Indigenous peoples in Canada, when compared to Australia, New Zealand, and the United States, were estimated to have the highest percentage of complete vaccinations. (7) Taking this into consideration, it may be argued that Canada's Indigenous peoples were better equipped to handle the pandemic compared to those in other developed countries. We propose that due to the Canadian government's response in providing financial resources, along with community-led initiatives, the Indigenous peoples of Canada were able to better mitigate some of the adverse effects of the pandemic.

### 3 | GOVERNMENT-LED PAN-DEMIC RESPONSE INITIATIVES

The Canadian government developed a specific supportive response for Indigenous communities during the COVID-19 pandemic. Specifically, the government established an Indigenous Community Support Fund (\$290 million) and research grants targeting COVID-19 in Indigenous communities (\$3 million). (7) However, such responses were observed in other countries as well, which raises the question of what specifically might have led to Canada's relatively high vaccination rates among this group. A major factor was the collaborative efforts between Indigenous groups and provincial governments. For example, First Nations organizations such as the First Nations Health and Social Secretariat of Manitoba (FNHSSM), Assembly of Manitoba Chiefs, Southern Chiefs Organization, and Manitoba Keewatinowi Okimakanak Inc. worked together with the province of Manitoba to establish a First Nations Pandemic Response Coordination Team (PRCT). The First Nations PRCT deployed teams of nurses and other health professionals from the FNHSSM to assist First Nation communities with COVID-19 testing and contact tracing. (7) The lack of consistent and reliable data has and continues to be a limiting factor when organizing public health initiatives, but the PRCT's swift negotiation and enactment to allow access to First Nations surveillance data may have played a pivotal role in addressing the data issue. (7) We believe that the Canadian government's approach strengthened existing and fostered new relationships that should last beyond the pandemic. These alliances may be used to tackle other healthcare challenges in Indigenous communities, such as healthcare accessibility and youth mental health. Ultimately, we believe that combatting the pandemic using a combination of both public health and Indigenous knowledge appears to have catalyzed Canada's success in reaching vaccination goals among Indigenous communities. Indeed, though financial resources are important, it would have proved difficult to tackle health-centric issues without cultural consultation, community support, and the integration of Indigenous peoples' perspectives.

## 4 | COMMUNITY-LED PANDEMIC RESPONSE INITIATIVES

Although government-led initiatives were crucial in achieving vaccination goals, vaccinations only played a partial role in helping limit the spread of coronavirus. In addition to the government-led responses, Indigenous peoples in Canada implemented several successful community-led initiatives. Local groups created culturally-relevant public health measures and campaigns. For example, the Nishnawbe Aski nation produced handwashing posters and instructions in various languages. (2) Several Indigenous communities also asserted community health orders that best aligned with their needs. Fort McKay First Nation and Peerless Trout First Nation implemented curfews and reduced the number of community gatherings, with the goal of protecting vulnerable members. (2) Inuit communities in Manitoba employed similar curfews, but acknowledging their profound impact on community cohesion, they creatively began adapting community events to virtual settings. The Qanuinngitsiarutiksait hosted three virtual events around the holiday season in 2020, which were deemed successful considering the sizable number of attendees. (8) Lastly, communities also formed local task forces to assist in regulating mandates and supporting selfisolation. Uniquely, Curve Lake First Nation used a flag system that allowed families to communicate if their household needed water, food, or had a sick member. (2)

Such strategies were also fueled by a unique motivation among many Indigenous communities to protect their Elders and other older Indigenous community members facing a higher risk of fatality from COVID-19. Their pivotal roles in maintaining Indigenous languages, as well as intergenerational teaching and passing down of meaningful cultural practices, were emphasized by Indigenous scholars and leaders when planning for the pandemic. This may have encouraged Canadians to partake in immunization efforts to reap the benefits of herd immunity and experience less severe symptoms. (9, 10)

Furthermore, Indigenous knowledge of cultural and healing practices and traditional subsistence activities

were used to complement the implementation of vaccination efforts, as well as promote mask mandates and curfews during social gatherings. This helped in achieving the vision of whole-being health by prioritizing resilience through emotional, mental, spiritual, and physical support throughout the pandemic. (11) According to Petrov et al., (11) Indigenous peoples' testimonies further support this as they significantly attributed the regulation of the spread of COVID-19 among their communities to such holistic efforts.

It is also important to acknowledge the improvements made in pandemic planning. In the initial stages of the pandemic, there was insufficient COVID-19-related information and a lack of accurate representation felt by specific Indigenous communities, making it difficult to strategically develop a pandemic response plan. (8) However, with research teams incorporating Indigenous community members and local initiatives collaborating with Indigenous Elders, unique community needs were better voiced, understood, and thus accordingly planned for. For example, the Inuit community in Manitoba achieved better recognition through the pandemic, which partially led to their inclusion in Manitoba's Legislative Assembly's land recognition statement. (12) This is crucial when taking into consideration that, according to Nigel et al., Indigenous populations perceived the pandemic to be more of a threat to their culture, compared to other populations who deemed it as more of a health or material threat. This view made it even more important to better understand Indigenous cultures to help them fight the pandemic. Since it is valued deeply by Indigenous peoples, respecting and adapting practices to specific Indigenous cultures is an important lesson that can be extrapolated to projects beyond just pandemic planning.

Therefore, although the government provided funding and vaccines during the pandemic, we strongly believe that these local initiatives supplemented the government's efforts while also demonstrating the resilience and sovereignty of Indigenous communities in Canada. In the future, we propose that the government should directly attempt to support such initiatives in conjunction with the local groups to facilitate the imple-



mentation and improve the efficacy of health-focused programs.

#### 5 | CONCLUSION

The collaborative efforts between public and Indigenous health organizations took steps in the right direction in addressing healthcare disparities during the COVID-19 pandemic. It seems evident that forming effective healthcare policies requires a complementary balance between government-led programs and proactive action led by local Indigenous communities. Further studies should be conducted to identify key factors and stakeholders that facilitated successful collaborative efforts and assess their applicability in future pandemic and non-pandemic settings.

#### REFERENCES

- Canada PHA of. aem. 2020 [cited 2022 Jun 27]. COVID-19 daily epidemiology update. Available from: https://health-infobase.canada.ca/covid-19/
- 2. Benji J, Tomasky G, Kaufman K, Miles R. Impacts of COVID-19 on Indigenous Communities in Canada. The Health & Fitness Journal of Canada. 2021;14(4):22–34. doi: 10.14288/hfjc.v14i4.358
- 3. Lapointe-Shaw L, Rader B, Astley CM, Hawkins JB, Bhatia D, Schatten WJ, et al. Web and phone-based COVID-19 syndromic surveillance in Canada: A cross-sectional study. PLOS ONE. 2020 Oct 2;15(10):e0239886. doi: 10.1371/journal.pone.0239886
- 4. Paula Arriagada, Hahmann, Tara, O'Donnell, Vivian. Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID19. Statistics Canada [Internet]. 2020 May 26; Available from: https://publications.gc.ca/site/eng/9.887759/publication.html
- Government of Manitoba. COVID-19: race, ethnicity, indigeneity (REI) analysis Wave three. Available from: https://www.gov.mb.ca/health/publichealth/surveillance/docs/rei\_analysis\_w3.pdf
- Lou NM, Noels KA, Zhang YSD, Kurl S. Ethnic minority, immigrants, and Indigenous people's well-being disparities in Canada during the COVID-19 pandemic: The mediating role of threat perceptions. Int J Intercult Relat. 2022 May;88:148-56. doi: 10.1016/j.ijintrel.2022.04.006
- Clark, T. C., Best, O., Bourque Bearskin, L., Wilson, D., Power, T., Phillips-Beck, T., et al. COVID-19 among Indigenous communities: Case studies on Indigenous nursing responses in Australia, Canada, New Zealand, and the United States. Nurs-

- ing Praxis in Aotearoa New Zealand. 2021;37(3), 71-83. doi: 10.36951/27034542.2021.037
- 8. Lavoie JG, Clark W, McDonnell L, Nickel N, Dutton R, Kanayok J, et al. Mitigating the impact of the COVID-19 pandemic on Inuit living in Manitoba: community responses. Int J Circumpolar Health. 82(1):2259135. doi: 10.1080/22423982.2023.2259135
- 9. Kaplan HS, Trumble BC, Stieglitz J, Mamany RM, Cayuba MG, Moye LM, et al. Voluntary collective isolation as a best response to COVID-19 for indigenous populations? A case study and protocol from the Bolivian Amazon. The Lancet. 2020 May 30;395(10238):1727–34. doi: 10.1016/S0140-6736(20)31104-1
- 10. Nelson SE. Older Indigenous people, Elders, and planning in Canada: a call for thoughtful engagement. 2021 Jul;10–3. doi: 10.25316/IR-18037
- 11. Petrov AN, Welford M, Golosov N, DeGroote J, Devlin M, Degai T, et al. Lessons on COVID-19 from Indigenous and remote communities of the Arctic. Nat Med. 2021 Sep;27(9):1491–2. doi: 10.1038/s41591-021-01473-9
- 12. Land Acknowledgement [Internet]. [cited 2023 Dec 5]. Available from: https://www.gov.mb.ca/legislature/about/land\_acknowledgement.html