

Indigenous Nationhood in the Age of COVID-19: Reflection on the Evolution of Sovereignty in Settler-Colonial States

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Abstract

This study undertakes a cross-Indigenous systems-level analysis of the assertion of nationhood and sovereignty by Indigenous Peoples within settler-colonial states (Canada, Australia, New Zealand, and the United States), by highlighting public policy and broader public health responses to the COVID-19 pandemic according to the framework developed by Cornell (2015). Data was collected through comprehensive searches of policy announcements and media related to COVID-19 and Indigenous Peoples in settler-colonial countries (Canada, Australia, New Zealand, and the United States) by using the following electronic databases: Factiva and advanced searches of Indigenous organisation and national government websites. The results of the policy and media scan were categorized according to the framework developed by Cornell (2015). The framework includes instances of imposition of boundaries, organizing as a political body and acting as a nation on behalf of Indigenous goals. The results show specific trends in the process of Indigenous assertion of nationhood during the COVID-19 pandemic. These trends are macro-level and influenced by the historical, social, and political circumstances of the states in which the respective Indigenous communities reside. The framework was identified most accurately in Canada, followed by the United States, and Australia. While Cornell's framework provides a practical scale of reference, it does not capture the entirety of the settler-colonial Indigenous experience. As the COVID-19 pandemic continues to evolve, we expect further development of the settler-colonial assertion of Indigenous public health and nationhood.

Introduction

Colonialism, the process by which a political power exerts its control over another foreign territory, has strong roots in Canada, Australia, New Zealand, and the United States (CANZUS). Starting in the late 15th century, Europeans practiced genocide through colonial practices including displacing and eliminating Indigenous Peoples from their lands (Truth and

Reconciliation Commission of Canada, 2015). The same processes of colonialism remain in modern-day settler-colonial societies (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019), where pandemics have historically caused the eradication of Indigenous Peoples and remain a threat to Indigenous Peoples' existence and wellbeing. Early European settlers brought diseases to which Indigenous Peoples had no natural immunity; including smallpox, tuberculosis, influenza, and measles, all of which left the population devastated and significantly reduced in numbers (Smithers, 2020). More recent infectious diseases that disproportionately impacted Indigenous communities include the 1918 Spanish flu, H1N1, SARS, HEPC, and HIV (Duncan et al., 2011). Aside from Indigenous Peoples' lack of immunity to foreign diseases, the community spread of post-contact diseases is also influenced by the social and political circumstances established by European colonisers. Colonisation has effectively left Indigenous communities powerless against pandemics (Smithers, 2020).

Indigenous Peoples in the CANZUS countries continue to undergo the reclamation of self-government as an Indigenous right and practice, asserting various forms of nationhood along the way. Cornell (2015) argues that exerting nationhood and sovereignty requires the following actions by Indigenous Peoples: (1) identifying as a nation or a people which involves various degrees of the imposition of boundaries which separates the "us" from the rest of the social system, re-adoption of traditions of identity and organization such as identifying with precolonial social identities and structures, and the assertion of self-governing power; (2) organizing a political body with a decision-making process, the ability to implement these decisions, resolve disputes and sustain productive relationships with other governments and entities; and (3) acting on behalf of Indigenous goals by defending the right of self-government not only through moral or legal arguments but also through deeds, advocacy and competence. The current COVID-19 pandemic has presented Indigenous communities with increased urgency and agency in reasserting the cultural, political and social aspects of their nationhood. Currently, the healthcare system imposed on Indigenous Peoples within CANZUS countries is defective in two critical ways. First, Indigenous healing practices significantly differ from mainstream healthcare practices, with the latter generally more available to Indigenous communities. Additionally, there is a lack of equitable interventions and services in communities that rely on understaffed healthcare posts – a result of jurisdictional disorganization with regard to funding and delegating responsibilities (Osman, 2020). As the healthcare crisis continues to evolve, Indigenous communities are faced

with complex issues that require them to protect the health and safety of their citizens. As such, actions taken by Indigenous communities and by governments interconnect and can lead to a process of re-emergence of Indigenous nationhood. This process can be examined through the framework documented by Cornell (2015).

This paper seeks to present a cross-Indigenous systems-level view of the CANZUS states and Indigenous Nations/Tribes/communities' responses to COVID-19. By highlighting public policy and broader public health responses to the pandemic, we aim to analyze the assertion of nationhood and sovereignty by Indigenous Peoples within settler-colonial states.

Methods

The research relies on data collected through comprehensive searches of policy announcements and media related to COVID-19 and Indigenous Peoples. First, a comprehensive search of Indigenous-specific COVID-19 related policies announced between December 1st, 2019 and June 10th, 2020, in settler-colonial countries (Canada, Australia, New Zealand, and the United States) was conducted in June 2020. The following electronic databases and websites were used to scan for relevant news reports, national Indigenous organizations' policy announcements and federal/national governments policy announcements:

- Media: Factiva
- National Indigenous organisations: afn.ca, abo-peoples.org, itk.ca, metisnation.ca, nwac.ca, nafc.ca, pauktuutit.ca, ncai.org, reconciliation.org.au, foma.org.nz
- Federal/national Government and Indigenous-specific agencies: pm.gc.ca, sac-isc.gc.ca, canada.ca/en/indigenous-services-canada, bia.gov, ihs.gov, indigenous.gov.au, ministers.pmc.gov.au/wyatt, niaa.gov.au, tpk.govt.nz/en

Second, in completing the media search, the following keywords were used in the Factiva databases (Major News, Business Sources and Newspapers): (COVID-19 OR Coronavirus) and (Indigenous* OR "First Nation" OR Inuit* OR Metis* OR "Native American" OR "Native Alaskan" OR "Native Hawaiian" OR Aboriginal* OR Maori*). For the Canadian federal government sources search, the following keywords were used in the Google advanced search database: (COVID-19 OR Coronavirus) and (Indigenous OR Nation OR Inuit OR Métis OR Aboriginal). For Indigenous national organizations and for non-Canadian, federal/national Indigenous agencies via Google advanced search: (COVID-19 OR Coronavirus). The term

‘Indigenous’ is used throughout this study to broadly refer to this ethnic group of people, as it the most inclusive title internationally (legally, the term ‘native’ has no status in Canada).

In total, the search yielded over 2600 results from all databases (government and organizations: 1553; media:1128). Many results were duplications or outside the scope of our defined parameters (noted above). These results were excluded during the first screening. All remaining media reports and policy announcements were read to determine eligibility.

In order to be included, results had to:

- Be published in English;
- Describe Indigenous Peoples of Canada, Australia, New Zealand, and the United States;
- Report findings on Indigenous-specific policies as they relate to COVID-19.

Following the initial screening process, duplicated policies, regardless of source, were excluded. A thematic analysis was conducted to determine significant themes common amongst the remaining COVID-19 responses. We subsequently used the Cornell framework on Indigenous nationhood to help guide our analysis and categorize our themes.

Results

Identifying as a Nation or a People

Identifying as a nation often involves interactions among at least three sets of influences: imposed boundaries of various kinds, older but still living traditions of identity and organization, and asserting self-governing power in contemporary times (Cornell, 2015). We identified the following policies and events as they relate to the three sets of influences.

Imposition of boundaries. Indigenous communities have strongly asserted sovereignty and independent decision making as a response to the COVID-19 pandemic. National and regional governments have generally acknowledged that Indigenous communities have the right to control their borders and are entitled to national funding to support their efforts combating the disease. In Canada, the Haida Gwaii Tribal Council passed a resolution that restricted access to First Nations lands to Indigenous residents and essential service providers until provisions, including prioritized testing for residents of remote and Indigenous communities, screening of non-residents, and contact tracing and communications protocols, are in place (Harnett, 2020). The Chief and Council of Wiikwemkoong First Nation have declared a state of emergency in the Wiikwemkoong Unceded Territory. Under the state of emergency, a travel order was passed, restricting all non-

essential travel by residents. All non-residents who are not providing essential services are banned from entering the territory (Romaniuk, 2020). The Nuu-chah-nulth Tribal Council in British Columbia strongly opposed the opening of the Canadian border for the duration of the pandemic and until Nuu-chah-nulth leaders advise otherwise (Harnett, 2020).

In Australia, the national government is empowering local Indigenous communities to take the steps they think are necessary to prevent a COVID-19 outbreak. These steps include the enforcement of travel restrictions to and from their communities (Department of the Prime Minister and Cabinet, 2020c). Following calls from many Aboriginal and Torres Strait Islander leaders and remote communities, the Australian Government restricted travel into remote communities under the *Biosecurity Act 2015*. Several Indigenous communities and the Western Australian Government implemented similar measures (Department of the Prime Minister and Cabinet, 2020b), while the Northern Territory banned all non-essential visits to some 70 remote settlements, endorsed by the major Aboriginal land councils (Aikman, 2020). The Australian Government also developed a framework to help remote communities work with states and territories in deciding when to lift these restrictions (Australian Government, 2020c).

In the United States, a national emergency declaration was made on March 13th, 2020 which stipulated that Tribal governments may choose to receive assistance as a sub-recipient under a state or as a recipient by signing a FEMA-Tribe Agreement to become a recipient (Federal Emergency Management Agency, 2020). For example, Tribal governments in the State of Oklahoma implemented measures to slow the spread of the virus, including closing government offices, schools, and casinos, plus postponing routine and non-emergency medical care (Newland, 2020). Other Tribes implemented policies that would help mitigate the spread of the virus, such as a nightly curfew and 57-hour weekend lockdowns by the Navajo Nations and The Pueblos. (Cuthand, 2020). Additionally, non-Native Americans have been banned from using roads on reservations that have created checkpoints and mobile health units, all in an attempt to keep residents of Tribal lands safe (Donaldson, 2020). Sovereignty over Indigenous lands was affirmed by an unrelated 2020 US Supreme Court decision that ruled the eastern half of Oklahoma can be considered Native American territory with full Indigenous legal jurisdiction (Wolf & Johnson, 2020).

Asserting self-governing power in contemporary times. The COVID-19 pandemic has put Indigenous leaders in a situation where they have been able to further assert their right to self-

governance in the face of colonial structures and laws. For example, Chief Bobby Cameron of the Federation of Sovereign Indigenous Nations in the province of Saskatchewan, Canada declared that government public health orders do not supersede First Nations law and treaties. He also asserted that maintaining tradition and ceremony is even more critical during the COVID-19 pandemic (Taylor, 2020b). This event was followed by Canadian Prime Minister Justin Trudeau stating that Indigenous community leaders know what needs to be done to keep people safe (Malone, 2020a). Also, Prime Minister Trudeau assured that there will be distinctions-based funding for the Métis Nation and that the federal government will partner with the Métis National Council to ensure the Métis Nation is resourced (Métis Nation, 2020a). Conversely, the Australian Northern Territory Police faced significant challenges in enforcing social distancing measures in Aboriginal communities, especially when dealing with cultural events. This situation required them to work with the communities, elders, and Australian Indigenous organizations to get through the appropriate messaging (Matthews, 2020).

Traditions of identity and organization. Indigenous communities have sought to express their cultural independence while dealing with the COVID-19 pandemic. This effort was showcased when the Beardy's and Okemasis Cree Nation's Chief and Council put in place regulations to allow the continuation of a sun-dance ceremony. This sacred ceremony was broken up by armed Royal Canadian Mounted Police officers, who were dispatched to the ceremony to investigate a violation of public health orders (The Canadian Press, 2020a). Community participants assured that they were physical distancing and having body temperatures taken; therefore, enforcement of a provincial order was not required (Malone, 2020b).

The Assembly of First Nations (AFN) in Canada provided guidelines for using tobacco in ceremony for First Nations, in a move to ensure safe use of traditional practices during the pandemic (The Assembly of First Nations, n.d. b). Alternatively, communities across North America have found a way to host traditional ceremonies and powwows by moving them online (Alvarez & Simard, 2020). There was also an observation that Indigenous culture is thriving in locked down communities across northern Australia, a result of families connecting and partaking in the cultural teaching of children that has been neglected for a long time (Taylor, 2020a).

Organizing as a Political Body

It is one thing to identify as a nation and another to acquire the organizational capacity sufficient to formulate and implement collective decisions consistently and effectively (Cornell, 2015). Although many Indigenous Communities in Canada, Australia, and the United States identify as nations within nations, they generally lack the infrastructure, resources, and technical capability to implement collective decisions when it comes to responding to the medical and social effects of COVID-19. However, national and regional governments have previously provided funding and resources for Indigenous communities so that they can effectively respond to health crises. These supports have traditionally been linked to specific government restrictions and monitoring, which, during the time of COVID-19, would hamper effective public health interventions as government spending and bureaucratic restrictions can prevent communities from tailoring their health responses to the needs of their citizens.

Deferral to Indigenous leadership regarding the utilization of national government funding. National governments have imposed minimal restrictions on their funding for Indigenous Communities and services during COVID-19. Governments have generally deferred to Indigenous leadership when it comes to funding utilization, thereby allowing communities to define their infrastructure and service needs.

In Canada, the federal government has been flexible in terms of funding allocation and policy decisions for Indigenous communities. The federal government provided an investment of \$650 million to support Indigenous communities with health care, income support, and new shelters for women (The Canadian Press, 2020). Among this funding, \$305 million is dedicated to a new Indigenous Community Support Fund, which helps Indigenous communities prevent, prepare, and respond to the coronavirus pandemic (Government of Canada, 2020). \$285.1 million is dedicated to supporting the ongoing public health response to COVID-19 in Indigenous communities (Justin Trudeau, Prime Minister of Canada, 2020), while \$100 million will help communities update and activate pandemic plans and support the effective allocation of the limited public health resources (Government of Canada, 2020). These investments will fund community-led responses to the pandemic and provide targeted increases in primary health care resources for Indigenous communities.

The Australian Government made \$123 million available over two financial years for targeted measures to support Indigenous businesses and communities in their responses to

COVID-19 (Department of the Prime Minister and Cabinet, 2020d). Moreover, the Aboriginals Benefit Account will deliver \$10 million across the four Land Councils in the Northern Territory to allow them to address immediate infrastructure needs and travel expenses associated with people returning to their homelands (Department of the Prime Minister and Cabinet, 2020d).

In the United States, the Coronavirus Aid, Relief, and Economic Security (CARES) Act signed on March 27th, 2020, provides additional funding to assist Tribes in preventing, preparing for, and responding to coronavirus. The CARES Act includes a coronavirus Relief Fund that includes an \$8 billion set aside for Tribal governments (United States Department of the Interior, 2020a). Out of these funds, \$420 million will be utilized for direct payments to Tribes (United States Department of the Interior, 2020b), while \$40 million is set-aside as funding for Tribal nations, Tribal organizations, and Urban Indian Organizations, to be distributed by the Centers for Disease Control and Prevention (CDC) (National Congress of American Indians, 2020a). Tribal governments must provide payment information and supporting documentation when requesting these funds from the government (United States Department of the Interior, n.d.).

Government support to increase the capacity of Indigenous communities to implement public health measures effectively. In addition to direct funding support, governments have provided direct medical, technical, and resource supports for communities, to assist them in effectively implementing public health programming.

The Canadian government has been delivering large amounts of protective equipment to Indigenous communities to ensure they can protect their citizens and front-line workers against the pandemic. Indigenous Services Canada had shipped 845 orders of Personal Protective Equipment (PPE) to First Nations communities (Wright, 2020). Also, \$285 million funding was earmarked to provide more nurses, specialized supplies and support work with Indigenous communities on continued community-driven responses (The Canadian Press, 2020). Indigenous Services Canada is monitoring the food supply across First Nations and is in regular discussions with territorial governments to ensure integrity of the food supply chain. Also, \$25 million was provided to improve isolated northern communities' access to food (Mendleson, 2020).

The Australian Government invested \$3.3 million to establish a rapid COVID-19 Remote Point of Care Testing Program with 83 testing sites for remote and rural Aboriginal and Torres Strait Islander communities (Department of the Prime Minister and Cabinet, 2020a). Additionally, three COVID-19 fever clinics for Indigenous and Torres Strait Islanders were opened in

Queensland (Smith, 2020). The Northern Territory Government rolled out online audio resources in 17 different Indigenous languages to keep people informed about the latest information on the COVID-19 pandemic. Moreover, hundreds of care packages have been distributed to isolated Aboriginal communities across New South Wales in a joint food relief initiative from the NSW Aboriginal Land Council and the state government (Archibald-Binge, 2020).

In the United States, a \$750 million federal fund was provided for Indigenous communities in coordination with the Indian Health Service (IHS) to help Tribal Nations develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, and trace the spread of the disease (National Congress of American Indians, 2020b). Also, the Department of Health and Human Services (HHS) earmarked \$500 million in payments to the Indian Health Service and Tribal hospitals, clinics, and urban health centers to support the Tribal response to COVID-19 (US Department of Health & Human Services, 2020). As a result, the Indian Health Service formed a Critical Care Response Team of expert physicians, registered nurses, and other healthcare professionals to provide urgent lifesaving medical care to COVID-19 patients admitted to IHS or Tribal hospitals (Indian Health Service, 2020c). The Indian Health Service has been given priority access to rapid point-of-care COVID-19 test systems as part of efforts to expand access to testing in rural communities (Indian Health Service, n.d. d). IHS also announced the expansion of Telehealth services during the COVID-19 response which has allowed more American Indians and Alaska Natives to access the healthcare they need from their homes (Indian Health Service, n.d. d).

Ability to sustain productive relationships with other governments and organizations.

Implementing effective public health responses requires close and trustworthy coordination between governments and Indigenous leadership. Also, funding allocation and distribution entails the input of Indigenous communities to determine their needs.

National Indigenous leaders in Canada have been liaising with the Prime Minister and federal ministers on the COVID-19 pandemic. This Nation-to-Nation coordination allows for better planning and preparedness to address the unique situation and needs of Indigenous Peoples. The Assembly of First Nations National Chief secured a commitment that the \$100 million announced for supports will provide for the actual needs of First Nations in response to the pandemic (The Assembly of First Nations, 2020a). The Minister of Crown-Indigenous Relations has also discussed with the Métis National Council and the CEOs of Métis Nation capital

corporations from the five westernmost provinces on how to ensure access of Métis businesses to new federal loans and loan guarantees for small business, such as the Canada Emergency Business Account that provides interest-free loans up to \$40,000 (Métis Nation, n.d. b).

The National Indigenous Australians Agency (NIAA) has been actively working across government and with industry stakeholders to ensure that remote community stores and food security are part of the government response to COVID-19. The NIAA has contacted managers of more than 200 stores servicing Aboriginal communities across Australia to ensure the government understands their support needs (Australian Government, 2020a). In the United States, the IHS held rapid discussions with Tribal leaders to guide their distribution of \$134 million in new resources to respond to COVID-19 in American Indian and Alaska Native communities (Indian Health Service, 2020a).

Acting Like a Nation on Behalf of Indigenous Goals

Indigenous communities are exercising practical decision-making power and responsibility, even in cases where central governments deny recognition. In Canada, the Assembly of First Nations (AFN) Executive Committee passed a motion on March 23rd declaring a State of Emergency respecting First Nations and the COVID-19 pandemic. AFN leadership called on all governments to provide funding and support for First Nations based on their needs and to ensure First Nations leadership is involved in all governmental and intergovernmental discussions and responses to the COVID-19 pandemic (The Assembly of First Nations, 2020a). The Métis National Council held a conference call with members of its Board of Governors to discuss its strategy to protect Métis Nation citizens, ensure public health authorities do not neglect citizens, and communicate the needs of the communities to other jurisdictions and the public at large (Métis Nation, 2020c). A practical example of nationhood-in-action is the Manitoba Metis Federation, which rallied mobile homes and two 48-bed secure camps for use by self-quarantining citizens (Métis Nation, 2020c). Even still, communities such as the Fort McKay Métis are operating without any relief funding from the provincial or federal government. Instead, they have been taking care of themselves through agreements with local companies and spare revenue already in the community (Williscraft, 2020).

The Torres Strait Regional Authority in Australia offered a COVID-19 related community initiatives grant for community organizations to sustain operations that are essential to the

community or to provide additional supports during and after the pandemic (Australian Government, 2020g). The South West Aboriginal Medical Service has been coordinating more than 70 special care packages for at-risk Aboriginal Elders in their region (“South West,” 2020).

In the United States, the Association of American Indian Physicians and National Indian Health Board held an “Ask A Native Physician” COVID-19 Town Hall (Indian Health Service, 2020b) while the Center for American Indian Health has mobilized over 200 Native American health workers to assist their communities. The Centre has also been distributing food, water, personal protective equipment, and information on COVID-19 (Kristof, 2020). Other Native American communities, such as the Oglala Sioux, have relied on traditional practices used by their ancestors to survive harsh conditions, such as seed saving, canning, and dehydrating (Krishna, 2020).

Discussion

The framework created by Cornell (2015) on Indigenous nationhood posits three criteria that should be observed when gauging the degree of assertion by Indigenous communities in re-claiming their sovereignty. The results of our policy and media scan show specific trends in the process of Indigenous assertion of nationhood during the COVID-19 pandemic. However, these trends are macro-level and influenced by the historical, social, and political circumstances of the states in which the respective Indigenous communities reside. While Cornell’s framework provides a practical scale of reference, it does not capture the entirety of the settler-colonial Indigenous experience. Specifically, the lack of results on the New Zealand Maori experience in our search is an indication of the existence of models of Indigenous Nationhood that do not fit within Cornell’s framework. New Zealand’s response to COVID-19 did not require a separate response for Maori citizens, who’s culture and governance structures are integrated within the national government’s decision-making processes. The Maori experience signifies that the maintenance of nationhood does not necessarily require the physical-procedural separation between Indigenous communities and state governments. It is essential to acknowledge that the process which individual communities, at the micro level, choose as a mechanism of the assertion of their nationhood and sovereignty does not, nor should it, necessarily fit within any framework.

Identifying as a Nation or People

The degree to which communities adhere to the notion of a collective “self” depends on the historical process of cultural development of that individual nation. In Canada and US, we see that border control, the regulation of the movement of people, and the freedom to practice traditional culture are essential markers of the assertion of nationhood for some Indigenous and Native American communities. These communities’ control over their geographic spaces and social interactions allows for a visible demarcation of nationhood. Also, the actions and pronouncements made by national Indigenous organizations, such as the ones representing First Nations, Inuit, and Métis communities, acknowledge that a supranational form of organization has already developed within the Indigenous context in North America in general and in Canada in particular. In order for these forms of inter-nation organizations to exist, it requires a predisposing emergence of nationhood among the constituent communities of these organizations. In Australia, national and regional governmental involvement is necessary to control the movement of people to and from Indigenous communities; as such, the Indigenous assertion of nationhood in Australia is still largely dependent on the state.

Organizing as a Political Body

The assertion of nationhood during a developing pandemic requires tools and resources to engage in an effective public health response. We observed within all examined states a need for national and regional governments to provide funding and technical resources necessary to counter the pandemic. Notably, we observed a deferral of control by the Canadian government to Indigenous communities for the utilization of pandemic-support funds. Indigenous communities have relatively high levels of freedom to tailor the public health response to the specific needs of their communities. Within the United States, the existence of the Indian Health Service, a federally administered system, requires a necessary degree of coordination with Indigenous communities to deploy the health resources necessary for the pandemic response. However, the dispersal of funds directly to communities still requires a demonstration of need and adherence to government-set guidelines and oversight. Again, there exists a greater need for direct government intervention in Australia, where the national and regional government-built health clinics provide healthcare directly to Indigenous communities.

Acting on Behalf of Indigenous Goals

In response to the COVID-19 pandemic, Indigenous communities have been able to exert practical decision-making power and responsibility. In Canada, Indigenous communities have exercised the reassertion of nationhood and acted as a sovereign political organism effectively by issuing emergency declarations, providing direct resources and services to their people, and directly lobbying the state to ensure their needs are being addressed. In the United States, there has been more emphasis on the role of Indigenous healthcare professionals in supporting their communities while in Australia; the Indigenous community healthcare response is limited by a greater reliance on government support.

Conclusion

The Canadian experience with COVID-19 showcases a trend that has been developing over time of relinquishing state control over Indigenous matters to Indigenous communities and nations themselves. Although this experience is not uniform across the country, it does reflect the evolution of Indigenous nationhood in Canada. While the United States federal government regularly distributes funding to communities and regional health efforts, we have seen an increase in agency and autonomy given to Indigenous groups in utilizing these funds. In comparison, Australian Indigenous nationhood continues to reflect the extreme cultural, historical, and colonial experience of Indigenous Australians. As the COVID-19 pandemic continues to evolve, we expect further development of the settler-colonial reassertion of Indigenous public health and nationhood.

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