

COVID-19 Vaccine Prioritization and Anti-Indigenous Racism

April 2021

NNPBC's offices are located on the traditional and unceded territories of xʷməθkʷəy̓əm (Musqueam), Skwxwú7meshulh Temixw, Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh), and Syilx (Okanagan) Nations. NNPBC humbly acknowledges all the unceded and traditional territories that we live, work, learn, and play on for which we are eternally grateful.

Background

Due to the history of colonialism in Canada and its documented adverse effects on Indigenous groups, Indigenous people have disproportionately experienced lower health outcomes and status. In addition, Indigenous people have been disproportionately affected by the dual public health emergencies in this province (the overdose crisis and COVID-19). A colonial-based health care infrastructure means that social determinants of health precipitate the health inequities that Indigenous people face and puts them at higher risk for developing more severe illness and complications due to COVID-19.

Social determinants of health include the personal, social, economic and environmental factors that cause some people to have better or worse health outcomes.ⁱ As such, many Indigenous people do not have adequate access to health care services in their communities, and in many cases encounter racism, stigma, and violence when they attempt to access these vital services.ⁱⁱ Additionally, Indigenous organizations are typically under-funded, creating a lack of essential services for people in Indigenous communities. According to the market basket measure that represents Canada's poverty line, approximately one-quarter of Indigenous people (24%) living in urban centres fall beneath the poverty line, compared to only 13% of non-Indigenous people.ⁱⁱⁱ The First Nations Health Authority (FNHA) has also stated that some Indigenous people in BC have 'reduced access to stable housing, income, [and] clean water.'^{iv}

These health inequities coupled with the fact that many Indigenous people are fearful of accessing services and mistrustful of the system has meant that Indigenous people are at greater risk of developing serious illness in general and from COVID-19.^v It is for these reasons that Indigenous peoples are included on the list of vulnerable populations for priority access to COVID-19 immunization.

Statistics Canada crowdsourced data demonstrates how COVID-19 has had a greater impact on the daily lives and wellbeing of Indigenous people across the nation. In 2020, 48% of Indigenous women and 31% of Indigenous men reported experiencing symptoms associated with moderate to severe anxiety disorder since the onset of the COVID-19 pandemic, compared to only 29% of non-Indigenous women and 21% of non-Indigenous men.^{vi} Additionally, COVID-19 has had a far more significant impact on Indigenous peoples' ability to meet financial demands, afford food and access essential services. In 2020, 36% of Indigenous people reported a significant challenge in being able to meet their financial obligations, compared to just 25% of non-Indigenous people.^{vii} In addition, some Indigenous people reported that non-Indigenous people chose to access COVID-19 testing through Indigenous organizations, creating a longer wait time for Indigenous people to use these services and find out their test results.^{viii} Due to these longer wait times, many Indigenous people were forced to stay home from work for longer periods of time, impeding their ability to collect an income.

The National Advisory Committee on Immunization (NACI) developed evidence-informed guidelines on which groups and communities should be prioritized to receive the COVID-19 vaccine, and in which order.^{ix} Equity is a key component in decision-making, and NACI stated that 'efforts should be made to increase access to immunization services to reduce health inequities without further stigmatization or discrimination, and to engage systematically marginalized and racialized populations in immunization program planning.'^x Adults in Indigenous communities were therefore named a priority group to receive the vaccine, as infection can cause disproportionately negative consequences within Indigenous communities.^{xi} Furthermore, Dr Mary Ellen Turpel-Lafond's 2020 report [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) presented a series of recommendations to address Indigenous-specific racism and repair the damage caused by colonialism. Recommendation 15 outlines the following:



That the B.C. government, First Nations governing bodies and representative organizations, MNBC, the Provincial Health Officer and the Indigenous Health Officer develop a robust Indigenous pandemic response planning structure that addresses jurisdictional issues that have arisen in the context of COVID-19 and which upholds the standards of the UN Declaration.^{xii}

Adding Indigenous people to the priority list for COVID-19 vaccination also upholds the [Truth and Reconciliation Commission of Canada's Calls to Action](#) which were presented in 2015. This report provided the federal, provincial, and territorial governments, as well as the broader public, with actionable items to pursue equality for Indigenous peoples in Canada. A series of seven calls to action pertain to Indigenous health, including a call to close the gap in health outcomes between Indigenous and non-Indigenous people.^{xiii}

In early April, North Vancouver-Lonsdale [MLA Bowinn Ma stated that her office has received an overwhelming number of racist messages directed against Indigenous people.](#)^{xiv} MLA Ma said that her office has seen an influx of these messages since the BC government opened COVID-19 vaccines to all Indigenous adults, naming them an at-risk priority group for vaccination. MLA Ma called on allies of Indigenous communities to help end this unacceptable discrimination. This was not an isolated incident, as other reports have come in over recent months regarding the [abrupt withdrawal of COVID-19 vaccines from Indigenous nations](#) as well as [acts of racism perpetrated against Indigenous people](#) and their communities. This has prompted the provincial government to issue [a statement responding to anti-Indigenous racism and discrimination](#) as well as Provincial Health Officer Dr Bonnie Henry to address stigmatization and racism that has occurred as a result of COVID-19. Dr Henry also noted that the COVID-19 pandemic has further illuminated how the BC health care system does not adequately meet the needs of Indigenous people in the province.^{xv}

NNPBC condemns racism in all its forms and encourages all nursing professionals as well as the public to follow 'speak-up culture'^{xvi} to address and call out racism where and when it happens. Dr Turpel-Lafond has defined speak-up culture as being able to raise and address racism and discrimination against Indigenous people when it occurs without the fear of potential retaliation.^{xvii} Due to a health care system entrenched in colonialism, Indigenous people in BC do not have access to the same level of health care as other British Columbians.

Nurses have a vital role to play in addressing these health inequities for Indigenous people. Nurses are often the first point of contact for many people who go to hospitals and clinics, or who reach out for help regarding COVID-19 through resources such as 811. In some communities, it is nurses who serve as the primary care providers. Therefore, nurses are ideally positioned to provide culturally competent care for all patients in BC and should participate in ongoing anti-racism and cultural sensitivity training and follow the lead of Indigenous nurses, the First Nations Health Authority (FNHA), Canadian Indigenous Nurses Association (CINA) as well as the recommendations outlined in the *In Plain Sight* report. As the 'first and only First Nations health authority in Canada,' FNHA is leading the change and transforming how Indigenous people can access health care in BC.^{xviii} Through a variety of mechanisms focused on improving health care outcomes for Indigenous peoples, FNHA has launched campaigns promoting the safety and efficacy of COVID-19 vaccines by joining together with community Elders and has even engaged Indigenous youth to help support one another emotionally and mentally during the pandemic.^{xix} As well, the BC First Nations Health Directors Association (FNHDA) is composed of Indigenous leaders who are deeply tied to their communities, and help to guide and manage health care services for Indigenous people across urban and rural settings in BC.^{xx} They do so by ensuring that the traditional wisdom and knowledge of Indigenous communities are maintained, and that these aspects of Indigenous health and wellness are core to the transformations underway in BC's health care system. Following the leadership provided by these Indigenous organizations, nurses in BC can be allies to Indigenous communities and advocate for better health care services and programs for Indigenous people. Now is the time to stand by Indigenous communities to bring an end to discrimination and close the health care gap.



Key Messages

- Canada's history of colonialism continues to negatively impact the health status of Indigenous people.
- Indigenous people are disproportionately impacted by the COVID-19 pandemic and have been labelled a priority group to receive COVID-19 vaccination in BC.
- The National Advisory Committee on Immunization (NACI) developed evidence-informed guidelines to determine which groups and communities should be prioritized to receive the COVID-19 vaccine, and adults in Indigenous communities are deemed to be an at-risk population.
- Dr Turpel-Lafond's 2020 report *In Plain Sight* addressed the need to include Indigenous people on the list of priority groups to receive the COVID-19 vaccine, based on how Indigenous people are disproportionately impacted by the effects of dual public health emergencies.
- Adding Indigenous people to the list of priority groups for COVID-19 vaccination is a necessary step in meeting the 'calls to action' outlined by the Truth and Reconciliation Commission of Canada.
- NNPBC condemns racism and discrimination in all forms.
- NNPBC encourages nurses and the public to follow 'speak-up culture' to address and call out racism and bring about an end to discrimination in all forms.
- NNPBC encourages all nurses to pursue ongoing cultural competence training and follow the leadership of the Canadian Indigenous Nurses Association (CINA), First Nations Health Authority (FNHA) and other Indigenous leaders in order to provide culturally competent, safe and appropriate care.

Further Reading/Resources

- [NNPBC's Commitment to Indigenous Health](#)
- [NNPBC's Anti-Racism Statement](#)
- [NNPBC's Reporting Racism in Health Care Statement](#)
- [NNPBC: Impact of the Overdose Crisis on Indigenous People in BC](#)
- [FNHA: COVID-19 \(Novel Coronavirus\)](#)
- [CINA: COVID-19 Resources](#)
- [San'yas Indigenous Cultural Safety Training](#)
- [Resilience BC Anti-Racism Network](#)
- [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)
- [Truth and Reconciliation Commission of Canada: Calls to Action](#)
- [What we heard: Indigenous Peoples and COVID-19 \(February 2021 report\)](#)
- [NACI Guidance on the Prioritization of Key Populations for COVID-19 Immunization](#)

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¹ Health Canada. [Social determinants of health and health inequities](#). October 7, 2020.

ⁱⁱ Dr Turpel-Lafond. [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#). November 2020.

ⁱⁱⁱ Statistics Canada. [Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19](#). May 26, 2020.

^{iv} First Nations Health Authority. [COVID-19 Vaccine](#). Updated 2021.

^v Statistics Canada. [Indigenous people and mental health during the COVID-19 pandemic](#). June 2020.

^{vi} Statistics Canada. [Impacts on Indigenous People](#). Government of Canada. October 2020.

^{vii} Ibid

^{viii} Health Canada. [What we heard: Indigenous Peoples and COVID-19: Public Health Agency of Canada's companion report](#). February 2021.

^{ix} Health Canada. [Guidance on the prioritization of key populations for COVID-19 immunization](#). Government of Canada. Updated 2021.

^x Ibid

^{xi} Ibid

^{xii} Dr Turpel-Lafond. [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#). November 2020.

^{xiii} Truth and Reconciliation Commission of Canada. [TRC: Calls to Action](#). 2015.

^{xiv} Grochowski S. [MLA receives racist emails after B.C. prioritizes Indigenous people for COVID-19 vaccine](#). Abbotsford News. April 8, 2021.

^{xv} Global News. [Dr Bonnie Henry addresses reports of racism towards B.C. Indigenous communities](#). January 14, 2021.

^{xvi} Grochowski S. [MLA receives racist emails after B.C. prioritizes Indigenous people for COVID-19 vaccine](#). Abbotsford News. April 8, 2021.

^{xvii} BC Gov press release. [Review recommends steps to solve widespread racism in B.C. health care](#). November 30, 2020.

^{xviii} [First Nations Health Authority](#): About FNHA. 2021.

^{xix} First Nations Health Authority (FNHA). [FNHA Collaborates with Youth to Create COVID-19 Wellness Campaign](#). October 21, 2020.

^{xx} First Nations Health Directors Association (FNHDA). [Our Story](#). 2021.