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## The Penumbra

### Indigenous populations: left behind in the COVID-19 response

Scholar Annie Belcourt described Native American populations in the USA as having lives that are “challenging and short”. Globally, across countries and populations, Indigenous peoples face a greater burden of disease than non-Indigenous peoples, including cardiovascular disease and HIV/AIDS and other infectious diseases, and have higher infant and maternal mortality and lower life expectancy. Their health is impacted by epigenetic stressors of generational oppression and violence, including disproportionate numbers of missing and murdered Indigenous women, lower educational attainment, and persistent poverty. Further, health services for Indigenous populations are typically under-resourced with language and culture appropriate care a rarity. Structural forces limit access to health care and systemic racism and discrimination towards Indigenous peoples can make it difficult to develop trusting relationships with non-Indigenous providers. The health of Indigenous populations also has a greater vulnerability to the decline of the planet’s natural resources, as their way of life is so intimately connected to waters, lands, and forests.

This is the situation into which the COVID-19 pandemic has arrived. The foundations of colonisation across the world that negatively impact Indigenous lives contribute to the spread of communicable diseases, especially on reservations and in rural areas through factors such as small dwellings, multigenerational living, and lack of access to preventive measures such as clean water, soap, and disinfectant. As such, the COVID-19 pandemic is having a disproportionately devastating effect on Indigenous peoples: in Brazil, deaths among its Indigenous population are reportedly double that of the general population; in the USA, Navajo Nation has surpassed New York in numbers of per capita COVID-19 cases.

Even as the vulnerability of Indigenous populations to COVID-19 becomes apparent, they have already been left out of the first wave of relief. Addressing the needs of Indigenous populations is challenging because of their invisibility from the consciousness of the majority populations. The invisibility of inequities is inherent to the inequities themselves: under-collecting or under-reporting health events prevents mobilisation of concern, allocation of resources, and a search for solutions. Thus, Indigenous populations are likely to be left behind in the distribution of resources that are in short supply, from tests to personal protective equipment to ventilators and medications necessary for caring for critically ill patients.

A few steps need to occur so that aid to Indigenous populations is not excluded from the urgency of other COVID-19-related efforts. First, all data on disease or death rates must be disaggregated to show what is experienced by Indigenous groups; similarly, disaggregated data on the availability of testing, medicines, vaccines, health-care

providers, and other resources used in this time should be tracked and used to ensure distribution meets the needs of these populations. Data disaggregation should be structured to acknowledge the tremendous heterogeneity within Indigenous populations.

Governments should anticipate the need for emergency resources to support Indigenous populations and should support them as a vulnerable and autonomous group—for example, by supporting containment measures such as limiting travel in and out of their lands, as deemed necessary and appropriate by the communities themselves. The public should recognise that government-led solutions have historically not been adequate, and make such communities a priority target for individual and private philanthropy. Such giving must first support efforts on the ground, devised and run by Indigenous communities themselves, and any COVID-19-related resources provided should be managed by the communities.

As the burden of COVID-19 increases among Indigenous communities, it will invariably take a toll on elders, who are the reservoirs of language and history. Their deaths would represent an immeasurable cultural loss. Indigenous communities have much to teach us about how to live sustainably and communally in a time when individualistic efforts seem to trump care for the most vulnerable; investing in their health is an investment in all of our futures. Valuing the unique contribution of such communities demands that our goal with respect to their wellbeing should not simply be that they survive this pandemic, but that they thrive after it.

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For more on **The Penumbra** see **Comment** *Lancet* 2019; **394**: 453 and **Perspectives** *Lancet* 2020; **395**: 1333

#### Further reading

Anderson I, Robson B, Connolly M, et al. Indigenous and tribal peoples’ health (the *Lancet*-Lowitja Institute Global Collaboration): a population study. *Lancet* 2016; **388**: 131–57

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