

Never to Leave the Ground: How Indigenous Communities Cure Pandemics

By Niigaan Sinclair

INDIGENOUS COMMUNITIES KNOW about epidemics — and what’s needed to stop them. Just look in our creation stories. Virtually every Indigenous nation has a story about a sickness, often telling of how it taught a people long ago about hope and healing by believing in the power of community. Some are more recent, speaking of the plague of whiskey, violence, and colonization amongst our peoples. During this time — of the COVID-19 pandemic — there may be no more better equipped people than Indigenous communities.

Amongst Anishinaabeg, my people, our most powerful story about how to deal with sickness resides in the story of the jingle dress. It speaks of how, in January 1918, a deadly influenza pandemic known as the Spanish flu began its grip on the world — a sickness that would rage for two years, infecting 500 million people or about 27 percent of the world’s population. Tens of millions across the world died and Anishinaabeg were not immune.

Amongst our people, a man was taking care of his sick daughter, who had fallen ill due to the flu. “She appeared to be near death,” Anishinaabe

scholar Brenda Child explains in her book *My Grandfather's Knocking Sticks: Ojibwe Family Life and Labor on the Reservation*. This man had a dream of a special dress and dance that would save her. “The father made this dress for his daughter,” Child states, “and asked her to dance a few springlike steps, in which one foot was never to leave the ground.” The colourful jingle dress, covered in 365 metal cones called *ziibaaska’iganan* (one for each day of the year) embodied the rhythmic sound of rain, with the dance steps representing a pattern of gentleness and commitment one needs to heal oneself and others. The girl, once weak and frail, cured herself and her people.

A tradition was born. For decades following, according to Child, Anishinaabeg women “applied the ceremony like a salve to fresh wounds. They designed jingle dresses, organized societies, and danced at tribal gatherings large and intimate, spreading a new tradition while participating in innovative rituals of healing.” As demonstrated by the jingle dress healing dance, for Anishinaabeg the answer to a sickness isn’t found just via medicine and “social distancing” but in the way a community supports itself during a crisis — how it turns more to one another, not less.

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Curing ills and supporting community are the ethics the Mama Bear Clan (MBC) has followed since 2016, when they began patrolling the Point Douglas and North Main Street communities three nights a week. Operated and overseen by the North Point Douglas Women’s Centre (NPDWC),¹ the motto of the MBC is “led by women, supported by the men,” a message demonstrated during most walks, with women volunteers often outnumbering men, two or three to one. MBC’s primary work is done in community; supporting families and individuals via four specific gifts: food and water, community clean-up (specifically needles and sharps), emotional support, and cultural support. Intentionally, these are also the four gifts of ceremony, which is why they are so important to be offered to relations, especially Indigenous people experiencing poverty and homelessness.²

I’ve been walking as a captain with the Mama Bear Clan for about a year. The term “captain” is really a misnomer; I’m more a helper to the real decision-makers of the group; grandmothers, aunties, and women committed to caring for the North Point Douglas community. I walk mostly on Sundays in a group led by remarkable women I now consider family. Their names are Grace, Karen, Karen, and Jeannie — who lead myself and others with bravery, compassion, and love. Every week I witness something remarkable, from the gifting of warm soup and sandwiches to people living in tents to grown men crying when offered a smudge to weekly check-ins on single mothers

in the neighbourhood. Rarely a week goes by where we don't intervene in some way in violent situations, offering front-line support that police and paramedics can't provide. The MBC are leaders, role models, and protectors all at the same time; people wave and honk at us in support. Last summer we even cared for a family of geese living in the downtown.

When the COVID-19 pandemic hit Winnipeg in early March 2019, our patrols were reduced to captains-only due to health restrictions. We also wore masks and other health equipment full-time and for the first time. Still, it was critical we continue, if not to give a sense of normalcy but to support community members forgotten by now-closed public and private services downtown. While there were few cases in the city, as soon as we started we could tell the community and the streets were tense. There was an unusually high amount of people struggling that night and more conflict; I remember that because the smudge we lit and offered to people we met never went out that evening.

One thing I'll never forget on that Sunday is when we arrived at our main drop off site, between two tent cities, the Thunderbird House, and the Salvation Army facility on Henry Ave. Typically, we ask people to line up when we hand out warm clothing, food, water, and a smudge. That night, however, we were swarmed as people enveloped and surrounded us instead of waiting patiently for items to be handed out. They reached in our containers with a sense of urgency and panic. People ask us for gloves, sanitizer, and masks, even asking for ones we are wearing. The feeling of fear was real and palpable — even as there were no cases in the neighbourhood yet.

In the weeks following, we pick up more needles than ever before. We witness an explosion and openness in the drug trade. We see people breaking into a fenced-in sweat lodge ceremonial area for shelter and warmth. Then, came the forced removals of Winnipeg's tent cities by police and City officials — some of the safest places for people to find community in the downtown — which resulted in the proliferation of unsafe spaces for people to sleep and live and more trauma for the already traumatized. Every week, we walked, keeping the smudge going from the time we leave the NPDWC until we would return hours later.

We tell everyone and anyone who will listen that the first months of the COVID-19 pandemic was not just a struggle for physical health but mental health. The facts resemble this truth; Winnipeg sees a rise in domestic abuse and child abuse and anxiety and depression grips the lives of too many. During these months we witness much self-harm on the streets. Like in Indigenous communities in cities like Vancouver — where overdoses

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quadrupled in the downtown — we see a rise in self-medication and drug use to escape from the trauma. Then, as the city experienced the first wide-scale wave of positive cases by the end of the summer 2020, things really became challenging. Yet, MBC continued to walk, week after week, committing to the community more than ever, putting our health and safety on the line to love our relations more than ever before. As always, we were led by women and supported by men.

Manitoba’s three main defenses to stop the COVID-19 pandemic are for citizens to wash their hands, keep a “social distance” from others, and stay home. These three actions, on top of testing, is how virus spread is slowed and the “curve is flattened.” Much of this is impossible though for people living on First Nations and experiencing homelessness in urban areas. Washing hands regularly, social distancing, and “staying home” is impossible in these circumstances — never mind the lack of testing in most communities. For example, how do you wash your hands when the water is undrinkable? How do you stay home from work when you’re working paycheque to paycheque? How do you keep a “social distance” when there are ten family members in your home? How do you find a safe place when your house is unsanitary or infected with mold? How do you test when it takes weeks for results?

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COVID-19 may have started elsewhere, but the virus became Indigenous very quickly. Like the 2009 H1N1 influenza pandemic (when Indigenous peoples made up nearly 46 percent of all sickness-related hospital admissions during the “first wave” and eighteen percent of all H1N1-related deaths), poverty in Indigenous communities predictably and exponentially drove the spread of the sickness via overcrowded and unsuitable housing, poor infrastructure, and compromised health and immune systems due to the absence of suitable food and drinking water. This led to an overwhelming number of COVID-19-infected Indigenous peoples by Fall 2020 and the time of this *State of the Inner City Report*. The fact is that COVID-19 impacts Indigenous communities disproportionately and worse than other Canadians due to 150 years of mistreatment; colonialism is Canada’s biggest problem in the fight against COVID-19.

If COVID-19 is to be stopped, we must make Indigenous communities a priority. This was a big part of the initial plans of most community-based organizations working in Winnipeg’s inner city. For instance, to combat the COVID-19 infection Main Street Project instituted new rules; staff were not to move freely between buildings and units, visitation was restricted, and spaces

were increased between shelter beds. The Bear Clan reduced its community walks, limited contact with community members, and handed out premade sandwiches in sanitized bags. The Manitoba Métis Federation cancelled all in-person meetings and asked all employees to cease any activities outside of their offices on Henry Street. The Assembly of Manitoba Chiefs cancelled all events as well and in a press release “encouraged” all First Nations in Manitoba to “close schools and daycares” while calling on provincial authorities to “ensure that medical supplies are available to each First Nation in Manitoba.”

The federal government reacted by making some targeted funding available alongside sending isolation tents, temporary shelters, and health care staff to communities — even sending military nurses to Opaskwayak Cree Nation in Fall 2020. These supports, while important, have not gone far enough, evidenced by the explosion of first-wave cases in Manitoba’s north by the end of summer 2020. According to the First Nations and Social Secretariat of Manitoba, by November First Nations peoples made up nine per cent of province’s population but twenty-one per cent of the province’s new COVID-19 cases, twenty-seven per cent of hospitalizations, thirty-eight per cent of patents in ICU beds, and thirteen per cent of deaths from the disease. All of these statistics were rising one to three per cent per day by the time of this report’s release. The most startling statistic is that the five-day positivity rate is twenty-one per cent on-reserve, a full seven per cent higher than the fourteen per cent experienced Manitoba-wide. This means one of out every five tests on First Nations are positive for COVID-19. Virtually identical patterns are taking place in Saskatchewan and Alberta — where the federal government announced more targeted funding to stop outbreaks.

Returning to urban areas, inner city and impoverished Indigenous communities are left at the mercy of provincial and civic governments — both of whom have spotty track records dealing with Indigenous communities under their jurisdictions. The fact is that governments must address the health of Indigenous communities in a targeted, focused fashion. Just as colonialism targets Indigenous communities, so does COVID-19 — so provincial and civic leaders cannot treat Indigenous communities like any group of citizens. This also means that — just as every Manitoban has benefited from the exploitation of Indigenous communities — every single Manitoban has a role to play to stopping the sickness from spreading. This is what it means to be a community; to live, resist, and even die together.

This means everyday Manitobans, Indigenous and non-Indigenous, now have to step up where governments will not or cannot. For business owners, an open, available downtown bathroom will become the front line in the fight

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against COVID-19. For individuals, a few dollars of spare change, a pair of gloves, and a bottle of drinking water will become the front line in the fight against COVID-19. For all of us, a few moments of empathy, support, and commitment to each other as family, wherever you come from, has become the front line in the fight against COVID-19. This is how we will survive as treaty people.

Like the rest of the world, women are leading the front lines in the fight against COVID-19. They comprise the majority of health care workers, primary caregivers for children and elderly, and are paid less while expected to do more work than men – making time off not an option. In Indigenous communities, Indigenous women are at risk the most in catching the virus. It’s worth noting, for example, that First Nations women constituted eighty per cent of the first sixteen cases of COVID-19 in First Nations in May 2020 and continue to obtain the sickness nearly two-thirds of the time. This means Indigenous women are risking their lives at the front lines of the sickness – as caregivers, nurses, and advocates in infected areas like homes, hospitals, and other essential services – proportionately more than others. Yet, they walk and work and put themselves on the line anyways.

When the COVID-19 pandemic forced all of Manitoba into “code red” this past Fall (after the Manitoba provincial government’s too-aggressive and foolhardy “open-up” Manitoba campaign and failure to shut down bars, restaurants, and casinos when it was clear the virus was getting out of control), the Mama Bear Clan decided to stop its walks for the first time in four years. This was heartbreaking but a necessary choice to protect both the community and help stem the rising cases of a life-threatening disease. It’s further proof however of how far Indigenous communities are willing to go to stop COVID-19 and how examples like First Nations self-choosing to go into lockdowns prove that Indigenous sovereignty is something that supports and protects everyone, not just Indigenous peoples.

When the story of the COVID-19 pandemic is written, it will be written in the footsteps, words, and work of Indigenous women, who put themselves in harm’s way to gift gifts that saved lives. While I was writing this, I got a message: the Mama Bear Clan is starting up again next weekend in small groups on Sunday nights. As one of our Sunday leaders, Karen, says to us every night we walk: “It’s our responsibility to give the love, show the love, and be the love.” Just like the gift of the ziibaaska’iganan, Indigenous women are leading this community out of the storm of sickness and into healing. All we have to do is follow, support, and honour them by keeping our feet on the ground, never leaving them and ourselves in the process.

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– Karen, Sunday leader with Mama Bear Clan**

Endnotes

1 The North Point Douglas Women’s Centre started began as a community-inspired project in 2000, sponsored and supported by the Social Planning Council of Winnipeg and North End Community Renewal Corporation as an empowerment project for local women who experience inequality, discrimination, and socio-economic marginalization yet continue to play a critical role in building communities. Operating on Austin Street, it houses a drop-in centre, five full-time employees, five part-time employees and is run by a seven-person community board (with the majority being women, two-spirit, trans, and non-binary identified) and serves over 17,000 clients annually. All of it’s programming supports and empowers local – and mostly Indigenous – women to enhance their social, economic, and environmental conditions and their families and includes social and emotional support and resources, a phone, computer, laundry, free feminine hygiene products, emergency food, diapers, clothing and help with accessing support for Employment Insurance, taxation, child welfare, and housing.

2 According to municipal reports and Statistics Canada, one in eight people in Winnipeg live in poverty. For Indigenous peoples, the situation is worse: one in four. Among the city’s homeless, sixty six per cent are Indigenous. Many of these individuals live in the North Point Douglas community, one of Canada’s economically poorest urban areas and neighbourhoods. While 35 per cent of North Point Douglas residents identify as Indigenous (compared to 12 per cent of Winnipeg), 89 per cent percent of the clients of the NPDWC self-identify as First Nations (status and non-status), Métis, and Inuit. In other words, while the NPDWC and the MBC serves everyone and anyone in the Point Douglas community, the majority of its volunteers and clients are Indigenous.