Impact of COVID-19 on Indigenous Communities

As the world confronts the COVID-19 pandemic, many Indigenous communities in the US and globally -- particularly Indigenous women and girls -- are affected disproportionately. Indigenous women and communities have been marginalized by centuries of exploitation and colonization. This crisis has been worsened by these existing and systemic inequalities.

Access to healthcare and information

- Many Indigenous communities, including in Brazil, Colombia and the Diné (Navajo Nation) in the US, have higher COVID-19 infection and mortality rates compared to the general population. Indeed, 34% of the adult Native American population have pre-existing conditions that may worsen the effects of the virus, and 22% of them are uninsured, the highest among any racial or ethnic classification. Native Americans’ living conditions -- with many living in crowded housing and lacking access to potable water -- put them at even higher risk. The problem is compounded by the US government’s historic underfunding of the Indian Health Services.
- Due to limited internet access and lack of translated public health information or government services, such as health care, in Indigenous languages, many Indigenous communities globally, including in Nepal, lack timely and accurate information about the pandemic.
- Indigenous communities — including in Brazil, Nepal, the US, Canada and Kenya — often lack access to hospitals and health centers, making it more difficult to obtain care or testing.
- In many countries, including the US, Canada, Peru, Nepal and Mexico, there is no publicly available, specific, disaggregated data on how the virus is affecting Indigenous Peoples.
- The shift to online schooling excludes Native American students who lack internet access and technology. About 35% of people living on tribal lands in the US lack broadband Internet — compared with 8% of the general population.

Food scarcity and lack of access to land and potable water

- Unemployment and loss of income is putting food out of reach for many. Indigenous people tend to work in sectors especially hard hit by the pandemic, and the majority work in the informal economy, limiting access to decent wages or social protection. In Nepal, for instance, many Indigenous day laborers and migrant workers have lost work.
- The effects of the climate crisis, including worsened droughts, impacted food production by many Indigenous people even prior to the pandemic. Now, lockdowns and market closures make it harder for many Indigenous communities to harvest crops, sell their goods and purchase or trade food. In Guatemala, Honduras and Kenya, Indigenous women are reporting that the price of food is sharply increasing, compounding the problem.
- Likewise, the Oglala Sioux in the US are facing a food crisis during the pandemic. The nearest grocery store to their reservation is two hours away, and many rely heavily on food stamps.
In Nepal, the government is requiring proof of citizenship or disability to receive food relief packages, which is a problem for Indigenous people - especially those with disabilities - who do not have such official documentation.

Lack of access to potable water affects many Indigenous communities’ ability to practice handwashing, increasing the risk of infection.

Despite lockdowns, illegal logging, mining, and megaprojects continue or have even escalated — with mining deemed “essential” business by several governments. In Cambodia, for instance, a rubber company recently cleared Indigenous sacred lands. This heightens the risk of violence and of contracting the virus. In fact, mining sites in many countries have led to the spread of infection - including in Canada, Ecuador, Panama, Peru and South Africa.

Gendered impacts of the pandemic

Indigenous women, girls and LGBTIQ+ people face increased risks of domestic violence during the pandemic, with the combination of stay-at-home orders that force people into isolation with their abusers and the lack of access to social services.

Extractive projects bring large numbers of outsiders to Indigenous communities. Workers from these “man camps” perpetrate high rates of sexual violence, which continues during the pandemic.

In some parts of the world, as in Kenya, with schools closed and children at home, more families are practicing female genital mutilation in preparation for girls’ marriage.

Due to the increased need for care, the workloads of women and girls — who often shoulder the responsibilities of household chores and care work due to gender norms — are only increasing. This may entrench existing gaps between the education of girls and boys, and place women and girls at risk of infection as they care for the sick.

With restrictions on movement impacting access to reproductive healthcare, teen pregnancies increased among Indigenous women and girls in Tanzania and Kenya - as well as higher infant mortality rates.

Militarization and impact on Indigenous communities

Many governments are manipulating the pandemic to heighten militarization and authoritarianism in their countries, as in the cases of use of the military (with a “shoot-to-kill” order from Duterte) to enforce quarantine in the Philippines, and border militarization in Colombia to limit entries into the country, among many others. This increased militarization targets Indigenous communities. Some Indigenous women were detained in Chile because they sold goods in public markets. Indigenous women leaders in the Philippines were painted as “terrorists” by government forces and are receiving death threats because of their vocal criticisms of the government’s COVID-19 response.

Attacks on Indigenous human rights defenders have continued and even increased. Colombia saw an increase in the killing of Indigenous leaders after the lockdown was implemented, as Indigenous leaders were easier to find in isolation.