

The potential impacts of COVID-19 on Inuit Nunangat



Our Vision:
Canadian Inuit are
prospering through unity
and self-determination

Our Mission:
Inuit Tapiriit Kanatami
is the national voice for
protecting and advancing
the rights and interests
of Inuit in Canada



About Inuit Tapiriit Kanatami

Inuit Tapiriit Kanatami (ITK) is the national representative organization for the 65,000 Inuit in Canada, the majority of whom live in Inuit Nunangat, the Inuit homeland encompassing 51 communities across the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Québec), and Nunatsiavut (Northern Labrador). Inuit Nunangat makes up nearly one third of Canada's landmass and 50 percent of its coastline. ITK represents the rights and interests of Inuit at the national level through a democratic governance structure that represents all Inuit regions. ITK advocates for policies, programs, and services to address the social, cultural, political, and environmental issues facing our people.

ITK's Board of Directors are as follows:

- Chair and CEO, Inuvialuit Regional Corporation
- President, Makivik Corporation
- President, Nunavut Tunngavik Incorporated
- President, Nunatsiavut Government

In addition to voting members, the following non-voting Permanent Participant Representatives also sit on the Board:

- President, Inuit Circumpolar Council Canada
- President, Pauktuutit Inuit Women of Canada
- President, National Inuit Youth Council

Vision

Canadian Inuit are prospering through unity and self-determination

Mission

Inuit Tapiriit Kanatami is the national voice for protecting and advancing the rights and interests of Inuit in Canada

© Inuit Tapiriit Kanatami, June 2020

Cover image:

© istock.com/Julia Garan

Introduction

The publication of quarterly research briefings is a deliverable of the Inuit Tapiriit Kanatami (ITK) 2020-2023 Strategy and Action Plan. Briefings will provide analysis of timely policy matters that are of direct relevance to Inuit. The inaugural issue in the quarterly research briefing series focuses on potentially unique risks and impacts of COVID-19 (coronavirus disease 2019) and the coronavirus pandemic on Inuit living in Inuit Nunangat, the Inuit homeland.

Inuit living in Inuit Nunangat are disproportionately impacted by social and economic inequities compared to other Canadian populations. These inequities include poverty, gaps in the social determinants of health, and health inequities that contribute to conditions that put people and communities at greater risk, and are all factors that could also contribute to the spread of the Severe Acute Respiratory Syndrome Coronavirus 2, also known as SARS-CoV-2, within Inuit Nunangat and the severity of illness from COVID-19 experienced by Inuit.



Background

SARS-CoV-2 that causes COVID-19 has infected millions and claimed the lives of hundreds of thousands of people worldwide. Tens of thousands people in Canada have tested positive for the SARS-CoV-2 virus and thousands have died from COVID-19. Only small clusters of Inuit living in Inuit Nunangat have tested positive for SARS-CoV-2 to date and while no deaths among Inuit have been reported, the potential for rapid spread has been recognized.

Coronaviruses are a family of viruses typically found in animals. Some coronaviruses can be transmitted from animals to humans and can cause illnesses ranging widely in severity. COVID-19 is the infectious disease caused by the recently discovered coronavirus, SARS-CoV-2, that originated in Wuhan, China in late 2019. Although most people who contract the virus experience mild flu-like symptoms, COVID-19 primarily affects the respiratory system and lungs. Severe illness from COVID-19 can cause intractable pneumonia, and lead to devastating effects in many organs including the heart and blood vessels, kidneys, gut, and brain, resulting in death.ⁱ

The Public Health Agency of Canada (PHAC) has advised Canadians to take a number of measures to help slow the spread of the SARS-CoV-2 and prevent exponential increases in the numbers of people infected. Reducing the spread of the virus, frequently referred to as ‘flattening the curve’, is critical to reducing the impact of the pandemic on Canadians and protecting our health care systems from being overwhelmed by severe cases of COVID-19. The preventative public health measures include:

- Physical (social) distancing and hygienic measures such covering coughs and sneezes and frequent hand washing;
- Self-quarantining for those without symptoms but who may have been recently exposed, for example through travel or occupational exposure; and
- Self-isolation for those experiencing symptoms of COVID-19 or who have tested positive for SARS-CoV-2.ⁱⁱ

The social and economic inequities faced by Inuit living in Inuit Nunangat contribute to, and create unique risk factors that increase vulnerability to wide-spread transmission of SARS-CoV-2 and to the development of severe illness from COVID-19. These unique factors must be taken into consideration and be used to inform public health interventions intended to curb transmission in Inuit Nunangat; and to respond quickly to confirmed or presumed cases of COVID-19 among Inuit, as well as to guide future preventative measures developed in response to the pandemic.

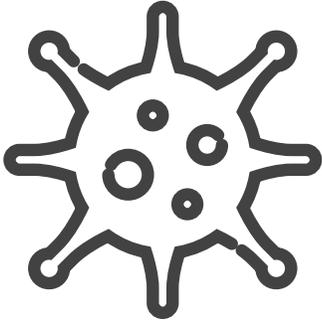
What we currently know about COVID-19

Transmission

Scientists and public health officials are still learning how SARS-CoV-2 spreads from person to person, as well as how the virus behaves in different environments and under different conditions. We know that the virus spreads from person to person primarily through small droplets from the nose or mouth when a person with the disease coughs or sneezes. Infectious droplets contaminate objects and surfaces. People who touch contaminated objects or surfaces become infected with the virus by touching their eyes, nose, or mouth. Frequent handwashing is key to preventing this method of spread. People can also contract the virus if they breathe in infectious droplets. Evolving research on the spread of the virus through exposure to infectious droplets suggests that they typically travel for 3-5 feet and, depending on ventilation and rate of air exchanges in an indoor space, can remain suspended in the air for prolonged periods. Environmental factors that have a drying effect on the droplets, such as ultraviolet light, heat and low humidity might reduce the viability of the virus. People without symptoms of COVID-19 can transmit SARS-CoV-2. Residential crowding or other situations where physical distancing measures cannot be maintained promote transmission.

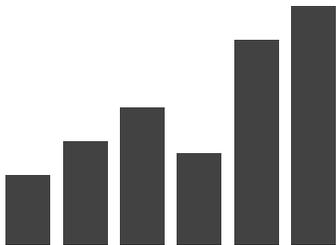
Presentation

Symptoms of COVID-19 tend to be mild for most individuals, and include symptoms such as fever, fatigue, and dry cough. Some people with COVID-19 may not experience any symptoms. Most people (about 80%) recover from the disease without the need for medical intervention.ⁱⁱⁱ However, certain groups are at greater risk for developing COVID-19 including people over the age of 60, and those with underlying medical problems such as pre-existing respiratory or cardiac disease, hypertension (high blood pressure), obesity, and diabetes. Smoking or vaping may also increase the risk.



Inuit risk for contracting SARS-CoV-2

Inuit may be at a higher risk for contracting SARS-CoV-2 compared to most other Canadians and may be at higher risk for experiencing severe illness from COVID-19 due to health and social inequities. The poor living conditions experienced by our people have the potential to magnify the impacts of the COVID-19 pandemic in Inuit communities by accelerating the spread of the virus within overcrowded homes. Poverty, food insecurity, pre-existing high rates of respiratory illnesses, such as chronic obstructive pulmonary disease (COPD), asthma, and tuberculosis (TB), and high rates of tobacco use increase the likelihood that a larger proportion of our people may experience severe illness from COVID-19 if infected with SARS-CoV-2 than in other populations. Some Inuit may also face unintended social impacts from preventative public health measures, such as domestic violence, child sexual abuse, unemployment, and mental distress. The already fragile health care systems serving Inuit Nunangat have the potential to be quickly overwhelmed in the event of a surge in the numbers of Inuit and non-Indigenous community members developing COVID-19. In addition, already overburdened and limited social services programs are struggling to respond to the increased social distress experienced by individuals, families and communities as a result of preventative public health measures meant to keep everyone safe.



Past experiences with epidemics

Evidence from previous epidemics across Inuit Nunangat provide some insight into the potential impacts an outbreak in Inuit Nunangat may have on our population. European settlers, missionaries, and whalers brought infectious diseases with them to Inuit Nunangat, sometimes leading to epidemics. The Spanish influenza epidemic of 1918-19 devastated Inuit camps and settlement areas, such as Okak and Hebron in Nunatsiavut, when a Moravian mission supply ship called the Harmony brought the disease to the north coast of Nunatsiavut. This outbreak resulted in the death of 86 of the 100 residents in Hebron, and in Okak 204 of the 263 residents.^{iv} This was before the time of antibiotics and governmental health services. The extent of the impacts of various epidemics impacting Inuit began to garner attention from government officials in Canada in the 1920s when physicians started coming to Inuit Nunangat more regularly.^v

TB in particular has had continuing impacts on Inuit, and remains a public health crisis in Inuit Nunangat. The American explorer Charles Francis Hall noted in 1861 that TB had killed more Inuit than all other diseases put together.^{vi} In 1938, the death rate from TB for Canadians was 45.4/100,000 but decreased to 9.9 by 1953; however the death rate from TB for Inuit during the same time period increased from 153.6/100,000 to 298/100,000.^{vii}

Many Inuit were consequently transported by federal officials from Inuit Nunangat to sanatoria located in southern Canada in order to receive treatment. Some estimates suggest that during the 1960s as much as 50% of the Inuit population had spent time in southern sanatoria.^{viii} Despite improvements in health care over the past decades, the reported incidence rate of active TB among Inuit today remains disproportionately high in comparison to national rates in Canada. The impacts of past epidemics and our experiences with TB in particular suggest the need for governments to enact long-term prevention measures to ensure that COVID-19 does not persist indefinitely within our communities, even after it is eliminated in most other parts of the country.

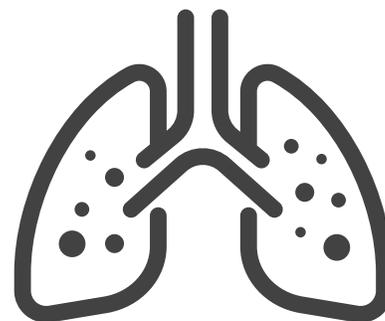
Household Overcrowding

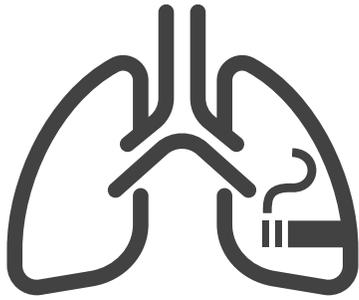
The Public Health Agency of Canada (PHAC) has advised citizens to observe physical (social) distancing measures to avoid contact with others, including maintaining two meters in distance between people, avoiding crowded places and staying home as much as possible.^{ix} However, physical distancing is difficult, if not impossible, for most of our people because of the large proportion of Inuit living in crowded housing in Inuit Nunangat, with 52% living in crowded homes and almost one-third living in homes in need of major repair.^x Nearly a quarter of households are composed of multi-generational families, and it can be common for residents to sleep in shifts in the most overcrowded homes in order to maximize the use of limited space. The high proportion of homelessness and other forms of social distress among Inuit also contributes to overcrowding, as well as individuals and families couch surfing between multiple homes. This means that many Inuit are unable to follow physical distancing recommendations. It also means that many Inuit face circumstances such as homelessness and domestic violence that may require them to seek shelter in multiple homes. Accessing water for handwashing and cleaning hard surfaces can be difficult due to the need to conserve water as a result of overcrowded houses, shared water and sewer tanks, and inadequate infrastructure in communities. These factors have the potential to accelerate the spread of SARS-CoV-2 throughout our population.



Tuberculosis

Understanding of the impacts of SARS-CoV-2 infection for people with TB is limited. However, the World Health Organization (WHO) anticipates that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.^{xi} TB among Inuit is among the longest lasting public health crises facing a Canadian population. Inuit in Inuit Nunangat have the highest rate of active TB disease of any Canadian-born population in Canada. In 2016, the incidence rate of active TB disease among Inuit in Inuit Nunangat was over 300 times the rate for the Canadian-born non-Indigenous population. Rates in each Inuit region at that time ranged from 1.5/100,000 in the Inuvialuit region to 248.4/100,000 in Nunatsiavut.^{xii} Persistently high rates of TB across Inuit Nunangat are a symptom of social and economic inequities experienced by Inuit compared with other populations in Canada. These inequities put our people and communities at greater risk for TB, could amplify the spread of SARS-CoV-2, and could result in poorer outcomes for Inuit co-infected with TB and SARS-CoV-2.

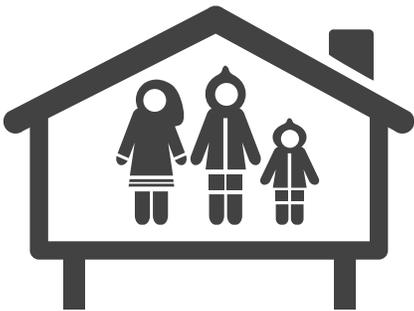




Tobacco use and respiratory infections

People who have cardiovascular and respiratory conditions caused by tobacco use are at higher risk of developing severe illness from COVID-19.^{xiii} The prevalence of daily smokers within the Inuit population in Inuit Nunangat was 63% in 2012, over three times the prevalence of daily smokers among all Canadians.^{xiv} This means that among Inuit who contract SARS-CoV-2, a larger proportion may experience severe illness from COVID-19 than in other Canadian populations. This possibility has implications for health care systems in Inuit Nunangat that do not tend to be equipped for large numbers of in-patients and may struggle to provide ventilator support and to secure adequate supplies of personal protective equipment.

Respiratory illnesses and infections are unfortunately common among Inuit, particularly among children. The 2007-2008 Inuit Child Health Survey found that respiratory infections were the most common reason for the hospitalization of children aged three to five. The survey found that 42% of Inuit children in Nunavut had to go to the health center or hospital within the last year for a respiratory illness, including asthma, bronchiolitis, bronchitis, and pneumonia.^{xv} Risk factors that contribute to the high prevalence of these and other lower respiratory tract infections include second hand smoke, prenatal exposure to smoking, lack of breast feeding, and overcrowding.



Family violence

Policies that are intended to protect individuals and families from exposure to SARS-CoV-2, such as physical (social) distancing and stay-at-home orders, may place the most vulnerable at increased risk for experiencing violence.^{xvi} Stay-at-home orders that cause people to spend more hours in close quarters together may contribute to increased stress in the household and contribute to increased risk for family violence, including domestic violence and child sexual abuse. The closure of community spaces such as community centres, cancelled recreational activities, and the inability of individuals to leave the home and visit family, friends, and neighbors make it all the more difficult for many families to cope.

The prevalence of domestic violence and child sexual abuse is higher in Inuit Nunangat than in most other regions of Canada. Although uniform data are not available for Inuit Nunangat as a whole, we know that all regions are disproportionately impacted by violence. In Nunavik, for example, one in three adults reported experiencing sexual abuse during childhood and one in five during adulthood, with family members being the main perpetrators of sexual violence.^{xvii} The prevalence of child sexual abuse and physical violence is similarly high in Nunavut, where 31% of respondents to the 2007-2008 Inuit Health Survey reported experiencing severe physical abuse as children, with 52% of women and 22% of men reporting having experienced severe sexual abuse during childhood.^{xviii} Household overcrowding is among the risk factors linked to domestic violence and child sexual abuse.^{xix}

These challenges are compounded by the inadequate number of safe shelters, crisis centres, and transition homes in Inuit Nunangat, with only 15 such facilities in place serving 51 Inuit communities.^{xx} Children are especially vulnerable to abuse during the pandemic due in part to the increased stress faced by families, many of whom now lack social support networks and may be struggling with unemployment or addictions.^{xxi}

Access to healthcare

Surging numbers of people experiencing COVID-19 across Canada and the world threaten to overwhelm health care systems, potentially causing them to fail. System failure can happen if too many medical personnel become infected with SARS-CoV-2 or develop severe illness from COVID-19, or if hospitals lack beds, medical equipment, or personal protective equipment (PPE). Health care systems in Inuit Nunangat already have limited capacity, and are more fragile than health care systems in other Canadian jurisdictions. Inuit living in Inuit Nunangat have limited access to physicians and health care compared to other Canadians. There are only two hospitals in Inuit Nunangat, located in Iqaluit and Inuvik. These two hospitals are capable of providing acute care to a combined total of 86 patients and are not equipped to provide long-term in-patient care. All other communities are served by health centers that are not equipped to provide in-patient care. Inuit also have limited access to physicians. For example, 82% of Inuit do not have a family doctor in Inuit Nunangat.^{xxii} Canada has fewer physicians per capita than most other Organization for Economic Co-operation and Development (OECD) countries and there are the fewest physicians per capita in Inuit Nunangat.^{xxiii} In Nunavut, for example, there were 27 physicians per 100,000 population in 2015, the lowest number of physicians per capita in the country.^{xxiv}

Inuit Nunangat health care systems would likely be overwhelmed in the event of a surge in COVID-19 in any of the four regions of Inuit Nunangat. Limited access to physicians and limited access to health care services combined with risk factors that could contribute to a higher proportion of Inuit contracting SARS-CoV-2 and experiencing severe illness from COVID-19, mean that our population is particularly vulnerable to the impacts of this pandemic.





JK-12 and Postsecondary Education

Inuit are facing uncertainty in the continuation of education programs due to the COVID-19 pandemic. Governments have closed JK-12 classrooms, and post-secondary institutions have moved to online learning. Furthermore, many teachers have left Inuit Nunangat communities and returned to their homes in southern Canada. Across Canada there are varied responses and supports in place to help students, resulting in Inuit students being isolated and unprepared to finish the current academic year. In Inuit Nunangat, limited telecommunications infrastructure and access to technology in the home are making distance learning challenging. The dire digital divide in Inuit Nunangat has been noted by the federal government since the 1990s, and was reiterated most recently in the 2018 report on rural broadband by the Standing Committee on Industry, Science and Technology.^{xxv} Household overcrowding presents a challenging learning environment for students continuing their education at home.^{xxvi}

There has been some relief in the form of emergency support funding that will be used to supplement the needs of Inuit students in Canada, inside and outside Inuit Nunangat, and will address needs such as helping students overcome barriers to connectivity by purchasing laptops and online subscriptions to learning tools, helping with emergency funding for students in transition, and creating opportunity for online support via tutors or mental health services.^{xxvii} Further supports for students in JK-12 education will be ongoing.



Economy and livelihood

The economic impacts of the COVID-19 pandemic are only beginning to be felt. Isolation measures aimed at stemming the spread of the virus have led to unprecedented closures of entire sectors of the Canadian economy, elevating rates of unemployment and increasing the number of job lay-offs.^{xxviii} In response, the Government of Canada announced an \$82 billion COVID-19 economic relief package that included a number of measures to support individuals and families, businesses, and Indigenous peoples.^{xxix} These measures include the Canadian Emergency Response Benefit (CERB) which provides temporary income support to people who have stopped working for reasons related to the COVID-19 pandemic.^{xxx} They also include \$45 million dedicated to supporting Inuit through the distinctions-based Indigenous Community Support Fund.^{xxxi} In late March, this funding was dispersed by the ITK Board of Directors within their respective regions to address regional needs.^{xxxii} Regional organizations are directing these funds towards programs according to their needs, including supporting elders, community harvesters and food banks.



The COVID-19 pandemic is significantly impacting Inuit and Inuit organizations by exacerbating challenges in relation to poverty, food security, education, employment, transportation, and business sustainability. For example, fixed operating costs for businesses in Inuit Nunangat are exponentially higher than businesses in the southern Canada.^{xxxiii} The full impact of the pandemic on economies and livelihoods within Inuit Nunangat may be difficult to ascertain. This is partially due to the gaps in data that make it difficult to track economic trends within the regions, as well as the complex nature of mixed economies within Inuit communities and in Inuit Nunangat as a whole. For example, Nunavik has a cost of living estimate that could be used to help direct funding in support of families, but it does not include any data on the role of country food. In addition to reliance on the labour market, Inuit depend on harvesting food from the land and sea to sustain ourselves, our families and communities. Country food harvesting and food sharing with family and community members is disrupted in a number of ways by physical distancing and social isolation requirements.

The impact of the COVID-19 pandemic on the accessibility of goods and the ability to meet current infrastructure needs must be examined more closely. Transportation of goods is completely reliant on airlines and sealift, as the majority of communities in Inuit Nunangat are inaccessible by road. Food security, household items, vehicles, fuel and construction materials will be impacted by delayed sealift deliveries and the reduction of airline traffic to Inuit Nunangat. Loss of construction materials may also contribute to overcrowding as well as job loss during the construction season.^{xxxiv} Delayed or restricted sealift services will be felt in Inuit Nunangat should the southern shipping industry continue to be impacted by current work restrictions. Past delays in the arrival of sealift goods have negatively impacted businesses and families across Inuit Nunangat.^{xxxv, xxxvi, xxxvii} Additionally, there are many specialist repair jobs that require specialized workers to be flown into the communities. Communities face a choice of delaying essential work needed on houses, commercial buildings, or public works, or flying people in from larger centres increasing the risk of bringing COVID-19 into the community.

The digital divide also contributes to accessibility issues for businesses seeking to access current funding programs. There is also a concern that most resources are not available in Inuktitut. Requests for federal agencies, such as the Canada Revenue Agency, to adapt resources with Inuktitut voice overs, for examples, have been denied.

Conclusion

Inuit living in Inuit Nunangat face a disproportionately higher burden of risk for becoming infected with SARS-CoV-2 and for developing severe illness from COVID-19 than most other Canadian populations. Longstanding social and economic inequities, ongoing public health crises such as TB and respiratory infections, as well as a high prevalence of tobacco use, contribute to increased vulnerability. Potential vulnerability may be compounded by policies that cause unintended harm to the very citizens they are intended to protect due to profound infrastructure gaps that contribute to overcrowding, addictions and violence. Evidence-based, Inuit-specific and Inuit-led responses will have the most beneficial impact on our population during this time of uncertainty. Inuit led COVID-19 response efforts across Inuit Nunangat are being directed towards supporting the health and well-being of our people. This includes allocating funding for community harvests, support for elders, measures to provide daily water and sewer deliveries, funding for food banks, and community distribution of cleaning supplies, among other areas.

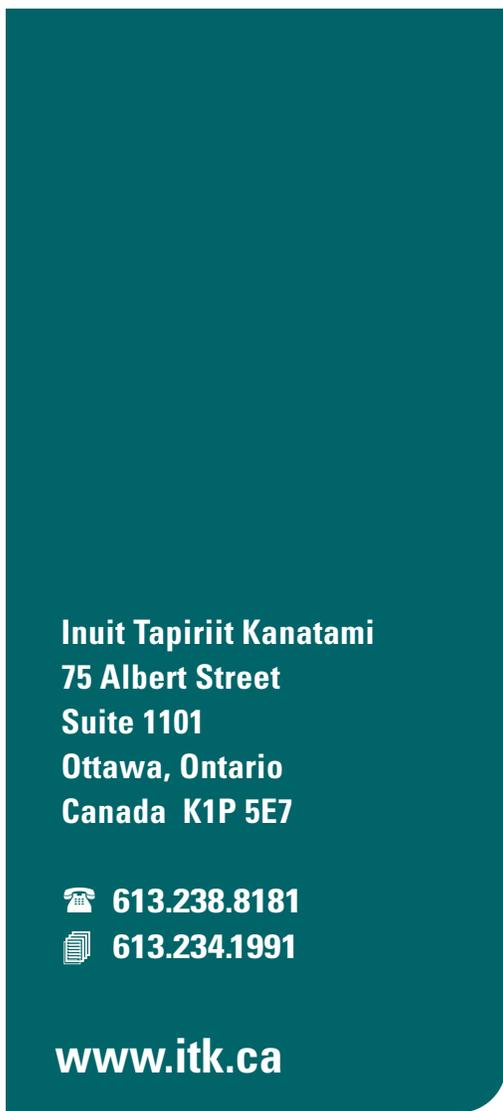
References

- i Meridith Wagman, Jennifer Couzin-Frankel, Jocelyn Kaiser, Catherine Maticic, "A Rampage Through the Body," *Science* (2020), Vol. 368, Issue 6489, pp. 356-360, accessed April 23, 2020, <https://science.sciencemag.org/content/368/6489/356>.
- ii Government of Canada, "Coronavirus Disease (COVID-19)," accessed April 13, 2020, <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>.
- iii World Health Organization, "Q&A on Coronaviruses," April 17, 2020, accessed April 20, 2020, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.
- iv Inuit Tapiriit Kanatami, "Spanish Flu at Hebron", *Inuktitut* (1995), Issue 77, pp. 4, accessed April 17, 2020, <https://www.itk.ca/inuktitut-issue-77/>.
- v Frank Tester, Paule McNicoll James, and Peter Irniq, "Writing for Our Lives: The Language of Homesickness, Self-Esteem and the Inuit TB 'Epidemic,'" *Études/Inuit/Studies* (2001) Vol. 25, No.1/2, pp. 124.
- vi Inuit Tapiriit Kanatami, *Inuit Tuberculosis Elimination Framework* (2018), accessed April 17, 2020, <https://www.itk.ca/wp-content/uploads/2018/12/FINAL-ElectronicEN-Inuit-TB-Elimination-Framework.pdf>.
- vii Tester et al., "Writing for Our Lives: The Language of Homesickness, Self-Esteem and the Inuit TB 'Epidemic,'" 2001, pp. 123.
- viii Tester et al., 2001, pp. 124.
- ix Government of Canada, "Community-based Measures to Mitigate the Spread of Coronavirus Disease (COVID-19) in Canada," accessed April 13, 2020, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html#appendix>.
- x Inuit Tapiriit Kanatami, *Inuit Statistical Profile 2018* (2018), pp. 13, accessed April 13, 2020, <https://www.itk.ca/wp-content/uploads/2018/08/20191125-Inuit-Statistical-Profile-revised-1.pdf>.
- xi World Health Organization, "World Health Organization Information Note: Tuberculosis and COVID-19," April 4, 2020, accessed April 10, 2020, https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf.
- xii Inuit Tapiriit Kanatami, *Inuit Statistical Profile 2018*, pp. 14.
- xiii World Health Organization, "Tobacco and Waterpipe Use Increases the Risk of Suffering from COVID-19," accessed April 10, 2020, <http://www.emro.who.int/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html>.
- xiv Inuit Tapiriit Kanatami, *Inuit Statistical Profile 2018*, pp. 15.
- xv G.M. Egeland, *The International Polar Year Nunavut Inuit Child Health Survey: 2007-2008* (June 2009), Ste-Anne-de-Bellevue, QC, pp. 14, accessed April 10, 2020, http://www.inuithealthsurvey.ca/pdf/Child_Inuit_Health_Survey_Aug_31.pdf.
- xvi Perlita Stroh, "COVID-19 Isolation Measures Increase Risk for Those in Abusive Relationships," *CBC News*, March 29, 2020, accessed April 12, 2020, <https://www.cbc.ca/news/canada/covid-isolation-risks-abusive-relationships-1.5510551>.
- xvii Francine Lavoie, Sarah Fraser, Oliver Boucher, and Gina Muckle, "Qanuippitaa? How Are We?: Prevalence and Nature of Sexual Violence in Nunavik," (2007) Institut national de sante publique Quebec, accessed April 12, 2020 <https://www.inspq.qc.ca/en/publications/668>.
- xviii Tracey Galloway and Helga Saudny, *Inuit Health Survey 2007-2008: Nunavut Community and Personal Wellness* (June 2012), Ste-Anne-de-Bellevue, QC: Centre for Indigenous Peoples Nutrition and Environment, pp. 8, accessed April 30, 2020, https://www.tunngavik.com/files/2012/09/IHS_NUNAVUT-FV-V11_FINAL_AUG-15_2012.pdf.
- xix Rosemary L. Cant, M. O'Donnell, S. Sims, and M. Harries, "Overcrowded Housing: One of a Constellation of Vulnerabilities for Child Sexual Abuse," *Child Abuse & Neglect* (July 2019), Vol. 93.
- xx Pauktuutit Inuit Women of Canada, *Study of Gender-Based Violence and Shelter Service Needs Across Inuit Nunangat* (March 2019), Ottawa, Ontario, pp. 51, accessed April 12, 2020 <https://www.pauktuutit.ca/wp-content/uploads/PIWC-Rpt-GBV-and-Shelter-Service-Needs-2019-03.pdf>.
- xxi Ashley Abramson, "How COVID-19 may Increase Domestic Violence and Child Abuse," *American Psychological Association* (April 8, 2020), accessed April 12, 2020, <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>.

- xxii Statistics Canada, "First Nations People, Métis and Inuit and COVID-19: Health and Social Characteristics," *The Daily* (April 17 2020), accessed April 17, 2020, <https://www150.statcan.gc.ca/n1/daily-quotidien/200417/dq200417b-eng.htm>.
- xxiii Steven Globerman, Bacchus Barua, and Sazid Hasan, *The Supply of Physicians in Canada: Projections and Assessment* (2018), Fraser Institute, accessed April 13, 2020, <https://www.fraserinstitute.org/sites/default/files/supply-of-physicians-in-canada.pdf>.
- xxv Canadian Medical Association, "Physicians per 100,000 Population by Province/Territory, 1986-2015," accessed April 13, 2020, https://www.cma.ca/sites/default/files/pdf/Physician%20Data/12-Phys_per_pop.pdf.
- xxv House of Commons, Canada, *Broadband Connectivity in Rural Canada: Overcoming the Digital Divide, Report of the Standing Committee on Industry, Science and Technology* (2018), accessed April 27, 2020, <https://www.ourcommons.ca/DocumentViewer/en/42-1/INDU/report-11>.
- xxvi Kativik Ilisarniliriniq, *Strategic Plan 2016-2023*, accessed April 27, 2020, https://www.kativik.qc.ca/wp-content/uploads/2017/09/KAT_STRATEGIC_PLAN_vf_EN_WEB.pdf.
- xxvii Inuit Tapiriit Kanatami, "\$1 Million Mastercard Foundation Contribution to Support Student Needs during COVID-19 Pandemic," accessed April 27, 2020, https://www.itk.ca/1million-mastercard-foundation-contribution-to-support-student-needs-during-covid19-pandemic/?fbclid=IwAR3z0oUvsmG8QMbNUbWi9C7N71y9Wc_0Vo90OHMKok3WucD4y2EjrmGSn58.
- xxviii Statistics Canada, "Table 14-10-0287-01, Labour Force Characteristics, Monthly, Seasonally Adjusted and Trend-Cycle, Last 5 Months," accessed April 17, 2020, <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410028701>.
- xxix Government of Canada, "Canada's COVID-19 Economic Response Plan," accessed April 17, 2020 <https://www.canada.ca/en/department-finance/economic-response-plan.html>
- xxx Government of Canada, "Canadian Emergency Response Benefit," accessed April 17, 2020, <https://www.canada.ca/en/services/benefits/ei/cerb-application.html>.
- xxxi Government of Canada, "Indigenous Community Support Fund," accessed April 17, 2020, <https://www.sac-isc.gc.ca/eng/1585189335380/1585189357198>.
- xxxii Inuit Tapiriit Kanatami, "ITK Board of Directors Allocates \$45 Million COVID-19 Funding to Address Regional Needs," March 30, 2020, accessed April 17, 2020 <https://www.itk.ca/itk-board-of-directors-allocates-45-million-covid19-funding-to-address-regional-needs/>.
- xxxiii Lauren Strapagiel, "Nunavut Food Prices: Poverty, High Costs of Northern Businesses Leave Some Inuit Unable to Cope with Expenses," *Huffington Post Canada* (June 11, 2012), accessed April 27, 2020, https://www.huffingtonpost.ca/2012/06/11/nunavut-food-prices-protest-inuit-poverty_n_1588144.html.
- xxxiv Inuit Tapiriit Kanatami, "ITK Calls for Measures to Guarantee Airline Transport in Inuit Nunangat as a COVID-19 Public Service," March 31, 2020, accessed April 27, 2020, <https://www.itk.ca/itk-calls-for-measures-to-guarantee-airline-transport-in-inuit-nunangat-as-a-covid19-public-service/>.
- xxxv Kirsten Murphy, "It's Going to Hurt Them Financially: Kugluktuk Businesses Still Waiting for Barge," CBC News, September 27, 2018, accessed April 27, 2020, <https://www.cbc.ca/news/canada/north/kugluktuk-late-barge-ice-conditions-1.4841253>.
- xxxvi Jamie Malbeuf, "N.W.T. Gov't Cancels Shipping Barge, Leaving Northern Communities Without Supplies," CBC News, Oct. 2, 2018, accessed April 27, 2020, <https://www.cbc.ca/news/canada/north/barge-delayed-in-remote-communities-1.4847542>.
- xxxvii High Arctic Haulers, "Igloolik's Master Carver Relies on the Annual Sealift to Bring Coveted Sculptures to Buyers," *CBC Television*, September 27, 2018, accessed April 27, 2020, <https://www.cbc.ca/television/higharctichaulers/igloolik-s-master-carver-relies-on-the-annual-sealift-to-bring-coveted-sculptures-to-buyers-1.5365815>



ᐃᓄᐱᑦ ᑕᐱᓃᑦ ᑲᓄᑕᑦ
INUIT TAPIIRIT KANATAMI



Inuit Tapiriit Kanatami
75 Albert Street
Suite 1101
Ottawa, Ontario
Canada K1P 5E7

 **613.238.8181**

 **613.234.1991**

www.itk.ca