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Indigenous peoples: resilience in the face of adversity

In commemoration of the first meeting of the United Nations Working Group on Indigenous Populations (Geneva; Aug 9, 1982), the anniversary is marked each year by International Day of the World's Indigenous Peoples. The theme this year is "COVID-19 and Indigenous peoples' resilience".

Representing less than 5% of the world's population yet 15% of the poorest, the 476 million Indigenous peoples living in 90 countries speak the majority of the world's 7000 languages, represent 5000 distinct cultures, and inhabit lands home to 80% of the world's biodiversity. Compared with their non-Indigenous counterparts, Indigenous peoples have poorer access to health care and sanitation; are more likely to live in overcrowded, multi-generational housing; and have higher rates of chronic diseases (such as obesity, type 2 diabetes, and hypertension) that have been associated with COVID-19 severity and outcomes. Although information on the full impact of COVID-19 on Indigenous populations is scarce, the burden seems likely to be high. Data from the USA show that Indigenous Americans are 3.5 times more likely to

have died from COVID-19 than white Americans—making them the second most at-risk ethnic group in the USA after Black Americans.

Filling the void left by governments, Indigenous peoples are taking the lead in preventing the spread of the coronavirus in their communities. Examples include the Navajo (USA) closing borders, imposing curfews, and testing more than 40 000 people; and Amazonian Indigenous groups making their own face masks, providing sanitation, and disseminating information about COVID-19 in local languages. Aug 9, 2020 is thus a day not just to highlight the grave threat posed to Indigenous populations by COVID-19, but to also celebrate their resilience in the face of adversity. The world has much to learn from Indigenous peoples—from how to live harmoniously and sustainably with the planet to their knowledge of traditional medicines. For too long the rights of Indigenous peoples have been violated and their plight overlooked. Governments around the world must act now to safeguard these populations who are the earliest known inhabitants and custodians of the earth's lands. ■ [The Lancet Diabetes & Endocrinology](#)



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[https://doi.org/10.1016/S2213-8587\(20\)30273-4](https://doi.org/10.1016/S2213-8587(20)30273-4)
For more on **International Day of the World's Indigenous Peoples** see <https://www.un.org/en/observances/indigenous-day>
For more on **COVID-19 deaths in the USA by race and ethnicity** see <https://www.apmresearchlab.org/covid/deaths-by-race>
For more on **how indigenous peoples are protecting themselves from COVID-19** see <https://www.bbc.com/future/article/20200727-how-covid-19-could-destroy-indigenous-communities>

Obesity and COVID-19: Blame isn't a strategy

On July 27th, 2020, the UK government released the new national strategy for tackling obesity. In big bold font, the heading of the official press release urges people to "Lose weight to beat COVID-19 and protect the NHS".

In the first 4 months of the pandemic, England witnessed the greatest rate of excess deaths in Europe. According to a New York Times analysis, between March 14 and July 17, 2020, the UK has had 62 600 more deaths, a 31% increase, compared with the same period last year.

Obesity, along with other chronic conditions such as diabetes, is a recognised risk factor for severe clinical outcomes of COVID-19. The new obesity strategy, published alongside the 'Better Health' campaign, led by Public Health England, intends to restrict advertisements and promotions of unhealthy foods, improve nutritional labelling of foods and drinks in restaurants and stores, and expand weight management services.

The ambition for a healthier nation, during and beyond COVID-19, is to be praised. However, at a time where our economies are fragile, bans on food promotions and

advertisements could also result in higher prices and growing inequalities, which themselves contribute to obesity and poor health outcomes. Equally troubling, by targeting almost exclusively the obesogenic environment, and only a small part of it, the new policies fail to take into account the intricacy of biological, societal, and psychological factors that underpin obesity.

The suggestion that it is necessary to lose weight to "reduce pressure on doctors and nurses in the NHS, and free up their time to treat other sick and vulnerable patients", communicated in the policy document, is also one of the most glaring examples of health promotion strategies that draws on guilt and shame. Past Public Health history has shown that such campaigns are ineffective and even detrimental.

The COVID-19 culture has become a blame culture. The obesity rates in England are concerning, but they are not the main culprit for the nation's high COVID-19 death toll. Let's not forget that people with obesity are vulnerable patients too. ■ [The Lancet Diabetes & Endocrinology](#)



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For the **UK's strategy to tackle Obesity** see <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>
For the **Press Release of UK's strategy to tackle Obesity** see <https://www.gov.uk/government/news/new-obesity-strategy-unveiled-as-country-urged-to-lose-weight-to-beat-coronavirus-covid-19-and-protect-the-nhs>
For the **New York Times analysis on excessive deaths** see <https://www.nytimes.com/2020/07/30/world/europe/UK-deaths-coronavirus-europe.html>
For the **Better Health campaign** see <https://www.nhs.uk/better-health/>