

UN Questionnaire: Impact of COVID-19 on indigenous peoples

Submission to:

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Via Email: indigenous@ohchr.org

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Prepared by:

The Union of B.C. Indian Chiefs

“The Union of B.C. Indian Chiefs strengthens Indigenous Nations to assert and implement their Aboriginal Title, Rights, Treaty Rights and Right of Self-Determination as Peoples. The UBCIC works collectively amongst Indigenous Nations in B.C., providing a cohesive voice in support of Indigenous Nations and communities.”

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QUESTIONS:

1. How does the State collect and analyse information on the impact of COVID-19 on indigenous peoples and individuals? Is disaggregated data on indigenous peoples, including health impacts, available?

- Disaggregated data on Indigenous people who have tested positive for COVID-19 is publicly available online from Indigenous Services Canada (ISC), and tracking is updated weekly for the number of hospitalizations, recovered cases, and deaths.¹ The data is further disaggregated to reflect cases by region, age group, and sex.²
- Provincial chief public health officers work with ISC regional medical officers and nurses to track reported cases of COVID-19 for Indigenous peoples. On May 9, 2020, ISC announced \$250,000 of dedicated funding to improve data collection for Indigenous peoples impacted by COVID-19, acknowledging previously available data was insufficient.
- Indigenous community members and independent researchers have indicated further weaknesses in data collection are linked to the “distinctions-based” approach used by ISC. Indigenous peoples are not exhaustively reflected in reports of cases on-reserve, which is the primary focus of ISC data collection. Research published May 12, 2020 from the Yellowhead Institute indicated significant data discrepancies in total cases reported by ISC as compared to cumulative publicly available data from sources including media reports, Band Council updates, local reports, and obituaries, in addition to independent verification.
- The discrepancy - 175 cases recorded by ISC at time of publishing, 465 by the Institute – points to a lack of consistent data collection by public health agencies across Canada.
- Public health agencies’ relationships with local Indigenous peoples vary greatly across health jurisdictions, and many public health agencies do not collect disaggregated data including racial or ethnic identity at all.³
- Importantly, data on cases disaggregated by community/First Nation was not made available to Indigenous leaders throughout the pandemic, which raised concerns about the ability of First Nations to take precautions to protect members from community spread.⁴

2. Please provide information and specific examples showing the increased risks and/or disproportionate health impact of the pandemic on indigenous peoples. What measures have been taken to provide health care and other forms or urgent assistance for remote communities?

¹ <https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap0>

² <https://www.sac-isc.gc.ca/eng/1589895506010/1589895527965>

³ <https://yellowheadinstitute.org/2020/05/12/colonialism-of-the-curve-indigenous-communities-and-bad-covid-data/>

⁴ <https://www.theglobeandmail.com/opinion/article-how-bc-health-authorities-are-undermining-indigenous-governments/>

- With the provision of healthcare moving largely online as pandemic response measures limited in-person service provision, Indigenous peoples were at an access disadvantage.
- Indigenous communities across Canada often have unreliable connection to the Internet, which acts as a barrier to public health awareness and service access. For example, Network BC estimates only 25% of Indigenous communities in BC meet basic internet services criteria, causing a lack of reliable and affordable internet to be a barrier to effective access to government services.⁵
- Indigenous communities are at increased risk for COVID-19 transmission because of systematic socio-economic marginalization and infrastructure underfunding. Indigenous people in Canada are disproportionately at risk of unstable housing and compose 20-50% of unhoused demographics across major urban areas⁶. Without a home, self isolation is made significantly more challenging, if not impossible.
- For those with stable housing, structural impediments to safe isolation persist. More than 100 drinking water advisories are in effect across Canada, with overcrowding and poor ventilation making housing a source of exacerbated risk,⁷ and 1 in 2 First Nations households across Canada reportedly experienced food insecurity pre-pandemic.⁸ Lack of adequate food and/or clean water make it particularly challenging to stay home and stay isolated.
- Representing roughly five percent of the Canadian population, Indigenous people represent almost a third of all prisoners in federal correctional facilities.⁹
- Over-crowding, lack of adequate health measures or testing, insufficient or inexistent provision of Personal Protective Equipment, and poor staff screening measures contributed to increased risk of COVID-19 spread in correctional facilities.¹⁰ An outbreak in Mission Institution in BC resulted in 120 positive tests and one death.¹¹ 40% of the positive cases were Indigenous inmates.¹²
- Approaches to healthcare and urgent support for remote communities varied across provincial jurisdictions. For example, in BC, the First Nations Health Authority (FNHA) took steps to make health care virtually accessible for remote Indigenous communities, and implemented a “First Nations Virtual Doctor of the Day”¹³ program, which enables members of BC First Nations to make virtual appointments from home, with all participating doctors trained in principles and practices of cultural safety and humility. FNHA also provides medical transport assistance for anyone with a positive COVID-19 test living more than 2 hours from a hospital.¹⁴

⁵ <https://technologycouncil.ca/digital-equity/>

⁶ <https://www.homelesshub.ca/about-homelessness/population-specific/indigenous-peoples>

⁷ <https://www.ryerson.ca/news-events/news/2020/05/how-covid-19-impacts-indigenous-communities/>

⁸ <https://yellowheadinstitute.org/2020/04/29/covid19-food-insecurity/>

⁹ <https://www.firstpeopleslaw.com/index/articles/460.php>

¹⁰ <https://www.firstpeopleslaw.com/index/articles/460.php>

¹¹ <https://www.csc-scc.gc.ca/001/006/001006-1014-en.shtml>

¹² https://www.ubcic.bc.ca/covid_19_in_prisons_stands_to_be_a_death_sentence_for_overincarcerated_indigenous_peoples

¹³ <https://www.fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day>

¹⁴ <https://www.fnha.ca/benefits/medical-transportationn> Support team

3. How are indigenous peoples supported in their own initiatives to fight the pandemic, protect health and provide assistance in their own communities? What lessons can be learnt from indigenous traditional practices and community-based programs in lock down and emergency?

- The primary channel for support for Indigenous peoples' pandemic initiatives is the ISC Indigenous Community Support Fund, which allocated \$305 Million CAD to community preparedness and response largely at the discretion of Indigenous community leaders.¹⁵
- First Nations across Canada utilized the funds in asserting jurisdiction over pandemic response strategies for their communities, which included diverse measures such as checkpoints to prevent outside entry to the community, creating support packages for elders, maintaining traditional food sources, and many other strategies.
- The emphasis on traditional food sources provides a lesson in sustainability. While some traditional food sources for Indigenous peoples in Canada, such as Mountain Caribou and Wild Salmon, are facing population crises, Indigenous traditional practices put conservation ahead of food, social, and ceremonial purposes, as is enshrined in Canadian case law from *R. v. Sparrow* (1990).¹⁶
- The First Nations Health Authority in BC supported traditional food sharing by releasing guidance on "Sharing the Harvest during the Pandemic", which offered COVID-19 safety guidance for preparation, distribution, and sanitization.¹⁷
- Care directed towards elders, youth, and those dealing with health and wellness challenges speak to the mindset essential for maintaining communities during lockdown and emergencies. When models of care are lost, culture, tradition, knowledge, and identity are lost too.

4. How are indigenous peoples given the possibility to shape the national COVID-19 response to ensure it does not have discriminatory effect on their communities? Is their input sought and respected in the programs that could affect them?

- The Canadian Human Rights Commission expressed deep concern over the rise in racism across Canada since the start of pandemic stating: "Minority groups, in particular people of Asian origin, have been the victims of racist taunts, threats and intimidation in public and online, and physical violence."¹⁸
- Little has been done by Canada to institute human rights oversight in its response to COVID-19, and to work with Indigenous peoples to specifically target emergent and acute issues of discrimination.

¹⁵ <https://www.sac-isc.gc.ca/eng/1584819394157/1584819418553>

¹⁶ https://commons.allard.ubc.ca/cgi/viewcontent.cgi?article=1176&context=fac_pubs

¹⁷ <https://www.fnha.ca/Documents/FNHA-Sharing-the-Harvest-during-the-Pandemic.pdf>

¹⁸ <https://www.chrc-ccdp.gc.ca/eng/content/statement-racism-response-covid-19-harms-us-all>

- Much government action is centred on providing funding to address immediate COVID-19 related needs in Indigenous communities, such as the distinctions based Indigenous Community Support Fund and the \$75 million in funding for Indigenous organizations providing services to Indigenous peoples in urban centres and off reserve.¹⁹
 - However, the development and allocation of funding is based on outdated 2016 census data that may not accurately reflect the reality and current needs of Indigenous communities; it is unclear whether there was substantive consultation with Indigenous peoples and impacted communities.
 - This funding ignores specific and longstanding issues of inequality and does not have measures in place to address discriminatory effects, including intersectional gender-based analysis plus (GBA+) and community-based human rights monitoring and reporting.
- On April 15, 2020 Amnesty International issued a joint statement endorsed by UBCIC and over 300 organizations and experts that called on Canadian government to take urgent action to strengthen human rights oversight during the pandemic.
- Several recommendations were outlined to achieve this that, moving forward, Canada should make priority items, including:
 - Immediately establishing independent **human rights oversight committees** that include First Nations, Métis, and Inuit representatives from both rural and remote Indigenous communities and urban centres.
 - Ensuring that Indigenous knowledge-keepers and relevant human rights representatives have **an official advisory role** to special committees, emergency task forces, crisis response working groups and other bodies established by Canada to coordinate its response to the pandemic.²⁰

5. How is information about COVID-19 and prevention measures disseminated in indigenous communities? Is such information available in indigenous languages?

- Information about COVID-19 and prevention measures is disseminated by regional health authorities. The Indigenous services available at a health authority vary across Canada: some health authorities provide videos, fact sheets, and other resources about COVID-19 online in English and Indigenous languages spoken in their jurisdiction.
- The federal government also has an inventory of COVID-19 resources available, and has contracted an interpretation service for providing information regarding COVID-19 in 24 Indigenous languages via telephone.

¹⁹ <https://www.sac-isc.gc.ca/eng/1585189335380/1585189357198>

²⁰ [https://www.amnesty.ca/sites/default/files/COVID%20and%20human%20rights%20oversight%20public%20state
ment%20FINAL_0.pdf](https://www.amnesty.ca/sites/default/files/COVID%20and%20human%20rights%20oversight%20public%20statement%20FINAL_0.pdf)

- The languages available for interpretation comprise approximately one third of the Indigenous languages spoken in Canada. However, the proportion of Indigenous language speakers that speak one of the languages available for interpretation is relatively high.
- 6. Please provide examples of good practices and targeted measures to redress the disproportionate impacts of the pandemic on indigenous peoples' health. If these are being carried out by State, provincial and local governments, please explain how these measures were designed in consultation and implementing free prior and informed consent with the indigenous peoples concerned in order to ensure that such measures are adapted to the cultural and other specific needs of these indigenous communities.**
- Dozens of Indigenous communities have asserted their self-determination and exercised their jurisdiction to independently deny entry to external travelers by controlling access to roads leading into their communities to curtail possible virus transmission.
 - Indigenous communities that do not have access to their own sources of Personal Protective Equipment (PPE) and other essential supplies can request a delivery from Indigenous Services Canada (ISC).
 - Coordination between an abundance of agencies, including ISC, the First Nations and Inuit Health Branch, and regional and provincial health authorities, has complicated the delivery of essential supplies to Indigenous communities, leading some communities to instead request funds with which to acquire supplies directly from vendors²¹.
- 7. Please provide information on the economic, social and cultural impact of lockdowns, quarantines, travel and other restriction of freedom of movement on indigenous communities. Please provide information on measures taken to ensure indigenous communities do not experience discriminatory impacts on their access to livelihoods, food and education. How are indigenous peoples taken into account in the development of assistance and relief programmes? Where are the gaps if any?**
- Restrictions on mobility exacerbate pre-existing inequalities related to infrastructure, connectivity, healthcare, economy, and education.
 - Homeless urban Indigenous people are unable to adhere to social distancing and lockdown measures and are at higher risk for transmission due to high levels of trauma, poverty, crowding, drug addiction, and mental illness.
 - Many people isolating both in urban and rural and remote communities do not have access to wi-fi coverage and are unable to access vital online services and resources (virtual doctor meetings, COVID-19 related info, etc).
 - Increasing connectivity in the face of travel restrictions is imperative for those who are cut off from community, family, loved ones, in-person ceremonial and cultural

²¹ <https://www.cbc.ca/news/indigenous/ppe-fsin-request-isc-funding-1.5590984>

interactions, and in-person counselling and other mental health and community supports.

- Rural and remote Indigenous communities face additional barriers due to isolation and limitations on modes of transportation.
 - BC has announced and is currently working to implement a “[Rural, Remote, First Nations and Indigenous COVID-19 Response Framework](#),” a collaborative framework that will develop service pathways to meet urgent needs of Indigenous communities, including increasing and improving medical transportation (ambulances, aircraft, etc.) and providing self-isolation accommodation close to hospitals with faster and culturally appropriate COVID-19 testing methods.
 - Another challenge isolated communities face is an influx of non-residents traveling to their territories, viewing them as safe places to get away from larger urban centres. Remote communities cannot afford the increased population as resources are scarce and capacity to respond to an outbreak is limited.
 - Many have had to take matters into own hands and set up own checkpoints and blockades.
 - On the other hand, COVID-19 travel and highways checkpoints enforced by provincial governments in Canada have further alienated Indigenous peoples. In northern Saskatchewan, First Nations have reported that they feel like “caged animals” with blockades being enforced in “slapdash fashion, with no clarity who is in charge²²”.
 - Consultation between Indigenous peoples and Transport Canada (the federal institution responsible for Canada’s transportation policies and programs) has occurred over marine measures.
 - Crucial concerns have been expressed over removing or relaxing current passenger vessel restrictions; Indigenous communities must be able to keep restrictions in place to prevent recreational visitors from compromising their health and safety; asked for a nation-wide strategy as its too soon to have differing measures for each Province/Territory
 - What is needed: more guidance and direction from Canada to enforce community closures and more COVID-19 information dissemination is needed to influence the behavior of both band members and visitors to their communities.
- 8. Please provide information on how indigenous women, older persons, children, persons with disabilities and LGBTI persons are or may be facing additional human rights challenges during the pandemic. Please provide information on targeted measures taken to prevent intersecting forms of discrimination, and ensure indigenous women, children, older persons, persons with disabilities and LGBTI persons’ access, protection and services with due regards to their specific needs within indigenous communities**

²² <https://www.cbc.ca/news/canada/saskatoon/coronavirus-saskatchewan-north-1.5569826?cmp=rss>

- COVID-19 has intensified intersecting forms of discrimination, particularly the damaging confluence of anti-Indigenous racism, gender-based violence, and anti-LGBTQ2S+ hate.
- Hostility directed towards Asians and Asian Canadians (who have become racial scapegoats for the pandemic) has generated an atmosphere of fear and distrust towards visible minorities, notably Indigenous peoples. On May 17, 2020, an Indigenous employee of the Union of BC Indian Chiefs was [physically assaulted and subject to racial slurs](#) after being identified as “Asian” by her assailant.
 - As an Indigenous woman, she became a two-fold target in society that views Indigenous women as disposable and reduces Indigenous identity to a one-dimensional label that can be interchanged for whatever the dominant society views as inferior, in this context “Asian”.
 - The incident foregrounds danger of intersecting sexism and racism being enabled and intensified by COVID-19 related paranoia and fear.
- Due to social distancing and travel bans, Elders and Indigenous peoples living with disabilities are facing increased challenges to accessing in-person services related to healthcare and transportation, as well as employment and income supports.
 - Canada has formed a [COVID-19 Disability Advisory Group](#) (CDAG) that will advise government on disability-specific challenges, systemic gaps, and on strategies and measures to be taken.
- Indigenous peoples are facing increased human rights challenges, including:
 - Indigenous women, sex workers and gender diverse people working in informal and criminalized contexts are left out of COVID-19 response. Sex workers, already stigmatized, have had to stop direct-contact sex work, losing income but because of unstable, criminalized nature of work, also being excluded from emergency income supports.
 - Over-incarceration of Indigenous peoples, particularly Indigenous women, in correctional facilities with overcrowded, unsanitary conditions with insufficient medical and mental health resources.
 - Increased rates of domestic violence and abuse and reduced or halted support from shelters and in-person resources.
- Government is providing funding (i.e., Indigenous Community Support Fund) to help address these issues, but it is spread thin across the country and ignores acute issues of gender-based violence, hate crimes and discrimination.
- Recommendations moving forward:
 - Pandemic planning must consider the pre-existing issues of violence and MMIWG ²³.
 - Release plans should be developed for low-risk and non-violent offenders, and correctional facilities need updated pandemic preparedness plans.

²³ <https://canadiandimension.com/articles/view/canada-ignoring-gendered-impacts-of-covid-19-on-indigenous-women>

- Government should track and collect information and statistics, disaggregated by sex, gender, Indigenous identity, race, disability and other identities, in order to improve human rights protection measures.
- Governments must apply intersectional gender-based analysis plus (GBA+) to crisis responses.

9. Please provide information on how States of emergency may contribute to threats or aggravate ongoing human rights violations against indigenous peoples, including with regards to the freedom of assembly and the protection of their traditional lands and resources. What measures have been taken to protect the lands, territories and resources of indigenous peoples against invasions and land-grabbing by external actors during the pandemic?

- In British Columbia, major energy infrastructure projects (e.g. Site C dam, Trans Mountain pipeline expansion, Coastal GasLink pipeline) have been deemed “essential services” and continued construction, despite each project lacking the Free, Prior, and Informed Consent (FPIC) of affected Indigenous Nations even before additional concerns were raised by the pandemic. Construction sites have been exempted from the provincial government’s order prohibiting mass gatherings of 50 people or more.
- Kukpi7 Judy Wilson, on behalf of the Skat’sin te Secwépemc Neskonalith, wrote to Prime Minister Trudeau to register the band’s continued opposition to the Trans Mountain Expansion Project (TMX), raising concerns that, despite the issuance of the December 2019, [United Nations Committee on the Elimination of Racial Discrimination Early Warning and Urgent Action Procedure](#), the governments of Canada and British Columbia have taken advantage of the pandemic to continue the construction of and permitting for the TMX without the Secwépemc Peoples’ FPIC.
 - On June 13, 2020, the Trans Mountain pipeline had a [190,000 litre oil spill](#) that endangered the territory of the Sumas Nation and sensitive salmon habitat. Chief Dalton Silver and the Sumas Nation have repeatedly raised their concerns about the pipeline’s endangering of their drinking water and cultural sites in the Nation’s territory and have called for their Indigenous laws and jurisdiction over their lands to be respected.
- As British Columbia recently adopted its *Declaration on the Rights of Indigenous Peoples Act*, there is a need for both the province and Canada to fulfill their commitments to legislate the *UN Declaration* and incorporate its provisions into their response to COVID-19 and interrelated issues of Title and Rights fulfillment and human rights violations.
- States of emergency across Canada have, until very recently, advised against or prohibited large gatherings of people. For many instances in which Indigenous peoples have not given their consent to industrial projects affecting their territory, resources, and livelihoods, organized protest has been a key aspect of asserting their rights to land. The pandemic has

temporarily limited the safety of mass protest, yet construction on rights-violating projects continues.

- Some Canadian jurisdictions, particularly the province of Alberta, have used the pandemic as an excuse to relax environmental monitoring regulations, including requirements to monitor air, water, and soil pollution in the energy and mining sector.
- In Alberta, Indigenous groups have filed appeals to the relevant energy regulator on the basis that moves to suspend environmental monitoring in their territory were made without consultation and in violation of their rights. The suspension of environmental monitoring has no rational basis in public health when industrial operations otherwise continue.