# **Government of Canada Response to SR Questionnaire – COVID-19**

The Government of Canada welcomes the opportunity to provide information for the Report of the Special Rapporteur on the rights of indigenous peoples to the General Assembly on the Impacts of COVID-19.

The Government of Canada’s response draws on the expertise of key domestic agencies, Crown-Indigenous Relations and Northern Affairs Canada and Indigenous Service Canada, which, along with other agencies and all levels of government, remain focused on working in partnership with the Indigenous peoples of Canada to best support First Nations, Inuit and Métis during this pandemic.

As Canada’s primary focus remains on addressing the current pandemic, the responses to this questionnaire have been limited to input from key domestic agencies at the forefront of the federal government’s engagement with Indigenous peoples. As such, the Government of Canada has limited the response to this questionnaire to key examples provided by these federal agencies.

For context, is it is important to note that within Canada, roles and responsibilities for health care services are shared between provincial and territorial governments and the federal government. Under this system, provincial and territorial governments are responsible for the management, organization and delivery of health care services for their residents, while the federal government has responsibilities for setting and administering national standards for the health care system, providing funding support for provincial and territorial health care services, and supporting the delivery for health care services to specific groups.

The responses to this questionnaire relate primarily to federal government activity aimed at supporting Canada’s Indigenous populations. It does not seek to represent the significant breadth of health, economic and social responses being undertaken by Canada’s provincial and territorial governments.

An attachment to this response providing more detailed information on Indigenous Services Canada’s specific actions and responses to the COVID-19 pandemic is at **Annex A**.

## 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?

The Government of Canada views distinctions-based, Indigenous-led analysis of data as necessary for advancing culturally appropriate and science-based approaches for First Nations, Inuit and Métis communities. Active monitoring, assessing, and responding to needs in real time is occurring, with key federal agencies engaging with Indigenous partners and the provinces and territories to inform decision-making.

An operations centre at Indigenous Services Canada headquarters in Ottawa, Ontario has been established, with a command centre-approach to receive, track, and respond to requests from communities and partners. *Daily COVID-19 Risk Assessment Dashboards* disseminate information covering key factors reported for on-reserve First Nations communities, such as COVID-19 incidence (positive cases, deaths), communities affected (new cases, emerging issues) and communities’ capacity to mitigate simultaneous risks related to wildfires, floods, food security, transportation, infrastructure and community safety.

Canada recognizes the value of Indigenous-led access to and analysis of accurate disaggregated data. Federal agencies are supporting the requests from First Nations, Inuit and Métis leaders for disaggregated data with help from provincial and territorial governments and public health agencies. The *Rapid Implementation of a Shared COVID-19 Tracking and Response Platform for First Nations, Inuit, and Métis Populations in Canada* initiative is focused on bringing together leaders in health information to develop distinct and shared datasets and visual reporting to improve understanding of COVID-19 spread within and across First Nations, Inuit, Métis populations and identify the gaps as it relates to COVID-19 and Indigenous data. This initiative will allow for better understanding and modelling of COVID-19 spread among Indigenous populations in Canada.

The federal government has also provided $250,000 to the First Nations Information Governance Centre to enhance access and quality of COVID-19 data among First Nations people living on-reserve and in Northern communities. The Canadian International Arctic Centre will continue monitoring regional COVID-19 impacts across the Arctic.

## 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?

Health effects of COVID-19 on Canada’s Indigenous communities have been varied due to a range of factors. Issues relating to access to health infrastructure, remoteness and isolation, latent health challenges vary and can exacerbate the health risks for Indigenous communities.

Many communities in the Canadian territories (Yukon, Northwest Territories, Nunavut) are considered remote or isolated and health planning is hampered by the disperse geography and limited resources. Overcrowded and inadequate housing across Canada's north is an ongoing challenge and makes physical distancing or self-isolation virtually impossible. Canadian Inuit in particular are more vulnerable due to health inequities, higher rates of underlying medical conditions (such as tuberculosis), and the challenges of remote and fly-in communities. The impact of the pandemic in the circumpolar Arctic region has been varied, with some countries experiencing national or localized infection spread, and some remote Arctic areas highly infected, or not at all.

The Government of Canada took steps to prioritise readiness for Indigenous health emergencies, with federal funding of $79.9 million (over five years) and $17 million allocated in 2019 towards ongoing health emergency preparedness, including supporting community-led health emergency preparedness activities and creating/revising community health and pandemic plans. While no government could anticipate the scale and severity of COVID-19, these preparatory actions helped enable early responses for our vulnerable populations. Lessons learned during the H1N1 pandemic of 2009 also helped inform Canada’s initial response.

Immediate efforts were focused on ensuring an uninterrupted provision of health services for primary care and emergency services in remote communities, community-based health promotion, disease prevention and public health protection programs both on reserves and in Inuit communities; and, funding to support the maintenance and temporary expansion of community health facilities and the use of digital health technologies.

In conjunction with these early service deliverables, the Government of Canada’s response also included targeted measures regarding enhancing food security, community preparedness, healthcare and housing, essential air transportation, and recovery support for northern businesses. Federal agencies also reviewed pandemic plans, stockpile supplies and assess health care capacity. In some regions, Environmental Public Health Officers were provided with additional training to provide surge support to conduct contact tracing, and they are actively involved in outbreak investigations where on-reserve facilities are suspected. Contact tracing and outbreak investigations are carried out collaboratively with community health and provincial public health teams to ensure culturally appropriate processes.

The pandemic is significantly affecting the mental wellness of Indigenous populations by exacerbating existing inequities. Indigenous communities and mental wellness service providers have noted increases in anxiety, depression, substance use, including use of riskier substances, and violence. The pandemic is also triggering past trauma for some First Nations and Inuit while also creating current trauma through increased racism, discrimination, and stigma. The impact of COVID-19 on mental wellness is due to fear around the disease itself as well as related public health measures such as isolation, lockdowns, and physical distancing.

Over the course of the first few weeks of the pandemic, concerns emerged with the potential for an outbreak in resource extraction sites (oil sands, hydroelectric, mining) located in close proximity to northern and remote Indigenous communities. Federal agencies worked with provinces, territories, industry and communities to help prevent the spread of COVID-19 between natural resources workers and the communities where they work. Natural resources industries have also taken action to protect the health of workers and communities, including monitoring workers for symptoms, implementing physical distancing practices, engaging with local leaders and Indigenous peoples, and providing wage security for workers

## 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?

Though Indigenous communities are in disproportionately vulnerable situations when it comes to this crisis, Indigenous communities are resourceful, innovative and adaptive. Many communities have enacted public health measures and turned to traditional ways of thinking and doing to reduce potential exposure.

Indigenous governments, leaders, organizations, and officials have been discussing policy approaches to food security, overcrowding, respect for treaty rights, mental health and wellness supports, infrastructure, and funding to support education programs. Requests for support to communities include access to personal protective equipment, additional relief funding, and increased capacity to address community needs during the pandemic. The federal government has provided relief funding to mitigate risks and help increase on-the-ground capacity following engagement with Indigenous leaders and governments.

Self-Government Agreements provide the authority for Indigenous Governments to enact emergency measures applicable locally on their lands. Federal funds flowed through pre-existing fiscal arrangements have provided increased capacity to address local needs, at the discretion of Indigenous governments. The Government of Canada is continuing to make funding available to Indigenous communities to support the public health response to the pandemic, and empowering Indigenous communities to help administer funding on a regional basis.

The Government of Canada is also providing $72.6 million directly to the territorial governments to support COVID-19 preparations and responses related to health and social services. This funding builds on additional funding for all provincial and territorial governments through the *Canada Health Transfer* and will enable territorial governments to address their respective critical priorities as they see fit in order to minimize the spread of the virus.

The Government of Canada is also supporting Indigenous communities align physical distancing measures with existing programs. For example, the northern community *“At Home On The Land”* initiative aligns with the concept of social distancing. Many families have moved on to cabins and camps on their lands where they can maintain safer physical distances than if they were to remain in their community homes. The Government of Canada has also provided emergency financial support to Indigenous communities such the Kashechewan First Nation, to self isolate at their traditional hunting camps and on higher-grounds to assist their management of the risks posed to them by COVID-19 and spring flooding. The Government has also worked with partners to implement community-driven distance approaches to service delivery such as tele- and video-counselling. For example, Indigenous Services Canada works in partnership with communities and Indigenous organizations, including national ones such as Thunderbird Partnership Foundation and First Peoples Wellness Circle. First Peoples Wellness Circle has developed tools and resources to support the network of local, community-based, multidisciplinary Mental Wellness Teams including the creation of a virtual platform. Thunderbird Partnership Foundation is working to support the network of treatment centres in response to COVID-19, including developing online and virtual treatment programs and aftercare.

## 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 Government of Canada has sought to involve Indigenous communities in shaping and implementing the national responses to the pandemic. The federal government has provided funding and programs to assist Indigenous communities in shaping appropriate responses to these challenges.

Daily communication and liaison with Indigenous communities, regional and national leadership and collaboration at an overall Indigenous, federal and provincial/territorial level on managing the pandemic response is ongoing. Indigenous Services Canada engages with local health directors, health workers, nurses and community infrastructure staff through a network of Regional Medical Officers, which ensure Indigenous community perspectives are factored into federal and provincial plans.

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

Canada has invested in a range of communications methods to disseminate public health information with Indigenous communities. Material has been developed and translated into Indigenous languages for front line workers and shared through Indigenous community ratio stations.

A federal government web presence was established at [Canada.ca/coronavirus-info-indigenous](https://www.canada.ca/coronavirus-info-indigenous), which includes [Public service announcements](https://www.sac-isc.gc.ca/eng/1583781906998/1583781926813) in multiple Indigenous languages, and various communication products translated in up to 20 Indigenous languages. The web presence contains new products (over 460) for Indigenous audience, including videos, guides and infographics, as well as fact sheets created to emphasize the full range of Government of Canada economic support measures available to Indigenous peoples.

Working in tandem with the First Nations Health Manager’s Association, Indigenous Services Canada has engaged the Canadian Red Cross (CRC) to a help desk (call centre) for Indigenous leaders and planners who are working to keep their communities safe from COVID-19. The knowledge, resources and referrals shared through the Help Desk include a number of Indigenous-focused COVID-19 tools and messaging evidence from resources such as the World Health Organization, UNICEF, the International Federation of the Red Crescent/Red Cross, the Center for Disease Control, the Public Health Agency of Canada, local health authorities and traditional healers.

## 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.

Canada has taken proactive steps to engage with Indigenous partners in appropriate way while developing targeted measures to address the impacts of the pandemic.

Building on existing funding and programs like the *Emergency Management Assistance Program* and the *Health Emergency Management Plan* for Indigenous peoples, new funding of over $1.6 billion is enabling Indigenous organizations and communities to make their own decisions about where critical support is needed to address this public health emergency. This funding includes

* $100M for areas of federal responsibility, including for Indigenous communities to plan and respond to public health needs arising from COVID-19;
* The *Indigenous Community Support Fund* of $305M to implement measures on issues such as to food security, support for Elders, children and youth at risk, mental health services, emergency response and preparedness to prevent the spread of COVID-19.
* $75M to help organizations address the critical needs of Indigenous peoples living in urban areas
* $10M for family violence prevention and support for shelters on reserve and in the Yukon
* $129.9M in health and social supports for northern communities including funding for the *Nutrition North* program, supports for northern air carriers to maintain the flow food and essentials, and support for northern businesses;
* $306.8M to help Indigenous businesses and for Aboriginal Financial Institutions in short-term, interest-free loans and non-repayable contributions;
* $75.2M to support students through the existing First Nations, Inuit and Métis Nation Post-Secondary strategies to address increased costs resulting from the pandemic;
* $270M to supplement the On-Reserve Income Assistance Program;
* $44.8M over five years to build 12 new shelters, to help protect and support Indigenous women and girls experiencing and fleeing violence. An additional $40.8M to support the operational costs of these shelters over the first five years and $10.2M ongoing, as well as $1M a year ongoing to support engagement with Métis leaders and service providers on shelter provision and community-led violence prevention project for Métis women, girls and LGBTQ and Two-spirit people; and
* $285.1M to support the ongoing public health response to the pandemic in Indigenous communities. The money funds community-led responses to the pandemic, and provide targeted increases in primary health care resources to First Nations communities.

Indigenous peoples also have access to the supports provided to the general population. In addition, First Nations peoples living off-reserve are also eligible for any benefits offered by provincial, territorial or municipal governments.

By engaging Indigenous partners in designing community-led interventions, and providing funding support for new and existing programs, Indigenous communities have been able to have a voice in Canada’s COVID-19 response and take steps to protect their wellbeing.

Early in the pandemic, the Department of Justice drafted guidance to federal agencies on the Duty to Consult, which Crown-Indigenous Relations and Northern Affairs Canada officials circulated through its networks to support meaningful and reasonable consultations. Since March 2020, meetings of an interdepartmental network on consultation and accommodation have taken place to maintain a whole-of-government approach in this unique context. Regional interdepartmental networks are also active and sharing guidance. With respect to intergovernmental collaboration, a Federal/Provincial/Territorial Working Group on Consultation and Accommodation met twice and regular meetings are planned to keep information flowing and to support alignment of operations and approaches

The federal government has continued its partnerships with Inuit Tapiriit Kanatami on advancing Inuit housing. The federal government has led efforts in providing relief funding to Métis and Inuit organizations, in addition to some Urban and Non-status Indigenous groups, implementing accords with the Native Women’s Association of Canada, Congress of Aboriginal Peoples and a Memorandum of Understanding with Pauktuutit.

In partnership with investments by the territorial governments, the Government of Canada is providing up to $17.3 million to the governments of Yukon, Northwest Territories, and Nunavut to support northern air carriers to ensure the continued supply of food, medical supplies, and other essential goods and services to remote and fly-in communities.

The Government of Canada has also announced a one-time financial injection of $25 million to increase Nutrition North Canada's subsidy rates on nutritious food and essential items.

## 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?

Canada supports and respects the decisions made by Indigenous communities to restrict access to their communities during the pandemic. Taking a lockdown approach is necessary to protect communities from the spread of this virus. The Government of Canada has worked with Indigenous partners to ensure dialogue on self-determination can continue where appropriate, such as through secure virtual meetings to minimise the disruption of lockdowns on discussions and accommodate the specific needs and rights of communities where possible.

Modern Treaties and Self-Government Agreements set out the rights and responsibilities of Indigenous, federal, provincial, and territorial governments in the event of national emergencies. Most agreements include jurisdiction of the Indigenous groups to enact emergency measures applicable locally on their lands and recognition of their local authority for emergency preparedness. Agreements also guide all signatories on the exercise of land and harvesting rights and describe the priority of laws between jurisdictions.

During engagement between the federal government and Indigenous governments and organizations as to whether the *Emergencies Act* should be invoked in Canada, there was apprehension that the *Act* could infringe on Indigenous jurisdictions, especially from a section 35 constitutional rights perspective. This apprehension was particularly felt amongst self-governing First Nations who feared the *Act* may hamper their abilities to enact measures to safeguard their people, infringing on their rights to hunting, fishing, and trapping. While Canada has not invoked the *Emergencies Act*, Indigenous partners have expressed the need to ensure that their governments have the tools and supplies to manage the COVID-19 response on their lands to minimize impacts on Aboriginal rights and title. Canada has been mindful of the concerns raised in developing broader responses.

In implementing travel restrictions, the territorial governments made an exception for persons exercising their rights to harvest or carry out other activities on the land, allowing Indigenous peoples to move freely across territorial boundaries without the need to self-isolate upon their return home (unless they visited another community or populated area).

COVID-19 has increased the impact of the connectivity gap the North faces because of the lockdowns and travel restriction. Without adequate internet and reliable phone coverage, Northerners, the majority of whom are Indigenous, are limited in their ability to transition to online education, working from home, or remaining connected to family, friends, and community.

The pandemic has had a devastating effect on Arctic economies and northern-based businesses, and across a range of sectors, including shipping, tourism, transportation, and energy. To assist businesses with operating costs not already covered by other federal measures, the Canadian Northern Economic Development Agency is providing $15 million in non-repayable support for businesses in the territories through the Northern Business Relief Fund.

From a food security perspective, the impacts of COVID-19 on this supply chain has put northern isolated communities at risk to both not having enough food or access to health and hygiene items, to prevent and treat infections of the virus. Many isolated communities have also declared a state of emergency to avoid non-essential travel to and from the community. The Government of Canada’s one-time financial injection of $25 million to Nutrition North Canada increased the targeted/highest subsidy level by 50 cents/kg, and the higher subsidy level by $1/kg. In addition, the eligibility list was extended to include other items such as canned foods, cleaning products and personal hygiene products in all 116 eligible communities.

## 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.

The COVID-19 pandemic has had differential non-health impacts on intersectional and unique sub-populations. Physical distancing measures, business shutdowns, and changes to delivery of basic public services have affected the diversity of Indigenous peoples in different ways. The challenges of family violence and mental health during isolation, or the needs of LGBTQ and Two-Spirit individuals or those with disabilities requires particular attention during the pandemic. National and Regional Indigenous Women’s organizations have highlighted that violence against Indigenous women and access to safe housing and food are heightened concerns for Indigenous women and girls in a time of pandemic.

In response to the National Inquiry into Missing and Murdered Indigenous Women and Girls, Crown-Indigenous Relations and Northern Affairs Canada is developing an engagement strategy and a whole-of-Canada National Action Plan related to ending violence against Indigenous women, girls, and LGBTQ and Two-Spirit people.

As part of its National Action Plan on Women, Peace and Security, the Government of Canada has committed to publishing a joint Implementation Plan on Women, Peace, and Security. This Implementation Plan will highlight the initiatives Canada is undertaking to prevent violence against Indigenous women and girls, and promote their empowerment in Canada and abroad.

COVID-19 has also highlighted the disproportionate vulnerability of seniors and persons with disabilities living in Indigenous communities. Going forward, this population will continue to need services and supports closer to their homes and communities. Ideally, supportive care for Indigenous elders and those with disabilities include both enhanced home and facility based care. An Indigenous-led engagement related to a continuum of supportive care services, to be initiated in the fall of 2020, will continue to further inform the comprehensive community-based approaches that support the most vulnerable Indigenous people.

## 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?

During a pandemic, human rights – like freedom of movement -could be limited in order to protect communities from the spread of infection. For example, over 365 Indigenous communities made the decision to be closed to non-essential traffic to limit as much as possible any exposure to the virus. Indigenous Services Canada has been working with these communities and other partners to ensure any measure taken is proportional to the risk of outbreaks in a community. The banning of cultural and spiritual practices forms an unfortunate part of the country’s history. In the face of COVID-19, Canada took a stance that even under these circumstances there would be no prohibition of cultural and democratic events such as powwows and elections. Any decision regarding an event is at the discretion of a community’s leadership.

Democratic rights are also at risk during a pandemic and the public health risks of holding an election during a pandemic are significant. Indigenous Services Canada ensured there are no gaps in governance for those communities with scheduled elections, introducing a temporary regulatory option, the *First Nations Election Cancellation and Postponement Regulations*, so that First Nations leaders can continue to exercise their roles and duties for up to six months, with a potential extension for an additional six months.

Throughout this period, Canada’s Indigenous peoples have shown great resilience and adaptability to help address and mitigate these risks. For example, The Lake Manitoba First Nation have postponed their powwow that was scheduled to be later in June as a public health precaution. While in Saskatchewan, the Beardy’s and Okemasie Cree Nation did hold their traditional sun dance ceremony in mid-May during which they limited the number of people in attendance and practiced social distancing. In both cases the communities’ leaders weighed the risk and took into account public health guidelines of their respective provinces.