To: [indigenous@ohchr.org](mailto:indigenous@ohchr.org)To the Special Rapporteur on the Rights of Indigenous Peoples,

The Congress of Aboriginal Peoples (CAP) is one of five National Indigenous Organizations recognized by the Government of Canada. Founded in 1971 as the Native Council of Canada (NCC), the organization was originally established to represent the interests of Métis and non-status Indians.

Reorganized and renamed in 1993, CAP has extended its constituency to include all off-reserve status and non-status Indians, Métis and Southern Inuit Aboriginal Peoples, and serves as the national voice for its provincial and territorial affiliate organizations.

CAP also holds consultative status with the United Nations Economic and Social Council (ECOSOC), which facilitates its participation on international issues of importance to Indigenous Peoples.

As an ongoing participant in United Nations consultations and activities, including the UNFCCC process, development of the UN Declaration on the Rights of Indigenous Peoples, Minamata Convention on Mercury, and UN Convention on Biodiversity, we appreciate the importance of the work of the United Nations to highlight challenges facing Indigenous people in Canada and around the world.

We offer the following responses to the call for input on the impact of COVID-19 on Indigenous Peoples.

**Questionnaire for responses by States, indigenous peoples and other actors:**

* 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?
  + As of May, Canada does not comprehensively gather COVID-19 data based on race or ethnicity, leading to serious gaps in data collection and impact assessment based on the cultural communities of victims. Manitoba, Ontario and Quebec have announced plans to begin collecting this data.
  + Further, while information related to certain on-reserve communities is available in some instances, this does not account for the majority of Indigenous people who live off-reserve in Canada, and means that the full impact of COVID on Indigenous people cannot be directly measured as the pandemic progresses.
  + Definitions of “Indigenous Identity” are unclear, inconsistent and poorly defined overall in government statistics. These can variously include identity based on self-identification, status, membership in communities and organizations, and other factors. CAP supports a standard of self-identification that acknowledges self-determination for Indigenous people in Canada.
  + CAP has identified these gaps in communications with policymakers and supports steps being taken to ensure that pandemic responses acknowledge the disproportionate impact on CAP’s constituents, the off-reserve and non-status Indigenous community.
  + Status vs non-status Indigenous identity statistics are not treated as distinct categories in official statistics[[1]](#footnote-1) - this can lead to difficulty in identifying cases where barriers exist due to non-status Indigenous people seeking access to programs.
* 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?
  + Extensive data demonstrates the higher risk factors facing Indigenous people in Canada. Data gaps are not in the area of vulnerabilities, but in current actual COVID-19 fatalities and present prevalence rates in Indigenous communities, especially off-reserve and in non-status communities.
  + Selected Indigenous Health Statistics[[2]](#footnote-2):
    - In 2007–2010, First Nations people living off reserve, Métis, and Inuit reported poorer health compared with non-Aboriginal people. First Nations people and Métis were more likely to report higher rates of chronic conditions compared with the non-Aboriginal population.
    - Smoking rates were over two times higher among the three Aboriginal groups than the non-Aboriginal population. Aboriginal people were also twice as likely to be exposed to second-hand smoke in the home.
    - Aboriginal adults had higher obesity rates: First Nations people—26%; Inuit—26%; and Métis—22%; compared to 16% for non-Aboriginal adults.
    - All three Aboriginal groups were more likely to experience household food insecurity than the non-Aboriginal population. The rates were 27% of Inuit, 22% of First Nations people and 15% of Métis compared with 7% of non-Aboriginal people.
    - Higher rates of chronic conditions partly explain the poorer self-reported health among First Nations people and Métis. 56% of First Nations people and 55% of Métis reported being diagnosed with one or more chronic conditions, compared with 48% of non-Aboriginal people.
  + First Nations people, Métis and Inuit and COVID-19: Health and social characteristics[[3]](#footnote-3)
    - 82% of Inuit living in Inuit Nunangat reported that they did not have a family doctor. In comparison, less than one in five Canadians did not have a family doctor.
    - While health care may be more readily accessible to Indigenous people living closer to or within population centres, Indigenous people in these regions also face barriers. In 2017, nearly one in five (19%) First Nations people living off reserve and 16% of Métis did not have a family doctor.
    - Among First Nations adults aged 50 and older living off reserve, 36% reported having high blood pressure and 20% reported having diabetes. In comparison, 33% of all Canadians aged 50 and older reported having high blood pressure and 14% reported having diabetes.
    - In 2016, 18.3% of the Indigenous population lived in housing that was considered unsuitable, according to the National Occupancy Standard. Housing suitability—a measure of crowding—refers to whether the dwelling has enough bedrooms for the size and composition of the household.
    - Over half (51.7%) of Inuit living in Inuit Nunangat were in housing that was considered unsuitable, including 24.5% who were in housing with at least a two-bedroom shortfall.
    - Among First Nations people, 23.1% lived in unsuitable housing, and the proportion was much higher on reserve (36.8%) than off reserve (16.0%). In comparison, 8.5% of the non-Indigenous population was living in housing that was considered unsuitable.
    - Over one-quarter of First Nations people living on reserve (25.4%) and 23.5% of Inuit in Inuit Nunangat lived in multigenerational households in 2016. In comparison, 6.1% of the non-Indigenous population lived in multigenerational households.
    - Indigenous people are often overrepresented among those experiencing precarious housing or homelessness (e.g., living in homeless shelters, transitional housing or residential facilities for victims of abuse).
  + Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19[[4]](#footnote-4)
    - According to the market basket measure (MBM), Canada’s official poverty line, approximately one-quarter (24%) of Indigenous people living in urban areas in the provinces were in poverty. By comparison, 13% of the non-Indigenous population in these areas were in poverty.
    - In 2017, among Indigenous people aged 18 and older living in urban areas, 38% lived in a food insecure household. The proportions were 43% among off-reserve First Nations people, 31% among Métis and 53% among Inuit.
    - Women were more likely to experience food insecurity, with 41% of Indigenous women aged 18 and older living in a food insecure household compared with 34% of Indigenous men.
    - When asked in 2017 if their household could cover an unexpected expense of $500 from their own resources, 39% of Indigenous people in urban areas reported that they could not
* 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?
  + Canada has created several measures to support Indigenous initiatives related to COVID-19.[[5]](#footnote-5) These are limited, however, due to being tied to the government’s “Distinctions-Based” model for service delivery.
    - This model has the goal of recognizing distinctions between major Indigenous groups in Canada – First Nations, Inuit, and Metis – and providing appropriate supports.
    - While CAP supports the goals of this model, in practice it is implemented by allocating funding through 3 Indigenous organizations who are labelled as “Permanent Bilateral Mechanism” (PBM) holders, who collectively represent only a minority of total Indigenous population in Canada, excluding all other Indigenous peoples, in particular off-reserve and non-status Indigenous communities.
    - The 3 PBM organizations received $290 million under the Indigenous Community Support Fund (ICSF) for COVID-19. Separately, $15 million was allocated for the majority of Indigenous people who are not associated with those 3 organizations. In a 2nd round of funding, the 3 PBM organizations received a further $650 million, and separately $75 million was allocated towards the majority of Indigenous people who are not associated with the 3 PBM organizations.
    - In addition to the lower amounts accessible to the off-reserve and non-Status majority of Indigenous people in Canada, programs were delayed significantly by the proposal-based process. While PBM organizations were able to launch programs by April, proposals were not even beginning to be accepted until April 13th[[6]](#footnote-6).
* 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?
  + CAP’s constituency was not given opportunities to shape the national COVID-19 response to ensure it does not have discriminatory effect on their communities.
    - ICSF funding for off-reserve and non-status communities was not administered according to the priorities chosen by Indigenous communities. Funding was subject to colonial processes where public servants working for Indigenous Services Canada would judge project proposals coming from communities, and select the communities and priorities that would be funded.
    - As a result of this process, and the significant under-funding level for off-reserve and non-Status Indigenous communities with only $15 million out of $305 million total allocated to those populations, priorities were not funded that were deemed necessary by members of the off-reserve Indigenous community, and unequal supports were accessible to different Indigenous people depending on their residency, organizational members, status, and identity.
    - Other responses did not offer opportunities for input or any possibility to shape the conversation, even for measures that would directly relate to Indigenous support programs themselves. No opportunities were offered for input on other aspects of COVID-19 response.
* How is information about COVID-19 and prevention measures disseminated in indigenous communities? Is such information available in indigenous languages?
  + The main information sources are primarily available in English and French. Information is available through mainstream media outlets, as well as online. These outlets can create barriers to indigenous communities with members who speak only traditional indigenous languages.
  + Despite CAP identifying our PTOs as being potential information resources for off-reserve and non-status Indigenous people, support to provide that information through CAP and PTOs has not been provided.
* 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.
  + We are not aware of best practices being implemented by the government at this time.
  + Among the Provincial and Territorial organizations represented by CAP: provision of housing space, emergency shelters, support connecting homeless individuals in partnership with Indigenous representative organizations across the country.
* 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?
  + Remote Indigenous communities have reported disproportionate difficulty in accessing essential goods, medication and food.
  + There are major gaps in the development of assistance and relief programs due to the exclusion of off-reserve and non-status organizations from COVID planning and policy implementation. No organization representing off-reserve and non-status Indigenous communities has been included in the planning process under the government’s “distinctions-based” strategy.
* 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.
  + Preliminary findings of a study conducted by NWAC of more than 250 Indigenous women found 1 in 5 reporting they have been a victim of physical or psychological violence during the pandemic. Survey responses suggest more of these women are concerned about domestic violence during the pandemic than the virus itself.   
    Targeted measures to address this breach of human security can be found in the Calls for Justice from the MMIW Inquiry’s Final Report (Specifically Calls for Justice 4.1, 4.6 and 4.7). These are calls for more affordable housing for Indigenous women and 2SLGBTQQIA people so they aren’t faced with the choice of staying in an abuse relationship in order to have access to safe housing. There are also calls for greater access to emergency shelters, particularly that are welcoming and safe for 2SLGBTQQIA individuals. Better support for the health and wellness of victims of abuse are also more vital than ever with the additional stressors brought on by the pandemic. Calls for Justice 3.2, 3.3, 3.4 and 3.5 from the MMIW Inquiry Final Report provides guidance on how to address this need.
* 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 Alberta, the open advocacy for natural resource and pipeline development prompted by the pandemic represents a direct threat to Indigenous lands and security. In addition, further attempts to criminalize protest exacerbates these threats.
  + Indigenous communities have expressed concern about funding for essential programs like housing, healthcare being reduced or eliminated in response to calls for austerity in response to winding down of COVID pandemic support measures.

1. <https://www150.statcan.gc.ca/n1/daily-quotidien/200417/dq200417b-eng.htm> [↑](#footnote-ref-1)
2. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11763-eng.htm> [↑](#footnote-ref-2)
3. <https://www150.statcan.gc.ca/n1/daily-quotidien/200417/dq200417b-eng.htm> [↑](#footnote-ref-3)
4. Paula Arriagada, Tara Hahmann and Vivian O’Donnell , Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19, Statistics Canada, May 26, 2020, [↑](#footnote-ref-4)
5. <https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298> [↑](#footnote-ref-5)
6. <https://www.sac-isc.gc.ca/eng/1585189335380/1585189357198> [↑](#footnote-ref-6)