

Colonialism of the Curve: Indigenous Communities and Bad Covid Data

By Courtney Skye

ON MAY 9TH, INDIGENOUS SERVICES CANADA announced \$250,000 in funding towards improving data collection for First Nations, Inuit and Metis peoples impacted by Covid-19.

Along with the funding came an admission that the data available to inform Indigenous responses to Covid-19 is insufficient. We're now nearly two months into broad social distancing and life-altering responses to a global pandemic, which seems like typical timing for the reactionary response of Indigenous Services Canada (ISC).

The public has never been more saturated by data—number of new cases, number of new deaths, flattening curves, best case projections and so on—yet, there is a remarkable absence of clear, public data on how this pandemic is affecting Indigenous peoples.

In fact, no one seems sure how many Indigenous people have Covid-19, how many outbreaks there are in communities, or how many people have died from this disease.

ISC continues to release numbers that don't provide the whole picture. As of May 10th, ISC is aware of 175 cases of Covid-19 in on reserve communities across the country and two deaths. That does not reflect what we're seeing in our own communities and families. Moreover, by only reporting what is happening on-reserve, the realities of Indigenous peoples are erased. Indigenous peoples do not only live on-reserve, nor do they live in "distinctions-based" silos in urban and rural places. Inuit, Metis, and First Nations people live amongst each other and in relation to one another, making data collection that is truly reflective of our communities a complex undertaking.

Through publicly available data—media reports, Band Council updates to members, local reports and obituaries—a team of researchers supported by Yellowhead has compiled and verified many more cases.

At the time of writing, the Yellowhead team has found as many as 465 cases in 42 communities and likely seven deaths.

WHY THE DATA DISCREPANCY?

This is a significant difference in the reported data. According to our research, there are nearly triple the cases reported by ISC. How can there be such a discrepancy?

First, there is no agency or organization in Canada reliably recording and releasing Covid-19 data that indicates whether or not a person is Indigenous. The public health agencies that report on the number of Covid-19 cases, deaths, recovery, and tests vary in their structure and relationship to local Indigenous people and their communities.

And since very few First Nations actually have local control over the delivery of public health, the majority rely on provincial public health services, regardless of whether or not they live on-reserve. Many public services that Indigenous peoples access do not collect disaggregated data that includes racial or ethnic identity of clients, which makes it almost impossible for any racialized community to seek accountability for poorer outcomes or service based on racial discrimination.

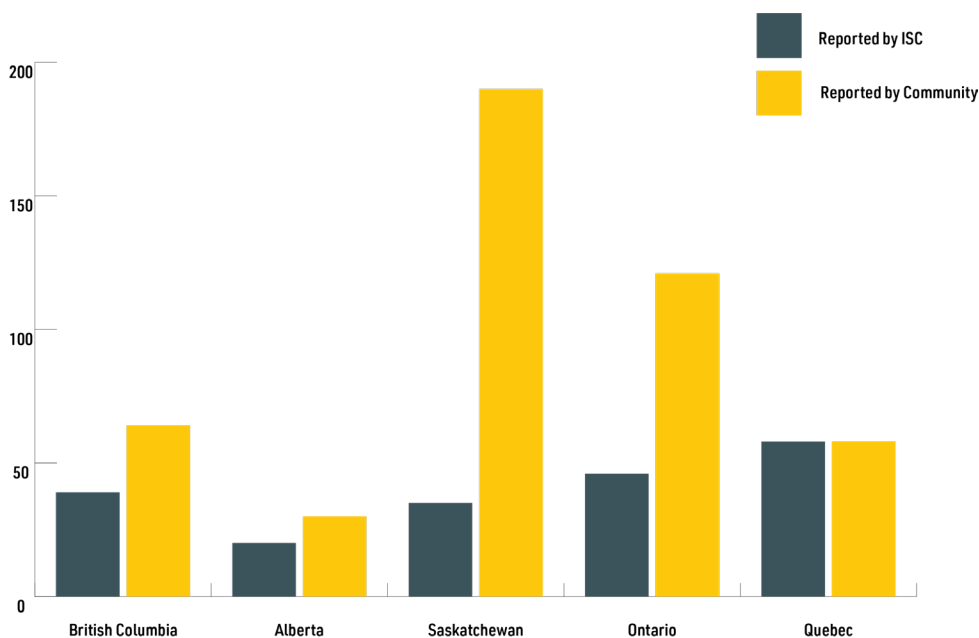
This patchwork of service is a direct result of colonialism. The establishment of provinces and division of powers between provincial and federal government has gradually displaced and disrupted Indigenous governance over time. Canadian federalism was established to serve Canadians and consequently maintains discrimination and sub-standard service delivery in on-reserve communities.

This jurisdictional fight between provinces and the federal government, where both claim the other is responsible for services, more often than not leaves Indigenous people without any services.

These data issues are not limited to the health sector. The same gaps in data collection exist in child welfare and were a primary reason why the National Inquiry on Missing and Murdered Indigenous Women and Girls were unable to definitively identify the number of Indigenous women who have been murdered or are missing.

A MORE ACCURATE NATIONAL SNAPSHOT

Along these federalist lines, it is also worth considering what is happening regionally (note that ISC is only providing updates for First Nations on-reserve in five provinces: British Columbia, Alberta, Saskatchewan, Ontario, and Quebec).



A Comparison of COVID-19 Cases Reported by ISC vs Community

Note: This analysis does not include regions with insufficient data to compare

British Columbia

In British Columbia, the First Nations Health Authority is withholding Covid-19 data from local communities, citing privacy and potential social harm for patients. This despite calls from Central Coast First Nations leaders to share information about presumptive and confirmed cases: “holding back potentially life-saving information only maintains a colonial relationship. Non-disclosure to Indigenous governments perpetuates the historic social and legal stigma that Indigenous peoples, societies and legal orders are illegitimate.”

Alberta

In Alberta, 1 in 4 Covid-19 cases are linked to the Cargill meat-packing facility, which is believed to be the source of spread within the Stoney Nakoda Nation, which has 15 cases. The link between Covid-19 spread and continuing work has sparked calls for work stoppages, not only at Cargill but in mining operations, too. (This is a call being made by communities in the Yukon, Ontario, and Quebec as well). Communities in Alberta are also facing spring flooding alongside responding to Covid-19.

Saskatchewan

La Loche, often identified as a Dene community with reserves nearby, provides a glimpse into how taking a distinctions-based approach is impractical when First Nations and Metis communities are so interconnected. Like Alberta, cases in La Loche have been linked to essential workers from the Alberta oil sands returning to small communities following Covid-19 outbreaks in workplaces. ISC reports 35 cases on-reserve in Saskatchewan, however, it is presumed that all 139 cases in La Loche are Indigenous people as the majority of people in the community are Dene and Metis. Additionally, Saskatchewan is the only province with Covid-19 cases reported in Metis communities.

Ontario

To date, ISC has reported 41 Covid-19 cases on-reserve in the province, while Chiefs of Ontario reports 40 cases on-reserve and another 75 cases off-reserve. The City of Toronto, home to approximately 70, 000 urban Indigenous people, has indicated they will begin to collect disaggregated data.

Quebec and Inuit Nunangat

For Inuit, the entirety of reported Inuit cases that have been reported are in Nunavik (previously, there was one case reported in Nunavut which was a false positive). The Nunavik Regional Board of Health and Social Services has reported 16 cases, while the Ministry of Health and Social Services, Province of Quebec announced 20 cases. In their data, the province had included four confirmed cases of individuals who maintained home addresses, but are not currently living in the region. Since the discrepancy was noted, the four cases were removed from the regional total by the province. While somewhat minor, the error in reporting is emblematic of the broader struggle to identify Indigenous Covid-19 patients.

Territories and Maritimes

The territories and Atlantic provinces have not reported any Indigenous people having contracted Covid-19.

Manitoba

The same is technically true for Manitoba, but there is reason to doubt that claim. While the province has reiterated that there are no Covid-19 cases on reserves, the high Indigenous population and number of cases make it likely that there are urban Indigenous people in Manitoba with Covid-19.

The province has entered into a data sharing agreement with First Nations, which leaves public disclosure to the discretion of elected chiefs. But what has emerged is a disturbing rhetoric where First Nation leaders position themselves as gatekeepers to information, using arguments for data-sovereignty while simultaneously excluding their own people from having access to information received because of our collective rights. While there is no expectation that identifiable personal health information be disclosed, accessible, aggregate community data, especially data that can be tracked over time, is an important tool communities can use to hold decision-makers to account for the efficacy of their interventions.

Institutional Outbreaks

According to research conducted by Nora Loreto over 80% of Covid-19 related deaths in Canada have occurred in congregate living settings (long-term care homes, detox/treatment centers, homeless shelters, women's shelters and carceral sites). The failure on the part of the federal government to ensure health services and long-term care facilities on-reserve means that many First Nations are using these services in rural and urban communities, and are likely to contract Covid-19 in these settings.

Research conducted by Justin Piché indicates there are **at least 563 Covid-19 cases** linked to Canadian carceral sites. Indigenous peoples also experience criminalization and are incarcerated at disproportionate rates. Joelle Beaulieu, an Ojibwe woman, contracted Covid-19 at Joliette Women’s Institution **has filed a class action lawsuit** against Correctional Services Canada saying “it failed in their duty to protect vulnerable inmates.” There is no information available on Covid-19 stats for incarcerated First Nations and it remains unclear if incarcerated people who test positive and have Indian Status are identified to their respective bands.

BAD DATA, MEMORY AND ACCOUNTABILITY

This pandemic has demonstrated, once again, that Canada doesn’t care about Indigenous peoples. While long asserted by our communities, we have the data—or rather, the lack of data, to prove it.

The most difficult part of collecting and reporting on data discrepancy is the realization that the number of Indigenous people who have died from Covid-19 is higher than reported by the federal government.

There is one death at Six Nations of the Grand River (the name of the person has not been released). There are at least two more First Nations elders who have died in rural long-term care homes in Ontario confirmed to researchers by local officials. These three, along with reported deaths of **Cindy Mountain, Agnes Macdonald, Joseph “Bannock” Sylvestre, and Emma Trapper** mean there are seven Covid-19 related deaths of First Nations people. There are families who are experiencing significant loss at an incredibly difficult time and any loss of an elder family member has an impact on a community.

Without a treatment or vaccine, Covid-19 will continue to pose a threat to the health and safety of Indigenous people, families, and communities. While leadership should have the best available information to make informed decisions, people in communities have a right to be informed as well.

For First Nations people, Elected Band Councils are not the sole bearer of our collective rights. As people, we have a right to transparency and accountability from all levels of leadership, and that includes at the local level.

Mayors, Chiefs, Premiers, Medical Officers of Health, and the Prime Minister must not be allowed to continue to treat Indigenous peoples as an afterthought—as invisible, disposable, or somehow external to “public” health.

Publicly accessible data makes it easier for Indigenous people to seek accountability from leaders, and to independently evaluate and measure the efficacy of interventions by all levels of government, including our own Indigenous leadership. In fact, this is probably one of the reasons why we don’t have it.

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