GENDERED PANDEMIC RESPONSE NEEDED TO ADDRESSING SPECIFIC NEEDS OF INDIGENOUS WOMEN
Pamela Palmater | June 4, 2020

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Institutional settings in Canada have been the hardest hit by the covid-19 pandemic; from numerous deaths in long-term care homes, to the outbreaks in prisons, homeless centres and domestic abuse shelters. This was predictable, given that Canada’s own health data indicates that those most at risk of severe outcomes from the virus are not only the elderly and those with underlying medical conditions, but also those who live in poverty, are homeless or have inadequate access to healthcare. Many Indigenous peoples suffer from all of these risk factors and have long been over-represented in poverty, homelessness, prisons and shelters; significantly increasing their risks from the disease. The situation is exacerbated for Indigenous women and girls who, in addition to being over-represented in most of these risk factors and institutions, also face higher incidences of sexualized violence, exploitation, disappearances and murder.

It is no secret that Indigenous peoples die upwards of 15 years earlier than Canadians; many from preventable diseases, injuries and suicides. One of the primary root causes of their higher incidences of disease and injury are the severe socio-economic conditions that have been created and maintained by the purposeful and chronic underfunding of essential social programs and services by both federal and provincial governments. In 2013, former United Nations (UN) Special Rapporteur on the rights of Indigenous peoples, James Anaya, said that Canada was facing a major human rights “crisis” in its treatment of Indigenous peoples. Discriminatory lack of access to critical healthcare, education, housing and even the basics like food and water, have created “jarring” conditions of abject poverty within many First Nations and Inuit communities. In fact, of Canada’s bottom 100 communities on the Community Well-Being Index, 96 were First Nations.

Canada’s laws and policies also have a specific impact on Indigenous women and girls. The UN Committee for the Elimination of Discrimination Against Women and Girls found that Canada continues to discriminate against Indigenous women by not addressing their impoverished socio-economic conditions, which in turn makes them more vulnerable to violence. They further noted the dangers in failing to tailor ameliorative initiatives to the specific needs of Indigenous women:

…the initiatives to address the socioeconomic conditions of aboriginal people, and aboriginal women in particular, are not sharply focused in relation to their needs, and posits that unless urgent attention is given to addressing the root cause of the vulnerability of aboriginal women to violence, the problem will persist unabated.
Canada’s long history of violent colonization of Indigenous lands and peoples has had disastrous, inter-generational impacts. Centuries of land and resource theft, forced relocations, stolen children, broken treaty promises and the violent suppression of Indigenous cultures, identities and survival-resistance, continues into the present. That is why the National Inquiry into Murdered and Missing Indigenous Women and Girls found Canada guilty of both historic and ongoing genocide, which specifically targeted Indigenous women and girls – a form of gendered colonization. The totality of Canada’s laws, policies, practices, actions and omissions are the primary root causes of both their poor socio-economic conditions and the high incidence of racialized and sexualized violence and exploitation of Indigenous women and girls, which has continued unabated. This pandemic is another layer on top of the multiple, overlapping crises facing Indigenous women and girls.

Canada’s failure to use a gender lens on its pandemic measures ignores the many ways in which the covid-19 pandemic is disproportionately impacting women in general. Even before the pandemic, Statistics Canada noted in 2019 that women still earn 13% less than men and are over-represented in part-time jobs. The most recent Statistics Canada report further noted that although women make up less than half of the workforce, in March they suffered more than twice the job losses than men. The Canadian Centre for Policy Alternatives reminds us that in some sectors like health care, social assistance and other support services, women represent almost 100% of the jobs lost. Add to this, the fact that more than half of all women workers are employed on the frontlines in caring and service jobs and you can see how they are disadvantaged not only economically, but at greater risk of infection from the virus. Women also represent the majority of elderly residents in long-term care homes, long known for elder abuse and neglect. It should come as no surprise that more than half of all covid-19 deaths in Canada are women.

Now consider the dual disadvantage of Indigenous women who are also forced to navigate an “infrastructure of violence” that is Canada’s complex set of institutional laws and policies that treat Indigenous women as lesser human beings, treated as disposable because of their gender and their Indigeneity. Canada’s consistent failures to remedy these “grave” human rights violations committed against Indigenous women forces them into precarious situations which increase their risks of infections and deaths from the virus. In provinces like Manitoba, which have some of the highest incidences of violence, exploitation and disappearances of Indigenous women, more than 80% of First Nations peoples who have contracted the virus are First Nation women.

But we don’t even have all of the data we need to get a true picture of the incidence of infection, since Indigenous Services Canada (ISC) does not report on all First Nations, nor do all the provinces collect race-based data. First Nation reported data shows that the incidence of covid-19 infection is more than double what ISC reports: 465 cases versus ISC’s reported 175 cases. This is a massive failure on Canada’s part, given how critical accurate testing, tracking and reporting is to preventing the spread of the virus. This is a particularly negligent failure given what we know about the disproportionate impact of past pandemics on Indigenous peoples. During the 2009 H1NI pandemic, Indigenous peoples represented 28% of hospital admissions and 18% of deaths in the first wave despite only being 4% of the population. However, in
provinces like Manitoba with high incidences of poverty and violence against Indigenous women, pregnant Indigenous women represented 37% of hospitalized pregnant women.\textsuperscript{xxx}

The evidence is clear that Canada needs a gendered pandemic plan for Indigenous women and girls, specifically tailored to their specific needs and takes into account the current context of racialized and sexualized violence and poverty, caused by ongoing genocide. This infrastructure of violence did not evolve naturally. It was created by governments and agencies and has been reinforced in every aspect of society. Only a gendered plan with a human rights lens, co-designed by and specifically tailored for Indigenous women could possibly address these life-threatening deep disadvantages. One-size-fits all pandemic measures, like the Canada Emergency Response Benefit, do not address long-standing, substantive disadvantages and inequalities, but serves to perpetuate them. That is in addition to Canada’s general failure to ensure enough personal protective equipment and testing supplies for First Nations.\textsuperscript{xxxii}

While a comprehensive Indigenous gendered pandemic plan would include many things, Canada should start with: (1) mandatory data collection, (2) addressing community infrastructure needs; and (3) significantly increasing pandemic funding and supports for Indigenous women and their communities. While representing 5\% of the Canadian population\textsuperscript{xxxiii}, pandemic measures for Indigenous peoples represent less than 0.5\% of the funding.\textsuperscript{xxxiv} By population alone, Indigenous funding should have been more than five billion dollars. We know that addressing water and sanitation issues on First Nations would cost billions of dollars\textsuperscript{xxxv}; then the $305 million for all First Nations, Metis and Inuit, plus the recent $75 million for off-reserve Indigenous peoples is not even a drop in the bucket, of what is actually needed.\textsuperscript{xxxvi} Indigenous women and their governments should be the ones deciding what they need. Simply adding more money for shelters does not address food, water, housing, healthcare, childcare, income or other urgently needed supports.

Mandating comprehensive race and sex-based data collection in every province and territory would ensure accurate numbers for tracking, testing and tracing; as well as the levels of emergency supports needed for Indigenous women and children in especially vulnerable situations. It would also help demonstrate the gross inadequacies of current social programs and pandemic funding. Data must also specify whether they are First Nations, Metis or Inuit and whether they live on and off-reserve, or in urban or remote areas. It is imperative that we prevent the most oppressed peoples from slipping through the cracks, like the homeless, those in any kind of emergency shelters or those institutionalized in prisons, youth corrections, half-way houses and group homes. Given that Indigenous women and girls are over-represented in these institutions which are hot spots for outbreaks, it is important to look beyond the institutionalization of Indigenous women, and focus on real solutions like safe permanent housing for example.

Numerous UN human rights treaty bodies have long called on Canada to improve its data collection with regards to Indigenous peoples, especially women; as a critical part of tracking and addressing the socio-economic conditions caused by Canada’s human rights violations.\textsuperscript{xxxvii} The data would also help governments better determine the financial needs and target the specific socio-economic conditions
which serve as the root causes of increased infection risks for Indigenous women. This data will help facilitate the transfer of financial and other critical supports to Indigenous women and their children directly; as well help determine the actual financial and infrastructure needs of local Indigenous governments and social organizations that support these women.

There is no point telling an Indigenous woman to wash her hands and those of her children regularly, if the local First Nation does not have clean water.xxiv Many homes on First Nations reserves are also so over-crowded that social distancing is not possible.xxv Even if it were, Indigenous women are far more likely to be the caregivers of infected children, spouses, grandparents and any number of extended family members. Many also work in helping roles in their First Nations or act as volunteers to support elders and others in need. On or off-reserve, the advice to isolate at home can be lethal for Indigenous women who suffer from domestic abuse.xxvi Indigenous women need more than emergency shelters, they need the safety, security and stability of permanent homes. They also need priority access to protective equipment; clean water; the delivery of healthy food; child care, income support and access to local healthcare. Financial and infrastructure supports based on actual needs, requires comprehensive data – but until such information is available, we have enough data to demonstrate the urgent need for governments to immediately distribute financial and other supports now.

Unless Canada addresses the underlying socio-economic conditions of many Indigenous women at the same time as providing emergency supports during the covid-19 pandemic, the numbers of infections, deaths and severe economic impacts will only worsen for Indigenous women. Canada has a legal and moral obligation to end these grave human rights violations and take urgent action to save lives.

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Katherine Scott, “Women bearing the brunt of economic losses: One in five has been laid off or had hours cut” (Ottawa: Canadian Centre for Policy Alternatives, April 10, 2020).


CEDAW, supra note 16 at para.214, page 53.


Ibid.

Teresa Wright, “First Nations health authorities tell Commons committee they need more PPE, testing supplies” (Toronto: The Star, May 24, 2020), online: https://www.thestar.com/news/canada/2020/05/24/first-nations-health-authorities-tell-commons-committee-they-need-more-ppe-testing-supplies.html


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