

# Canada's indigenous population faces elevated infection rate, lack of health care as COVID-19 runs rampant

Alexandra Greene  
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Health officials announced Canada's first confirmed COVID-19 case on January 25, 2020. Thirteen months later, the country has reported over 850,000 cases and more than 21,800 deaths.

During the pandemic's first wave last spring, infection rates among Indigenous people did not greatly exceed the national average, in part because many First Nations and the governments of the three northern territories imposed severe travel restrictions. But First Nations, Inuit and Métis people across Canada have been greatly impacted by the "second wave" of COVID-19 infections—a second wave that is entirely due to the ruling elite's prioritizing of profits over lives, with their back-to-work and back-to-school drives.

Federal government figures show the number of COVID-19 infections on First Nation reserves has increased more than 10-fold since the end of October. More than 5 percent of those living on reserves have now had an official COVID-19 diagnosis since the pandemic began, more than double the percentage for Canadians as a whole.

Indigenous people across Canada face medical and social conditions—including grinding poverty, dilapidated housing, and inadequate access to health care—that place them at especially high risk for contracting the virus and transmitting it to others. When infected, they are often unable to obtain appropriate treatment and face higher mortality rates than the non-Indigenous population.

Communities have struggled to manage and contain outbreaks throughout the winter. The most recent data from Indigenous Services Canada (ISC) states that, as of February 18, there have been 19,455 confirmed positive cases on First Nations reserves alone, with 1,265 cases still active and 901 current hospitalizations. At the end of January, the rate of reported cases of COVID-19 in First Nations people living on-reserve was 40 percent higher than the rate in the general population.

Case numbers are steadily worsening for First Nations in Manitoba, where they account for a staggering 70 percent of

the province's COVID-19 cases, although they comprise just 10 percent of the overall population.

Two separate Manitoba First Nations recently reported suspected cases of one of the new more-contagious coronavirus variants.

The Pimicikamak First Nation, located roughly 530 kilometres north of Winnipeg, announced on February 15 that the B117 variant first detected in the United Kingdom is suspected to have infected at least one resident. Two days earlier, the Pauingassi First Nation in eastern Manitoba, where a massive outbreak infected as much as 25 percent of all residents at its peak, reported seven possible cases of the British variant. Samples were sent to Winnipeg's Cadham Provincial Lab, where scientists were surprised to identify markers that may be of the B117 variant. Both communities are currently under lockdown.

Scientists and health officials are concerned by these developments, as Manitoba has only reported one other confirmed case of the variant to date. The infected individual tested positive after travelling to Winnipeg from Europe and is not known to have visited either of the affected First Nations communities.

Residents living on-reserve face many barriers in accessing health care and dependable social services. Many isolated rural communities face technological hindrances such as a lack of sufficient Internet connection and few cell towers, rendering sick people unable to speak virtually to a health care practitioner, let alone see one in person.

The National Advisory Committee on Immunization (NACI) has said that early data suggests off-reserve First Nations persons are even more likely to be hospitalized and die than those living on-reserve. This is doubtless bound up with the horrific social conditions faced by the large indigenous populations in cities across western Canada, like Vancouver, Edmonton, and Winnipeg.

Indigenous people suffer higher rates of arthritis, diabetes, obesity and asthma, all of which are co-morbidities for

COVID-19, than the Canadian population generally. Food insecurity in many places contributes to malnourishment, compromises immune systems, and exacerbates the high incidences of chronic illness.

Factors contributing to the risk posed by the pandemic vary from place to place. In the territory of Nunavut, for example, the largely Inuit population has been grappling for decades with tuberculosis rates 300 times higher than those observed in non-Indigenous, Canadian-born citizens, as well as a housing crisis and food shortages.

Fifty-eight Indigenous communities in Canada are currently living under boil-water advisories, making the hygiene standards necessary to prevent the spread of the virus much more difficult to meet.

Many families live in multi-generational, overcrowded homes, making it extremely difficult for infected people to isolate.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site's* coverage of this global crisis.

The federal government has initiated a push to vaccinate Indigenous communities more rapidly than the population at large in recognition of the heightened risks they confront. However, the miserable progress of the overall vaccine campaign, which has seen little more than 3 percent of the population receive one dose, does not bode well for Indigenous communities. A Public Health Agency of Canada document released this week estimates that, in order to meet the federal government's intended goal of having 14.5 million Canadians fully inoculated by the end of June, an immediate 11-fold increase in the number of individuals vaccinated daily would be required.

As of mid-February, the vaccination rate in Indigenous communities was six times higher than the general population. More than 83,000 doses have been administered in over 400 communities. Indigenous Affairs Minister Mark Miller says that the three northern Territories and British Columbia are on track to have vaccinated 75 percent of Indigenous adults by the end of March.

In BC, senior health officials recently had to apologize to the Nuxalk First Nation after a medical health officer suddenly withdrew more than 200 COVID-19 vaccines intended to inoculate the people of the Nuxalk Nation in Bella Coola.

Reports of the incident allege that the medical health officer insisted on distributing the vaccine to the entire Bella Coola Valley, not just health workers and particularly vulnerable individuals living on-reserve as had been

previously arranged. The population of the Bella Coola region is approximately 2,000, and with only 360 vaccine doses on hand, there soon was a disagreement between the doctor and Nuxalk health leaders as to who would receive the vaccine.

On the evening of January 21, the doctor sent an e-mail to the Nuxalk executive director insisting that the Nuxalk must provide him with a vaccine rollout plan by 10 a.m. the next day. The rollout plan was delivered at 10:02 a.m.—just two minutes late—and the doctor has since used this as an explanation of why he subsequently took the remaining 230 doses and left the community that day, accompanied by an RCMP escort.

Members of the Nuxalk Nation were stunned when the medical health officer referred to the vaccines as “a gift” rather than a medical necessity during a global health crisis that places communities such as theirs at extremely high risk.

The vaccine rollout is complicated by the almost total absence of medical personnel on reserves and in other remote regions. Statistics Canada reports that 82 percent of Inuit people living in Nunavut do not have a family doctor. One in five Indigenous people living off-reserve and 16 percent of Métis people also do not have a family doctor.

The conditions that make Indigenous communities in Canada particularly vulnerable to the physical and socio-economic effects of the COVID-19 pandemic existed long before the onset of the current global health crisis. These conditions are a direct result of the ruthless oppression and abuse of the Native population perpetrated by Canadian capitalism. To overcome the legacy of these historic crimes and put an end to the ongoing neglect and mistreatment of the Indigenous peoples, the working class—immigrant, native-born and Indigenous—must be mobilized to establish workers' power, abolish the profit system, and reorganize society on socialist lines.



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