

Discussion and Recommendations

“From the very early days of the COVID-19 pandemic, I have spoken about how we are all in the same storm, but each of us is in a different boat. . . . We have learned that we can ride out the roughest moments by working together and supporting each other. But we also know that at every point, with each public health order, there are some people more severely impacted than others—despite our best efforts.”

Dr. Bonnie Henry
BC Provincial Health Officer
April 5, 2022¹

The chapters in this report explore several societal consequences of the COVID-19 pandemic and public health response measures introduced to reduce the spread and impact of COVID-19 in BC. The experience of the COVID-19 pandemic has led to greater awareness of the unintended impacts of public health response measures. In some cases, it may take years of monitoring health outcomes to determine the full effects of the pandemic and related response measures. The lessons learned so far are reflected in three key and deeply interconnected themes that were highlighted over the course of this project:

1. The need to uphold inherent Indigenous rights, self-determination, and truth and reconciliation;
2. The profound impacts of racism and discrimination; and
3. The amplification of pre-existing inequities during the pandemic.

Increasingly, these themes have informed the ongoing public health response to, and recovery from, the COVID-19 pandemic. The Office of the Provincial Health Officer (OPHO) and the BC Centre for Disease Control (BCCDC) are committed to continued collaboration with Indigenous and health sector partners and other organizations to ensure that these themes, which are explored further below, help shape and improve responses to future public health emergencies and recovery from the COVID-19 pandemic.

^a Please refer to *Inherent Rights of Indigenous Peoples* in Chapter 1 of this report for further information.

Key Themes

1. The Need to Uphold Inherent Indigenous Rights, Self-determination, and Truth and Reconciliation

As the First Peoples of the land now known as British Columbia, BC First Nations have inherent Aboriginal and treaty rights and title, affirmed by law, that must be upheld.^{a,2,3} First Nations territories stretch across every inch of this province, as demonstrated by the First Peoples' Map of BC (Figure 15.1). BC is also home to many First Nations, Métis, and Inuit people with ties to other homelands in what is now known as Canada, and they also have rights to self-determination, health, and wellness. This includes Métis Nation British Columbia (MNBC) and its Chartered Communities across the province (Figure 15.2). Please see Chapter 6 for more information about MNBC.

In addition to being legally and morally bound to honour Indigenous rights and title, settler-colonial governments, including the government of British Columbia, have committed to uphold the principles of self-determination and truth and reconciliation and to work collaboratively with Indigenous partners to reach these goals.^{4,5,6} The often profound health inequities experienced by Indigenous Peoples (First Nations, Métis, and Inuit), both before and during the pandemic,

was a recurring theme throughout the *Examining the Societal Consequences of the COVID-19 Pandemic* (“Societal Consequences”) project. This theme emerged both through engagement with Indigenous partner organizations and in additional research, and reinforces what Indigenous Peoples have consistently asserted: that self-determination and truth and reconciliation are essential steps in supporting optimal health and wellness for Indigenous people.

2. The Profound Impacts of Racism and Discrimination

The Societal Consequences project highlights the impacts of **systemic racism** and the importance of dismantling existing power structures to improve equity in general, and health equity in particular, for the benefit of every person in British Columbia. This is another theme that recurred throughout the course of the project, and one that crosscuts every chapter and topic presented in this report. As discussed in Chapter 2, racism, stigma, and discrimination are ongoing and extremely harmful problems that undermine community safety and wellness in BC and across Canada. These issues became significantly worse during the pandemic, as demonstrated by the increase in hate-related incidents (e.g., racist acts, gender-based violence,

and other hate crimes) documented in the BC Human Rights Commissioner’s report, *From Hate to Hope: Report of the Inquiry into Hate in the COVID-19 Pandemic*.^{7,8}

The United Nations highlighted similar trends at a global level, noting the rise in “scapegoating, stereotyping, stigmatization and the use of derogatory, misogynistic, racist, xenophobic, Islamophobic or antisemitic language’...often coupled with disinformation and misinformation about COVID-19.”⁹

The report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*, though not specific to the effects of the pandemic, shows how COVID-19 intersected with pre-existing racism and discrimination to further complicate and reduce access to culturally safe health care for Indigenous people in BC.¹⁰

It is not always possible to report accurately on racism, stigma, and discrimination and their impacts due to the complex nature of these issues, along with challenges such as underreporting and the lack of disaggregated data. Creating effective strategies for collecting data and reporting on racist and discriminatory acts will help policymakers and legislators better understand the scope of the problem and respond appropriately (see text box: *The Anti-Racism Data Act and Related Definitions*).



Vancouver, BC, July 1, 2021. Blake Elliott/Shutterstock.com

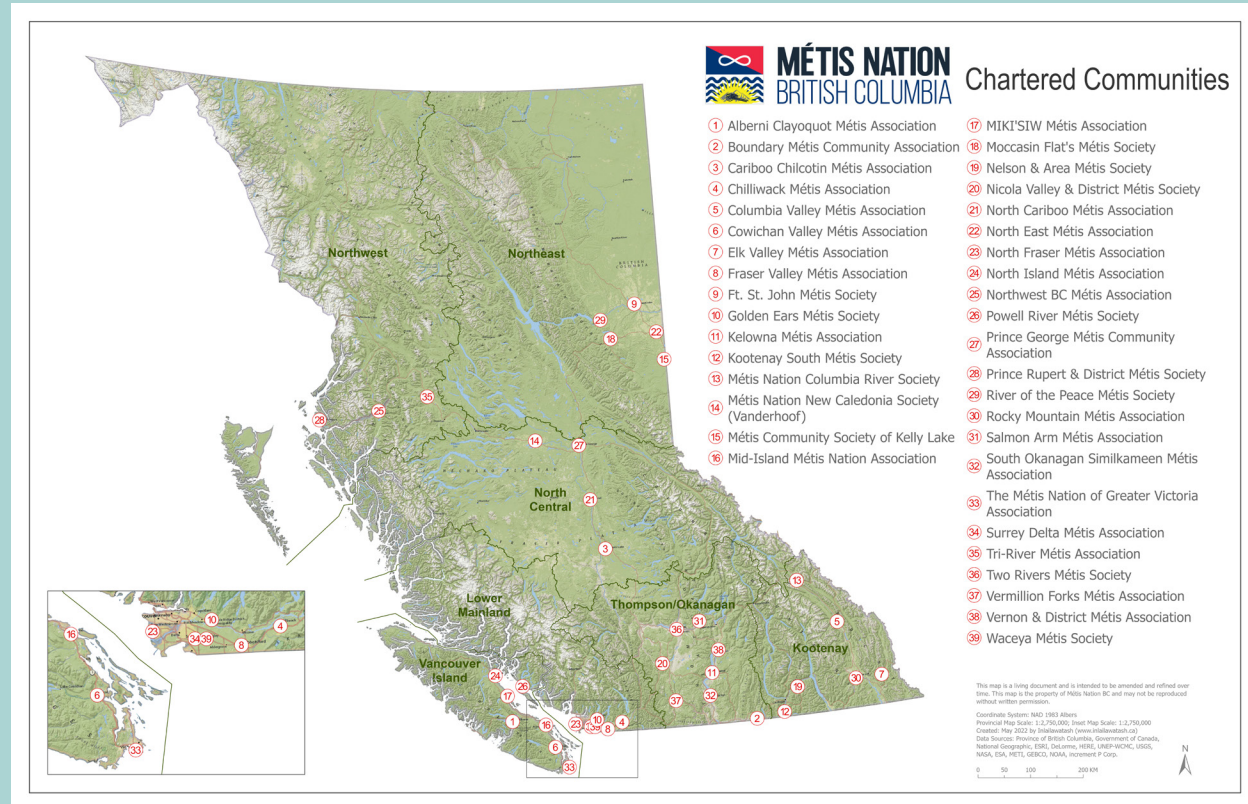
FIGURE 15.1 The First Peoples' Map of BC



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As this map shows, there are 34 First Nations language groups in BC, whose territories stretch across every inch of this province. To learn more about the First Peoples' Map, visit <https://maps.fpcc.ca/>.

FIGURE 15.2 Métis Nation British Columbia Map of Métis Chartered Communities in BC



This map is a living document and is intended to be amended and refined over time. For the latest version, please visit <https://www.mnbc.ca/citizens-culture/chartered-communities>. This map is the property of Métis Nation British Columbia (2022) and may not be reproduced without written permission.

MNBC, the OPHO, and the BCCDC affirm the inherent and treaty rights of BC First Nations, and their stewardship of the lands now known as British Columbia since time immemorial. This map shows the location of 39 Métis Chartered Communities represented by MNBC. Métis people live in Chartered Communities and throughout the province of British Columbia.

A truly upstream approach to arresting racism and associated inequities requires understanding how racism is rooted in white supremacy and settler colonialism. It requires that students, the public, and health-care and government workers participate in ongoing learning about the profound impacts of racism and discrimination (including discrimination based on factors such as sex, gender, 2SLGBTQIA+^b identities, level of ability, and socio-economic status) on individuals and communities. Further, an upstream approach necessitates work to promote a culture of **anti-racism** in BC.

As outlined in Chapter 1 of this report, the Societal Consequences project partners envisioned an intentional approach to these issues, acknowledging the ongoing impacts of settler colonialism and systemic racism, and embracing the “Grandmother Perspective” espoused by the BC Office of the Human Rights Commissioner on using disaggregated data to highlight race-, sex-, and gender-based inequities.¹¹ Project partners worked to uphold Indigenous self-determination and data governance standards^c throughout the project, with Indigenous partner organizations taking the lead in terms of when and how they

^b The acronym 2SLGBTQIA+ refers to Indigenous people who identify as Two-Spirit and all people who identify as lesbian, gay, bisexual, trans, queer, questioning, intersex, and/or asexual, as well as those with non-heterosexual/non-binary sex and gender identities who do not see themselves reflected in this acronym.

^c As presented in Chapter 1 of this report, Indigenous data governance standards include the First Nations principles of OCAP® (ownership, control, access, and possession) and the principles of OCAS (ownership, control, access, and stewardship) embraced by Métis Nation British Columbia.

engaged in the project overall and when and how Indigenous data were used. Due to the lack of relationships between the OPHO, the BCCDC, and Inuit in BC, and the lack of data governance protocols for Inuit data in BC, these stories and experiences are absent from this report. Other limitations and successes are explored further in the *Conclusion and Recommendations* section of this chapter.



3. The Amplification of Pre-existing Inequities during the Pandemic

As illustrated throughout this report, populations who experienced socio-economic exclusion pre-pandemic were consistently more likely to report negative impacts as a result of the pandemic and related public health response measures. These populations include Indigenous Peoples, racialized populations (e.g., Black and Asian Canadians), immigrants and newcomers, women, 2SLGBTQIA+ individuals, people with disabilities, and those with lower socio-economic status.^{14,15,16} Frequently, these identities intersect and overlap, which compounded the impacts of and challenges associated with the pandemic. These impacts and challenges—including substantial mental health and substance use-related harms¹⁷—did not end with the pandemic, and are likely to have longer-term implications and outcomes for many people.

Ongoing population health monitoring and surveillance will help to assess the longer-term effects of the pandemic and public health response measures—particularly for people and groups subject to marginalization and exclusion—as well as revealing persistent health

The Anti-Racism Data Act and Related Definitions

On May 2, 2022, the Province of British Columbia introduced the *Anti-Racism Data Act* to help identify and eliminate **systemic racism** in government programs and services. Racism and discrimination are systemic problems that undermine the health and wellness of many people in BC. The Province has been working with the Office of the BC Human Rights Commissioner, First Nations and Métis leadership, racialized communities, and others in BC on a secure data collection system to analyze information on “race, ethnicity, faith, gender, sex, ability, income, and other social identity markers,” and is building on this work to develop broader anti-racism legislation.¹²

Definitions

Anti-racism: “The practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being ‘not racist,’ but involves taking action to create conditions of greater inclusion, equality, and justice.”^{13(p.4),14}

Systemic racism: Also known as structural or institutional racism, systemic racism “is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across ethnic or racial groups, including the use of profiling and stereotyping.”^{13(p.4)}

inequities that require ongoing focused attention. Maximizing the benefits and reducing potential harms associated with public health monitoring and surveillance means being aware of ethical issues related to data justice and sovereignty, bioethics, and self-determination.^{18,19,20,21}

In addition, it is important to be aware that there are other types and means of collecting health data (e.g., Indigenous research methods, qualitative methods). Supporting the direct involvement of populations who experience health inequities is critical to developing effective solutions.^{22,23}

Conclusion and Recommendations

The Societal Consequences project has laid the foundation for better understanding the health and wellness of the population of BC prior to, during, and in the aftermath of the pandemic. In addition, the project used an equity framework grounded in anti-racism, decolonization, sex and gender parity, and social determinants of health. This work has furthered relationships between the OPHO, the BCCDC, regional health authorities, and the health sector and community-based researchers and Indigenous organizations who collaborated on this project.

The project encountered challenges in meeting its goals. These included gaps in public health surveillance infrastructure. Processes for accessing data, especially data from outside the health system, varied considerably, and were sometimes not well established. This led to delays and suggested the need for improved coordination. In addition, BC's capacity for population health assessment and monitoring was stretched thin by the demands of the pandemic.

One aim of the project was to work collaboratively with the First Nations Health Authority (FNHA), Métis Nation British Columbia (MNBC), and the BC Association of Aboriginal Friendship Centres (BCAAFC) to ensure that the Societal Consequences project explicitly acknowledged and made progress towards upholding inherent Indigenous rights, including the right to self-determination, and truth and reconciliation with Indigenous Peoples. Still, the project was conceived of as an OPHO–BCCDC partnership that invited participation from FNHA, MNBC, and BCAAFC after its inception. Co-governance

at the project initiation phase, bringing in the expertise and wisdom of “multiple-eyed seeing”^d right from the outset, may have shaped the project differently.

The OPHO and BCCDC could have done more to support FNHA, MNBC, and BCAAFC's capacity to engage throughout the project. Efforts by the OPHO and BCCDC to enhance MNBC and BCAAFC participation by providing additional resources were not sufficient to overcome systemic and longstanding imbalances in power and access to resources that place Indigenous organizations at a disadvantage when partnering with settler-colonial institutions. Contributions from BCAAFC were highly valued; however, due to the high demands on their services during the pandemic, they needed to prioritize their limited resources and withdrew from the project partway through. Understandably, providing services to First Nations, Métis, and Inuit individuals, families, and communities through the fears and hardships of the pandemic was the top priority for FNHA, MNBC, and BCAAFC. These lessons, along with further feedback on the process from FNHA, MNBC, and BCAAFC, will promote improved collaboration in future work together.

The COVID-19 pandemic has underscored the need for better access to robust, consistent, and regularly updated data to rapidly assess the status of and changes to the health of the population and health equity in BC, with a focus on social, cultural, and economic determinants of health. The pandemic has also demonstrated the importance of quickly recognizing the unintended consequences of public health measures and considering those consequences alongside data about the measures' effectiveness. This allows for a process of continual assessment and refinement of public health measures to minimize societal disruption and other adverse impacts. Going forward, continued cross-sectoral collaboration could provide valuable opportunities to promote the benefits of embedding public health partnerships and approaches into the work of organizations outside the health sector, including assessing and monitoring social and other determinants of health.

^d Please refer to the introductory *Commitment to Anti-racist Approaches, Upholding Inherent Indigenous Rights, and Truth and Reconciliation* section in this report for a description of “multiple-eyed seeing.”

There is value in continuing with the population health and wellness monitoring and assessment initiated through the Societal Consequences project, for several reasons:

- The effects of COVID-19 and related public health response measures will continue to accrue.²⁴
- Pandemic-related changes to indicators such as birth rates and excess mortality can only be seen and examined once sufficient time has passed for these effects to become apparent in the data.
- Many other societal consequences are yet to be examined and may emerge over time.

This report's recommendations support enhanced collective capacity to monitor and report on up-to-date health determinants data linked to population health indicators. This includes important work to advance Indigenous data sovereignty and increase access to disaggregated data to support improved health equity, justice, and system change while minimizing adverse impacts to populations that are often subject to systemic white supremacy, Indigenous-specific racism, and other systems of oppression such as racism, sexism, homophobia, transphobia, and ableism.

Recommendations

1. Advance Indigenous population health data sovereignty as an important component of self-determination

- a. Make substantial investments in advancing First Nations, Métis, and Inuit population health data sovereignty, including but not limited to adequate resourcing that enables Indigenous governing bodies to provide services and undertake real-time population health surveillance.
- b. Work to advance Indigenous population health data sovereignty by engaging in meaningful partnership with Indigenous governing bodies and organizations to uphold the inherent rights and title of BC First Nations, and the inherent rights of all Indigenous Peoples (First Nations, Métis, and Inuit) in BC through effective co-governance models.

2. Advance population and public health surveillance and assessment capacity, collaboration, and coordination

Make substantial investments in local, regional, provincial, and Indigenous population and public health surveillance and health assessment capacity to monitor population health status and equity, track burden and trends of diseases and injuries, and identify potential and emerging public health risks. In particular, expand surveillance capacity for determinants of health and non-communicable diseases with a focus on enhancing collaboration and coordination across sectors.

3. Clarify and communicate the population and public health surveillance and assessment mandate of the BC Centre for Disease Control (BCCDC) and its commitment to Indigenous population health data sovereignty

Clarify and raise awareness of BCCDC's mandate as the provincial body for BC population and public health surveillance and assessment, including the determinants of health, communicable and non-communicable diseases, and environmental health. At the same time, reaffirm BCCDC's ongoing commitment to collaborate with Indigenous governing organizations and to honour Indigenous data governance standards in this work.

Looking Forward

Together, the people of British Columbia have undergone significant challenges and sustained devastating losses as a result of the COVID-19 pandemic. Through it all, BC residents worked hard to be kind and to help one another, to remain calm in the midst of chaos, and to keep each other safe. BC is now able to review and assess the events of the pandemic, and to take what has been learned into a new era of rebuilding and recovery. The findings discussed in this report will provide opportunities for the Province, Indigenous partners, leaders, residents, and communities across BC to better prepare for and address future public health challenges.

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