

AFN C-19 National Task Force
Daily Update for: June 10, 2020

Health Sector

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

Areas in Canada with cases of COVID-19, as of 2020-06-09 8:01PM EDT

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,669	15 (4)	167	2,319
AB	7,229	46 (6)	151	6,722
SK	656	1 (1)	13	624
MB	300	0 (0)	7	285
ON	31,090	580 (118)	2,464	25,380
QC	53,185	914 (117)	5,029	19,361
Newfoundland/Lab	261	1 (0)	3	256
NB	147	5 (1)	1	121
NS	1,060	3 (2)	62	999
PEI	27		-	27
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
Total	96,653	1,565 (249)	7,897	56,122
Active Cases= 32,874				

*These are numbers of *current* hospitalizations and ICU admissions. Some sources report the total *cumulative* number of hospitalizations and ICU admissions. Also, hospitalization data are amalgamated as they are reported by various hospitals; they are therefore updated sporadically, intermittently, and are likely to be less accurate and current than other data points.

	Cases	Deaths	Recovered
Globally	7,271,569	412,111	3,398,751

- Data is as of June 10 at 10:33am from Johns Hopkins University:
<https://coronavirus.jhu.edu/map.html>

Epidemic Summary

As of **June 8, 2020**, the majority (**85%**) of COVID-19 cases are related to domestic acquisition. Domestic acquisition is defined as any exposure that occurred within Canada.

As of **June 9, 2020**, Canada has an overall case fatality rate of **8.0%**.

As of **June 9, 2020**, **58%** of all Canadian COVID-19 cases are reported to have recovered.

Risk to Canadians

COVID-19 is a serious health threat, and the situation is evolving daily. The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.

There is an increased risk of more severe outcomes for Canadians:

- Aged 65 and over
- With compromised immune systems
- With underlying medical conditions

Data Sources:

British Columbia: <https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>

Alberta: <https://covid19stats.alberta.ca/#cases>

Saskatchewan: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/cases-and-risk-of-covid-19-in-saskatchewan>

Manitoba: <https://www.gov.mb.ca/covid19/updates/index.html#cases>

Ontario: <https://www.ontario.ca/page/2019-novel-coronavirus#section-0>

Quebec: <https://www.inspq.qc.ca/covid-19/donnees>

New Brunswick:

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/case-map.html

Nova Scotia: <https://novascotia.ca/coronavirus/data/>

Prince Edward Island: <https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-testing-data>

Newfoundland and Labrador: <https://covid-19-newfoundland-and-labrador-gnl.hub.arcgis.com/>

Yukon: <https://yukon.ca/covid-19>

Northwest Territories: <https://www.hss.gov.nt.ca/en/services/coronavirus-disease-covid-19>

Additional source (national): <https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102#alberta>

Housing, Infrastructure, Water & Emergency Management Sector

Local States of Emergencies:

First Nation States of Emergency- As per ISC report June 9, 2020									
Region	BC	AB	SK	MB	ON	QC	ATL	Territories	Total
Confirmed	57	31	0	21	69	4	7	2	191

WILDFIRE: - As Per ISC EMD 2020 FN Flood / Wildland Fire Report as of June 9, 2020 - **Updates in Bold**

****Please note that given the decrease in significant incidents, this report will now be issued on a bi-weekly basis****

FLOODS: As Per ISC EMD 2020 FN Flood / Wildland Fire Situation Report as of June 2, 2020 - **Updates in Bold**

****Please note that given the decrease in significant incidents, this report will now be issued on a bi-weekly basis****

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AB: FLOOD RISK FORECAST – Moderate

- **Kehewin Cree Nation (466) (Chief Vernon Watchmaker) Population: 1,282**
 - **08JUN2020: Community impacted by flooding due to rainfall. Assessments of damages continue**
- **Beaver Lake Cree Nation (460) (Chief Germaine Anderson) Population: 439**
 - **08JUN2020: Roads and 2 homes impacted by flooding due to rainfall**
- **Heart Lake First Nation (469) (Chief Curtis Monias) Population: 223**
 - **08JUN2020: Major road washout caused by flooding due to rainfall**
- **Samson Cree Nation (444) (Chief Vernon Saddleback) Population: 6,791**
 - **08JUN2020: Roads and 5 homes impacted by flooding due to rainfall**
- **Chipewyan Prairie First Nation (470) (Chief Vern Janvier) Population: 406**
 - **08JUN2020: One home, farmland and farm machinery impacted by flooding due to rainfall**
- **Whitefish Lake First Nation (459) (Chief Albert Thunder) Population: 1,644**
 - **08JUN2020: Main road washed out, 15 driveways washed out and 25 homes impacted by flooding due to rainfall. 1 household evacuated**
- **Cold Lake First Nations (464) (Chief Roger Marten) Population: 1,387**
 - **08JUN2020: Roads and approximately 28 homes impacted by flooding due to rainfall**
- **Ermineskin Tribe First Nation (443) (Chief Craig Makinaw) Population: 3,756**
 - **08JUN2020: Several homes flooded; some roads impassable due to rainfall**
- **Saddle Lake Cree Nation (462) (Chief Tommy Houle) Population: 6,925**
 - **08JUN2020: Roads impacted by flooding due to rainfall**
- **Frog Lake First Nation (465) (Chief Gregory Desjarlais) Population: 2,150**
 - **08JUN2020: Roads and homes impacted by flooding. Community in recovery phase from April flooding.**

Communications Sector

'Birthing a nation' during a pandemic: Indigenous doulas try to maintain practices and protocols from afar

CBC News – June 10, 2020

<https://www.cbc.ca/news/canada/saskatchewan/saskatchewan-indigenous-doulas-covid-19-response-1.5588786>

Open and honest dialogue with Indigenous communities guide COVID-19 response

The Hill Times – June 10, 2020

<https://www.hilltimes.com/2020/06/10/open-and-honest-dialogue-with-indigenous-communities-guide-covid-19-response/251778>

COVID-19 testing underway in Wabaseemoong

Kenora Online – June 9, 2020

<https://www.kenoraonline.com/local/covid-19-testing-underway-in-wabaseemoong>

How First Nations are finding ways to keep COVID-19—and outsiders—at bay

Macleans – June 9, 2020

<https://www.macleans.ca/news/canada/how-first-nations-are-finding-ways-to-keep-covid-19-and-outsiders-at-bay/>

Systemic Inequities Increase Covid-19 Risk for Indigenous People in Canada

Human Rights Watch – June 9, 2020

<https://www.hrw.org/news/2020/06/09/systemic-inequities-increase-covid-19-risk-indigenous-people-canada>

Numbers

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap5>

Confirmed cases of COVID-19

On First Nations reserves in provinces, as of June 9, ISC is aware of:

- 237 confirmed positive COVID-19
- 22 hospitalizations
- 206 recovered cases
- 6 deaths

Case numbers per region:

- British Columbia: 43
- Alberta: 53
- Saskatchewan: 54
- Ontario: 52
- Quebec: 35

Full Stories

'Birthing a nation' during a pandemic: Indigenous doulas try to maintain practices and protocols from afar

CBC News – June 10, 2020

<https://www.cbc.ca/news/canada/saskatchewan/saskatchewan-indigenous-doulas-covid-19-response-1.5588786>

Birth workers getting creative to continue providing support to new Indigenous mothers despite COVID-19

Birth is a sacred ceremony in Indigenous cultures, but the COVID-19 pandemic has made following some protocols challenging.

"As an Indigenous doula, I really turned a lot to prayer. I really, really focus my mind and my spirit to being prayerful, especially when the mother is labouring, really recognizing and acknowledging that birth is a ceremony and to be in that space," said Jolene Creely, a Cree doula based out of Regina.

But with physical distancing restrictions in place, Indigenous doulas like Creely are finding their prenatal classes nixed, their clients' doctor appointments cancelled, and their other methods of connecting in person severed. In Saskatchewan, women giving birth are currently restricted to one support person in the hospital due to COVID-19.

So, doulas are having to rely on online communication just like everybody else.

For Creely, the shift in her job affected her personally. She was working with two women prior to the COVID-19 pandemic. She had to make modifications to her work plan when it came to helping her sister-in-law, due in June, and another woman due in July.

"I was preparing myself all these months, like, keeping up and refreshing my memory with all my birth books ... and then the pandemic hit," said Creely.

"I was really, really sad. I had to take some time to really grieve that."

'When i started this work, it was a passion; it was like a fire within me that would burn brighter the more I would support birthing families and around pregnancy,' says Jolene Creely, pictured here with her partner and their son. (Submitted by Jolene Creely)

She said her sister-in-law has been facing anxiety as a result.

"When the pandemic hit, my sister-in-law was really fearful around the hospitals with the new policies and restrictions, especially with the whole quarantining," said Creely.

Creely hails from Okanese First Nation, 100 kilometres northeast of Regina. She graduated from Birth Ways International and the Zaagi'idiwin full-spectrum Indigenous doulas program out of Winnipeg. She believes she was meant to be a birth worker.

"I feel like my whole being, like my whole purpose for being on Earth is to help support labouring and birthing families," she said.

Creely's chapan (great-great-grandmother) was a Dakota midwife in Manitoba and Saskatchewan.

"She would work for these farm families, and she would live with the family that was expecting the baby, and she would stay there until the baby was born, and then she'd move onto the next farm, or community that was expecting a baby," said Creely.

"That's where that passion comes from. I know that her work's living on through me."

Creely says her role is 'to think really good thoughts and just to have all my energy be so positive and to surround the mother with love and light so she can be protected from birth and to labour. I really focus my energy around that.' (Jolene Creeley/Facebook)

She was told by those around her that if she was serious about becoming a midwife in the future, she should become a doula first, get her training, be certified and see if the work was really meant for her.

Glenda Abbott, a fellow Indigenous midwife based out of Saskatoon, said that her role is much deeper than teaching mothers how to breathe, how to stay calm, and how to be mindful of what their body is telling them.

"My work in general is helping families to remember, to reconnect, to reclaim cultural practices, ceremonial practices, kinship practices in birthing our babies, and reminding them how this process builds the future," said Abbott.

"I feel like what I offer to families is a little bit different, especially since a lot of families have lost or have had them taken ... these are very specific ceremonial practices that have been taken from us, intentionally taken through residential schools and in our entire colonial history."

'Traditionally, historically, culturally, we would not birth where we take our sick and dying — that is not our system ... I hope that you know whether you're Indigenous or non-Indigenous that this was a wake-up call,' says Glenda Abbott, an Indigenous birth worker in Saskatchewan. (Facebook: Glenda Abbott)

Creely said she infuses culture into every birth she helps with. She learns different customs and protocols and helps tailor them to the expecting mother. She said that it is a powerful feeling to be in the room, reclaiming and revitalizing their cultural practices. She is constantly in prayer; sometimes singing songs to soothe the mother. Some songs have a special meaning, so she sings them during a specific time.

She recalls humming the water song as doctors had to break a woman's water.

"It was beautiful. It's hard to explain," said Creely, smiling as she talked about the experience.

Like Creely, Abbott's determination to remain a resource to mothers during the pandemic stemmed from a personal situation. Her son had his first baby in April of this year.

She has since developed a COVID-19 strategy for expecting Indigenous mothers, with one section titled "Auntie's Advice." It is a toolkit for new Indigenous mothers. It was created with input from other local Indigenous birth workers. It has a list of Saskatchewan resources, information on what to do before, during and after your hospital stay. It also has many links to Indigenous birthing resources, complete with a list of Indigenous birth workers and doulas in Saskatchewan.

"Auntie's Advice was a response to acknowledging that these are unprecedented times and if people needed an online space, that they could connect, to talk, and know that they're not alone," said Abbott.

Open and honest dialogue with Indigenous communities guide COVID-19 response

The Hill Times – June 10, 2020

<https://www.hilltimes.com/2020/06/10/open-and-honest-dialogue-with-indigenous-communities-guide-covid-19-response/251778>

First Nations, Inuit, and Métis face unprecedented and unique challenges during the COVID-19 pandemic. Significant socio-economic and health gaps put them at greater risk during these hard times.

Regular, open, and honest dialogue with Indigenous leaders has guided and strengthened Canada's approach to this pandemic, starting with the National Health Emergency Management Network, which was created in 2019 from \$80-million in new funding for First Nations health emergency preparedness, planning, and capacity building, which meant that planning could start early.

When Indigenous leaders told us about their unique needs and the challenges, we listened.

Canada's COVID-19 Economic Response Plan includes supports tailored to Indigenous realities

to improve access to support for First Nation, Inuit and Métis individuals, businesses, and communities. This is in addition to other initiatives offered to assist all individuals during the pandemic, such as the Canada Emergency Response Benefit.

Our first priority was to respond to immediate health needs supporting the rapid and efficient public health response for Indigenous communities to the current COVID-19 pandemic. This meant increasing their health-care capacity and PPE stockpile, as well as contracting additional nurses to support the health responses of communities. We made available \$285-million in funding so this work can continue while we prepare for a potential COVID-19 resurgence.

We're also supporting community-based solutions to prevent, prepare, and respond to COVID-19. Funding through the Indigenous Community Support Fund allows First Nation, Inuit, and Métis communities to address their priorities to do what best suits their needs. In the North, Nunavut Tunngavik Incorporated is taking steps to meet the needs of their communities by offering financial support for community freezers and local food banks, and supporting self-isolating on the land.

Throughout the pandemic, communities have led the way and found innovative solutions to the problems we are all facing. In Treaty Six Territory in Alberta, Whitefish Lake First Nation is using their garment facility to produce masks for the community and other First Nations. The facility has provided four masks to every household on reserve, and is now providing masks to neighbouring Beaver Lake Cree Nation as well as filling an order for fire-retardant masks for Suncor Energy.

Indigenous businesses provide jobs, goods, and services, and are an important part of the Canadian economy. They, too, are facing challenges and economic hardships due to COVID-19. We have dedicated up to \$306.8-million in funding to support small and medium-sized Indigenous businesses, working through Aboriginal Financial Institutions. The funding will help approximately 6,000 First Nations, Inuit, and Métis-owned businesses by providing interest-free loans and non-repayable contributions through these institutions.

First Nations living off reserve and urban Indigenous peoples are facing unique challenges during COVID-19. Organizations like the Toronto Aboriginal Support Services Council have had to change their service-delivery models to provide food, shelter, and culturally appropriate services. Our government is providing \$90-million to organizations supporting Indigenous peoples living off-reserve and in urban centres. This is in addition to the \$157.5-million provided to the Reaching Home program to support people experiencing homelessness. During the pandemic, we know Indigenous women are at increased risk. That is why we are supporting Indigenous women and their families fleeing domestic violence by investing more than \$90-million over the next five years in shelters across the country that offer protection and safety.

We also firmly believe that no one should be faced with the choice between a roof above their heads or food for their family. But too often, this is the case. We announced an increase of \$270-million to the On-reserve Income Assistance programs to help First Nation individuals and families during difficult times so they can provide for their family. We've also announced \$75.2-million in new investments to support First Nations, Inuit, and Métis Nation post-secondary and recent graduates affected by the pandemic.

While we are seeing positive outcomes from this collaboration and investment, we know there is more work to do. We need to continue to listen to Indigenous voices. We are working in

partnership with Indigenous communities to ensure their safety and well-being, and ensuring that our collective efforts to address this pandemic will create a path to strengthen capacity, build resilience, address socio-economic gaps, and support better outcomes for First Nation, Inuit, and Métis communities.

COVID-19 testing underway in Wabaseemoong

Kenora Online – June 9, 2020

<https://www.kenoraonline.com/local/covid-19-testing-underway-in-wabaseemoong>

The Northwestern Health Unit is working with the Wabaseemoong Independent Nation community to help control the spread of COVID-19, after a positive case was found on the First Nation over the weekend.

Acting Medical Officer of Health for the Northwestern Health Unit, Dr. Ian Gemmill, confirmed that the adult male is now in isolation and contact tracing is underway.

“The person was ill and developed symptoms last week, was tested, and has now tested positive for COVID-19. We are working with collaborating both with the community and the First Nations Inuit Health Branch on the follow-up on the case.”

Gemmill noted that the community member most-likely picked up the virus while travelling to visit family in Thunder Bay, and local transmission of the virus within Wabaseemoong (White Dog) isn't likely.

“We believe that they probably became exposed while out of the area, and that case has not contributed in any way to local transmission. We have their possible contacts in quarantine as well.”

However, Indigenous Services Canada is conducting further COVID-19 tests in the community to help try to find any more infected community members, before the virus can spread any further.

Last month, Gemmill explained that health unit staff won't be conducting COVID-19 testing in First Nation communities, as that work will be left for staff with Indigenous Services' First Nations and Inuit Health Branch. Those test results are then sent to the NWHU, to be added to the regional and provincial data.

Gemmill didn't have an estimation on the time lapse between the confirmation of a positive case, the information being sent to Indigenous Affairs and then the health unit, but he hopes it would be as “quick as possible.” He notes that these tests are being sent to a centre in Winnipeg for results.

How First Nations are finding ways to keep COVID-19—and outsiders—at bay

Macleans – June 9, 2020

<https://www.macleans.ca/news/canada/how-first-nations-are-finding-ways-to-keep-covid-19-and-outsiders-at-bay/>

On April 27, the Nuxalk First Nation, nestled in British Columbia's Bella Coola Valley, simply stopped asking. Five weeks earlier, in response to the COVID-19 pandemic, the chief and council had declared a local state of emergency and set up a checkpoint on the only highway into the valley to restrict non-essential traffic. Like many remote and coastal communities in the province, and as one known for its salmon fishing, the Nuxalk are wary of the risk of infection that comes with tourists visiting their territory.

They had no idea that over the next few days the B.C. government would declare fishing and hunting essential services in the province, effectively opening the door to travel in their territory. While B.C.'s Ministry of Indigenous Relations and Reconciliation insists that the province respects First Nations' states of emergency and travel bans, it would not issue orders affecting travel in and out of these communities.

Instead of turning visitors away from the territory, Nuxalk watchmen and hereditary chiefs merely tracked traffic on the provincial highway into the valley, asking returning residents to self-isolate and urging tourists to reconsider their trips. That was until an outbreak swept into Alert Bay, an island community off Vancouver Island's northeast coast, and claimed the life of a 'Namgis Nation woman on April 24—the province's first COVID-19 casualty in a First Nations community.

The ripples were felt up and down the coast. Three days later, Nuxalk hereditary chiefs and elected council members, led by Chief Councillor Wally Webber, unanimously ordered their own lockdown of the Bella Coola Valley and issued a public notice: from then on, visitors and tourists would be turned away at the checkpoint 80 km outside town; residents who left the valley for non-medical or non-essential purposes risked being locked out upon return. "To watch other [First] Nations, or other people, getting the virus and going 'Holy crap'—it's just unreal," Webber says. "It shows us that we really have to start protecting our people."

While local and provincial governments loosen lockdowns and restart economies, vulnerable Indigenous communities across the country say they're fighting an uphill battle to safeguard their residents. Though few have been exposed to the pathogen—sometimes by dint of the isolation that makes them medically vulnerable—they feel that the interests of their communities are not top of mind for the leaders guiding the rest of the country through the pandemic. Some voice a sense of outright neglect on the part of the provinces and Ottawa, and are taking an increasingly active hand to protect their people—even if public health measures lie outside their jurisdictions.

The frustration runs especially high on remote First Nations, where leaders are making common cause—and sometimes butting heads—with non-Indigenous communities. In April, more than a dozen First Nations and municipalities from B.C.'s north and central coasts penned an open letter urging the B.C. government to restrict non-essential travel to their territories. The combination of warming weather and an urge to escape weeks of lockdown, they warned, was bound to beckon visitors to enjoy sanctioned hunting and fishing; with them would come the threat of infection to remote communities that have not yet been exposed to it. But according to the signatories, that call for help went unanswered. An April 30 press release from the Council of the Haida Nation claimed that, more than three weeks on, they'd received no indication that they'd get the support they were seeking.

Transportation Minister Claire Trevena eventually responded to the letter on May 5, government officials say, highlighting measures to reduce non-essential traffic to the coastal regions, such as posting highway signs to discourage visits, screening passengers on B.C. ferries and tasking ferry terminal staff with warning travellers of lockdowns. But, while the minister's response recognized the communities' concerns, it added: "We need to leave our ferries and roads open for essential travel."

Webber, one of the signatories of the letter, says the province is sending a potentially deadly mixed message by advising the public to stay home while granting permission to fish, hunt and

travel around First Nation territories. A housing shortage in the village of Bella Coola, part of which lies within Nuxalk reserve land, has led to overcrowding, he notes, with anywhere from five to 15 people occupying a single home, making community spread almost impossible to control if a carrier gets past their checkpoint or alights on their shore. “They’re holding a gun to our heads by allowing people to come in here,” he says.

Systemic Inequities Increase Covid-19 Risk for Indigenous People in Canada **Human Rights Watch – June 9, 2020**

<https://www.hrw.org/news/2020/06/09/systemic-inequities-increase-covid-19-risk-indigenous-people-canada>

Across Canada, public health officials are expressing cautious optimism that efforts to contain Covid-19 are proving effective. But Canadians should recognize Indigenous communities are still at risk.

Canada’s record in protecting the rights of Indigenous peoples is abysmal. And it is precisely because of the systemic inequities and discrimination these communities face that Indigenous people may suffer disproportionately from Covid-19.

Federal and provincial governments have urged handwashing and social distancing as Canada’s best defense against the virus. But, as Human Rights Watch has documented, many First Nations communities lack access to clean water and inadequate funding for on-reserve housing has led to severe overcrowding, making social distancing difficult. In urban settings, Indigenous people are also overrepresented in populations at heightened risk of Covid-19: populations experiencing homelessness, prison populations, and people living in poverty.

Indigenous people in Canada also have high rates of underlying health conditions such as diabetes or tuberculosis – diseases associated with poverty or exclusion. According to the World Health Organization, “People ill with both TB and Covid-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.” Patients with diabetes may also be at higher risk from severe illness from Covid-19.

Many Indigenous people also face discrimination in accessing health care services. In remote Northern communities, many nursing stations are ill-equipped and understaffed. Travel to medical centers is expensive and challenging due to current travel restrictions. Some Indigenous communities also do not have access to the personal protective equipment (PPE) they need – and this does not even begin to cover the mental health impact these communities will face moving forward.

Later this year, Human Rights Watch will release a report documenting how climate change is impacting access to food in remote Indigenous communities. Food insecurity may be further exacerbated by the pressures of Covid-19, especially in communities that rely on long-distance deliveries to replenish food stocks.

While the Canadian government has taken steps to address some concerns, deeper reforms are in order.

Authorities should work to dismantle barriers to health care for Indigenous people and ensure supplies such as PPEs are being deployed equitably.

Crucially, the government should involve Indigenous people in creating solutions to address their specific needs, in ways that respect their rights, and end paternalistic approaches that have harmed them. Canada needs to work with Indigenous governments to decrease the

impact of this pandemic, and so that Indigenous communities can look forward to healthy futures in which they are resilient to emergencies.

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