# AFN C-19 National Task Force
# Daily Update for:  June 17, 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 2020-06-16 8:00PM EDT**

| Province | Confirmed Cases | Hospitalization (ICU)* | Deaths | Recovered |
|---|---|---|---|---|
| BC | 2,756 | 11 (5) | 168 | 2,416 |
| AB | 7,482 | 36 (7) | 151 | 6,882 |
| SK | 684 | 3 (1) | 13 | 631 |
| MB | 304 | 0 (0) | 7 | 292 |
| ON | 32,554 | 383 (92) | 2,538 | 27,431 |
| QC | 54,146 | 690 (72) | 5,269 | 22,350 |
| Newfoundland/Lab | 261 | 0 (0) | 3 | 257 |
| NB | 163 | 4 (1) | 2 | 131 |
| NS | 1,061 | 2 (1) | 62 | 997 |
| PEI | 27 | | - | 27 |
| Yukon | 11 | | - | 11 |
| NWT | 5 | | - | 5 |
| Nunavut | 0 | | | |
| Repatriated Travelers | 13 | | | |
| **Total** | **99,467** | **1,129 (179)** | **8,213** | **61,443** |
| **Active Cases= 29,724** | | | | |
| | | | | |

*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 that other data points.

| | Cases | Deaths | Recovered |
|---|---|---|---|
| **Globally** | 8,210,642 | 444,563 | 3,982,874 |

- Data is as of June 17 at 10:33am from Johns Hopkins University:
  https://coronavirus.jhu.edu/map.html

**Epidemic Summary**

As of **June 15**, 2020, the majority (**87%**) of COVID-19 cases are related to domestic acquisition. Domestic acquisition is defined as any exposure that occurred within Canada. This includes acquisition through contact with a COVID-19 case (**52%**); through contact with a traveller (**1%**); and from an unknown source (**34%**). Only **4%** of cases are attributed to travel outside of Canada. The exposure setting for the remaining **9%** of Canadian cases is unknown (information pending).

As of **June 15**, 2020, Canada has an overall case fatality rate of <mark>**8.3%**</mark>.

As of **June 15**, 2020, <mark>**62%**</mark> 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: httpsx://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 16, 2020 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Region** | **BC** | **AB** | **SK** | **MB** | **ON** | **QC** | **ATL** | **Territories** | **Total** |
| **Confirmed** | 61 | 31 | 0 | 21 | 71 | 4 | 7 | 2 | 197 |

**WILDFIRE: -** As Per ISC EMD 2020 FN Flood / Wildland Fire Report as of June 12, 2020 - **\*\*Please note that given the decrease in significant incidents, this report will now be issued on a bi-weekly basis\*\*  - Updates in Bold**

**Nil -**
**FLOODS:** As Per ISC EMD 2020 FN Flood / Wildland Fire Situation Report as of June 12, 2020 - **\*\*Please note that given the decrease in significant incidents, this report will now be issued on a bi-weekly basis\*\*  - Updates in Bold**

**British Columbia**

**15JUN2020: High streamflow advisories remain in effect, in various regions, due to the weekend's heavy rainfall precipitation.**

- ➢ **Little Shuswap Lake Indian Band (689) (Chief Oliver Arnouse)**
  - • **15JUN2020: Evacuee numbers revised. 2 homes evacuated due to flooding. 3 total residents evacuated.**

- ➢ **Leq' a: mel First Nation (579) (Chief Alice Thompson) Population: 145**
  - • **15JUN2020: Evacuation alert rescinded. This will be the final notification unless significant events occur.**

- ➢ **Adams Lake First Nation (684) (Chief Cliff Arnouse) Population: 421**
  - **15JUN2020: FN community monitoring water levels.**

- ➢ **Neskonlith First Nation (690) (Chief Judy Wilson) Population: 318**
  - **15JUN2020: FN community monitoring water levels.**

- ➢ **West Moberly First Nations (545) (Chief Roland Willson) Population: 131**
  - **15JUN2020: Flooded roads due to rainfall.**

**Other Events – Nil -**

## Communications Sector

**Racism is a public health issue, Ottawa Board of Health declares**
**OTTAWA CITIZEN - June 16, 2020**
https://theprovince.com/news/racism-is-a-public-health-issue-ottawa-board-of-health-declares/wcm/31730bfe-df58-4138-8189-ab4c15e359a0

**Bland: How 10 small Cree communities have led Quebec's COVID-19 response**
**The Province - June 16, 2020**
https://theprovince.com/opinion/bland-how-10-small-cree-communities-have-lead-quebecs-covid-19-response/wcm/6235c043-dd8a-4028-8b9e-7ce22e84150d

**Homeless person at isolation centre tests positive for COVID-19 in Winnipeg**
**Public health officials say details about patient aren't necessary to protect public**
**CBC News - Jun 16, 2020**
https://www.cbc.ca/news/canada/manitoba/winnipeg-homeless-patient-covid-19-1.5613962

**Managing mental wellness in the workplace and COVID-19: An Indigenous perspective – Part 1**
**Anishinabek News – June 17, 2020**
http://anishinabeknews.ca/2020/06/17/managing-mental-wellness-in-the-workplace-and-covid-19-an-indigenous-perspective-part-1/

## 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 16, ISC is aware of:

- 255 confirmed positive COVID-19
- 24 hospitalizations

- 210 recovered cases
- 6 deaths

Case numbers per region:

- British Columbia: 42
- Alberta: 60
- Saskatchewan: 63
- Ontario: 55

**Full Stories**

**Racism is a public health issue, Ottawa Board of Health declares**
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"We want the motion not just to say something, but to do something."
Ottawa's Board of Health has voted unanimously to recognize racism as a public health issue.
Racism, discrimination and stigma are associated with poorer physical, mental and emotional health and a greater risk of death — making racism and anti-Black racism an important health issue, said the Board of Health's chair, Coun. Keith Egli, in introducing the motion.
"This is a difficult, emotional and vitally important discussion," said Egli. "We want the motion not just to say something, but to do something."
Members of the African, Caribbean and Black communities experience physical, social, mental and emotional harms due to racism present in health, education, employment, housing, child care, police and law enforcement and the criminal justice system, noted the motion.
"What does it take to make a well community? We need to address racism," said Ottawa's Medical Officer of Health, Dr. Vera Etches, after the meeting.
"It's really about the accountability of board direction — that we're making progress."
In endorsing the motion, the Board of Health and Ottawa Public Health will be setting targets for board members, employees and volunteers to take anti-racism training. That process has already started and has been received well, said Etches.
The mental health impacts of racial discrimination are to be highlighted in a research study on the mental health of Ottawa's Black community. The study will likely be released within the next month.
"It will be an opportunity to build on what we started today," said Egli.
As part of the initiative, Ottawa Public Health will develop a campaign to increase awareness of the impacts of racism and discrimination related to COVID-19 and actions to counter racism in Ottawa.
Ottawa Public Health will be seeking partnerships to improve African, Caribbean and Black mental health.
Ottawa Public Health's 2019-2022 strategic plan also includes a commitment to working in partnership with Indigenous communities. The Board of Health is looking to collaborate with

Indigenous partners to ensure that collecting, analyzing and sharing health data is done in a respectful manner.

That includes engaging with community members, and building on qualitative methods, such as collecting stories, said Etches.

"We need to go beyond counting."

Ottawa Public Health has been collecting COVID-related data including race and income, to better understand barriers to healthcare since May 4.

Elyse Banham, a member of the Board of Health, supported the motion. She believes it is good and timely, but added that it is also important to promote a more diverse public health leadership and staff.

"For things to change you need leadership on the inside," she said.

Etches said diversity in the public health workforce was not deliberately left out of the motion. The human resources department is considering its hiring practices, she said.

On June 8, the Toronto Board of Health voted unanimously to declare anti-Black racism a public health crisis, calling for a "reprioritizing" of city resources to address anti-Black racism during COVID-19 recovery planning and in the city's next annual budget.

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Three months into the COVID-19 pandemic, the northern Quebec territory of Eeyou Istchee ("The People's Land" in Cree) has the lowest rate of confirmed cases in the province. It is also the only one of Quebec's 18 regions without any reported cases of community transmission of the virus.

How have the 10 small communities of Eeyou Istchee, total population 18,000, managed this? When the COVID-19 pandemic hit, Cree Nation government and public health authorities acted very quickly. With certain health issues prevalent among the Cree population — diabetes, cardiovascular disease and asthma, in particular — they knew their community health resources would be overwhelmed if there was a surge in COVID-related patients.

By mid-March, before similar restrictions were imposed in other regions of the province, checkpoints were set up on access roads in and out of Cree communities. Vehicles were stopped and their occupants questioned. Information about destination, length of time out of the community and whether they had experienced any virus symptoms was recorded and uploaded to a centralized database managed by the Cree Board of Health.

The Cree leadership then put into practice a lesson learned from experience with the H1N1 virus in 2009, when Crees in one community were hospitalized at a rate 30 times higher than in the rest of the province. With rumour and misinformation spreading almost as fast as the virus then and now, the lesson was that simple and consistent messaging and advice is the most effective way to reach people.

The Board of Health launched a 24-hour phone line for COVID-19-related information and began weekly livestream updates in Cree and English during which community members could ask questions and have them answered on the spot. In every community, daily Cree radio

broadcasts are full of public safety information, practical suggestions and messages of support and optimism.

Cree leaders also understood how important it was to engage their Nation's young people. Like other First Nations across the country, Cree reserves are fast-growing communities of young people. And while it is the elderly who are the most vulnerable and in need of protection, if and when community transmission does occur, it will most likely be a Cree teenager or 20-something who unwittingly passes the virus on to a community Elder. They needed to be informed quickly and in ways familiar to them.

Accordingly, the Nation's Youth Council began an online campaign to reach out to young Crees. By posting and sharing pictures, memes and videos on Facebook and social media, the Council began connecting young people in isolated communities, encouraging them to share their worries and fears while ensuring they got the virus-related information they needed to protect themselves and those around them.

Ten Crees have tested positive for COVID-19 so far during the pandemic and all have recovered. The cases were all travel related, most to Montreal which remains the epicentre of COVID-19 in Canada with more than 26,000 recorded cases. Tragically, three Cree Elders died in May after contracting the virus while in long-term care facilities in Montreal.

In mid-May, the Board of Health expanded testing to include asymptomatic individuals, focusing on seniors and staff in Elders' homes and anyone returning to a Cree community from a town or city in the south, or from one of the mines, hydro or forestry camps within the territory. They have all been classified as "high risk" areas and returnees face a mandatory 14-day period of self-isolation.

On May 23, the Cree Nation released a five-phased de-confinement strategy for Cree communities. The first phase, which began on June 9, allows small outdoor gatherings and some non-essential health-care services to begin operation. If things go well, more local businesses and non-essential services as well as larger gatherings, local daycares and schools will be re-opened gradually every two weeks. Best case scenario is a full lifting of restrictions, including access to all Cree communities from the south, by the end of August.

Cree leaders acknowledge the plan's approach to de-confinement is much slower than the rest of the province where schools and many businesses have been open for more than a month. And they stress that a setback during any one of the stages — a spike in cases, for example — will set the plan back and likely result in another week or two of restrictions.

But so far, so good. There is a belief here that the path Cree communities have chosen is the right one for their people. And with so much at stake, it is better to err on the side of caution than risk moving too quickly in lifting restrictions.

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A person staying in an isolation centre for homeless people in Winnipeg tested positive for COVID-19, the organization that runs it says.

One person in the 39-bed isolation centre on Sargent Avenue received a positive test result while staying at the centre, said Cindy Titus, a spokesperson for Main Street Project.

"The isolation site has provided further 14-day quarantine support for this individual," Titus wrote in an email Monday.

She was unable to provide more information about the patient's condition.

The case was announced to the public on Friday, a source told CBC News.

On Monday, Dr. Brent Roussin, Manitoba's chief public health officer, said the Friday case was a woman in her 30s who had recently travelled from Ontario and was self-isolating.

Roussin declined to confirm, however, that anyone experiencing homelessness had tested positive for COVID-19.

"We'll make information public whenever we feel that it was putting Manitobans at risk," Roussin said Monday.

"If many Manitobans were exposed and we're unlikely to be able to … identify contacts, then we're going to announce that. In these cases, that's not the case, and that's why any further details aren't necessary to protect Manitobans."

Case announced Friday

The Main Street Project isolation centre opened on April 10, with support from the provincial government. Since it opened, 140 homeless people have used the centre to self-isolate while awaiting test results.

The site, in a vacant Manitoba Housing apartment block, is intended to provide a safe place for patients to self-isolate while awaiting test results, and to quarantine if they test positive, said Rick Lees, executive director of Main Street Project.

Patients who stay there have access to food and medical supports, including nurses on staff, with other programs offered, including addiction support.

Lees said the site has been used daily, especially following the opening of a community testing site at Thunderbird House on Main Street.

"One of our issues at the start was the ability of homeless people to get to, even, a testing site. Most of those sites were just not within close proximity for people who are on foot or are living on the streets," Lees said.

"We've had a steady flow through there recently as people have been able to get tested and into the facility and kept safe."

Lees declined to comment on the positive test result at the isolation centre.

'Right thing to do'

Elsewhere in Canada, advocates have raised concerns about homeless people being vulnerable to the pandemic and left out of government planning.

In Toronto, two men died of COVID-19 and 18 were infected in an outbreak at a single shelter. At the end of last month, more than 450 cases of COVID-19 in that city had been linked to shelters, and the city agreed to use "its best efforts" to make shelters safer following legal proceedings initiated by public-interest groups.

Lees said Manitoba has been able to get ahead of the curve.

"I think, generally, we all agree that Manitoba has done well during this COVID-19 pandemic," Lees said.

In addition to the isolation centre, Main Street Project opened another shelter for people who need somewhere to sleep, with distance between cots and access to showers.

"As a community, there was a large outcry that we need to do something for our most vulnerable, and people listened, and those supports came forward," Lees said.

Advocates have long called for better supports for homeless people in the city, and Lees hopes measures brought in for the pandemic become permanent.

"There will be a second wave, for sure, of COVID-19 — and besides COVID-19, it's absolutely the right thing to do."

**Managing mental wellness in the workplace and COVID-19: An Indigenous perspective – Part 1**
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NIPISSING FIRST NATION TERRITORY— During these uncertain times, organizations and companies are turning to health professionals and experts to help navigate the growing anxiety, fears, and loneliness stemming from the coronavirus disease 2019 (COVID-19) pandemic.

The Anishinabek Nation (formerly known as the Union of Ontario Indians) has taken a proactive approach in supporting the health and well-being of staff to strengthen the organization and better serve its 39 member First Nations, despite the challenging times.

Doctor Brenda Restoule, Chief Executive Officer of First Peoples Wellness Circle and Doctor Carol Hopkins, Executive Director of the Thunderbird Partnership Foundation, led the Anishinabek Nation Staff Mental Wellness Session via Zoom on June 11. The event was hosted by the Anishinabek Nation Health Department.

Dr. Restoule delivered a presentation, Mental Wellness in the Workforce, where the biggest emphasis was on trust – in leadership and in self. She believes that good organizational wellness helps foster employee wellness and vice versa.

"Leadership trust is important to work and wellness," she states. "Each and every one of you is a leader in helping communities connect and have access to resources and funds, and you provide information…There are many ways we can be leaders within an organization; not just senior staff."

She went on to explain that there is a neuroscientific connection between trust and productivity; the higher the trust, the greater the productivity and results – naturally, lower trust yields reduction in productivity. According to Restoule, a registered clinical psychologist, four indicators can assess trust: sincerity, reliability, competence, and care. She also notes that there are various types of trust, including Self-Trust, Relationship Trust, Organizational Trust, Market Trust, and Societal Trust.

"Good organizational wellness helps foster employees' wellness. What is it that you contribute as an individual to support the organization to support First Nations?" asks Restoule. "A key piece of [organizational trust] is making sure we align with the mission, vision and values of the Anishinabek Nation. Thinking about how your daily work activities align with the Anishinabek Nation and how you use those key components to think about how to [deliver] those programs and services remotely where the focus has turned to COVID-19. Are there things you can be doing for First Nations for program delivery remotely? Societal trust builds greater value by the people we work with and for. It's important to build worker wellness at an individual level because it has a ripple effect that impacts the organization and [the First Nations]."

During the pandemic, Restoule believes that maintaining connections with colleagues is critical to navigating through challenging times.

"What we know is people need connections to feel valued, that they're on the right track—it keeps teams working together, cohesively, particularly when they don't have the opportunity to get together," she says.

Throughout her presentation, she delivered a handful of helpful advice where work-life blends with personal-life in order to maintain mental wellness.

"It's not always about what we've accomplished, it's about how managing multiple roles from family expectations, parental expectations, and workplace expectations, then managing isolation and anxiety," she explains. "Checking in with people personally is very important."

Restoule offered valuable advice for those working from home with children or teens and balancing and meeting those needs and demands.

"Keep, as best as possible, the routines and structures in place prior to COVID-19," she says. "Regular sleep, eating routines and trying to do it at the same time, every day…Helping them plan the free-time—talking to them, encouraging social engagements with those in the home or by virtual means with friends…They need some support in thinking out their days and planning their days."

She also stresses that self-care is not a luxury, but rather a priority and necessity.

"When we can assess ourselves, it allows us to think about what we need to do to manage those signs of stress. We need to be our own temperature gauge about how we're managing so we can think about promoting wellness within ourselves and the organization and the communities we're servicing."

Holistic Health Approach Self-Care Tips from Dr. Restoule:

Identify activities that help you feel your best.

Make time in your schedule to do those activities.

Sneak in self-care where you can.

Take care of all parts of yourself.

Know when to say no.

Check-in with yourself regularly.

Surround yourself with great people.

Consider the quality of your self-care.

Remember, self-care is non-negotiable.

Ideas to Think About When Working From Home from Dr. Restoule:

Start your morning off right: routines and good thinking.

Personalize your workspace: find a good place to work and make it a workspace.

Power down at the end of the workday.

Recognize stress and take action.

Set up breaks.

Be sure to check in with others regularly.

Set goals and make note of what you achieve.