

**AFN C-19 National Task Force**  
**Daily Update for: June 29, 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 2020-06-28 7:01PM EDT**

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,878	17 (5)	174	2,545
AB	7,996	43 (8)	154	7,322
SK	778	6 (0)	13	661
MB	322	0 (0)	7	300
ON	34,654	232 (46)	2,658	30,107
QC	55,079	455 (45)	5,448	23,786
Newfoundland/Lab	261	0 (0)	3	258
NB	165	2 (1)	2	158
NS	1,061	2 (0)	63	998
PEI	27		-	27
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
<b>Total</b>	<b>103,250</b>	<b>757 (105)</b>	<b>8,522</b>	<b>66,191</b>
<b>Active Cases= 28,156</b>				

\*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
<b>Globally</b>	10,189,350	502,719	5,165,917

- Data is as of June 29 at 11:33am from Johns Hopkins University:  
<https://coronavirus.jhu.edu/map.html>

## Epidemic Summary

As of **June 28**, 2020, the majority (**89%**) 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 (**54%**); through contact with a traveller (**1%**); and from an unknown source (**35%**). Only **4%** of cases are attributed to travel outside of Canada. The exposure setting for the remaining **6%** of Canadian cases is unknown (information pending).

As of **June 28**, 2020, Canada has an overall case fatality rate of **8.30%**.

As of **June 28**, 2020, **64%** 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](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 29, 2020									
Region	BC	AB	SK	MB	ON	QC	ATL	Territories	Total
Confirmed	61	31	0	21	69	4	7	2	195

**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

### **Communications Sector**

**History's crystal ball: What the past can tell us about COVID-19 and our future**  
**The Conversation - June 28, 2020**

<https://theconversation.com/historys-crystal-ball-what-the-past-can-tell-us-about-covid-19-and-our-future-140512>

**Meet 3 Indigenous health-care workers helping keep Northern communities safe**  
**CBC - June 28, 2020**

<https://ca.news.yahoo.com/meet-3-indigenous-health-care-080000839.html>

**Housing project for Indigenous elders, youth set to open in September  
Kamloops this Week – June 28, 2020**

<https://www.kamloopsthisweek.com/news/housing-project-for-indigenous-elders-youth-set-to-open-in-september-1.24161519>

**B.C. First Nations keeping COVID-19 cases down: health officials**

<https://www.princegeorgecitizen.com/covid-19/b-c-first-nations-keeping-covid-19-cases-down-health-officials-1.24160717>

**COVID-19 increases risk for Canada’s ‘invisible’ homeless women: study**

**The study is the first ever comprehensive national portrait of women’s homelessness**

**CANADIAN PRESS - Jun. 26, 2020**

<https://www.vicnews.com/news/covid-19-increases-risk-for-canadas-invisible-homeless-women-study/>

**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 28, ISC is aware of:

- 296 confirmed positive COVID-19
- 29 hospitalizations
- 236 recovered cases
- 6 deaths

Case numbers per region:

- British Columbia: 42
- Alberta: 79
- Saskatchewan: 82
- Ontario: 58
- Quebec: 35

## Full Stories

### History's crystal ball: What the past can tell us about COVID-19 and our future

The Conversation - June 28, 2020

<https://theconversation.com/historys-crystal-ball-what-the-past-can-tell-us-about-covid-19-and-our-future-140512>

During this pandemic, historians have been consulted like the Oracle of Delphi. Is COVID-19 like the Black Death? The 1918 flu? What lessons of history can be applied to today?

But can history show us what we want to know?

In some ways, yes. In others, no. And we need to broaden what we ask.

As a historian of medicine, North Africa and France, I find we are using some lessons but ignoring others. Pandemic histories are useful, but how they connect with race, public health, revolution, labour, gender and colonial histories will help us explain the present and predict the future.

Lessons learned: COVID-19 responses using pandemic history

Some history lessons have been put to use right away, like social distancing.

At University of Michigan, Dr. Howard Markel compared cities in the United States during the 1918-19 flu pandemic and showed the U.S. Centers for Disease Control and Prevention how early, strict social distancing measures worked to slow infection rates. Countries around the world now use his concept, "flattening the curve."

Not bad for the history of medicine, a field the *Lancet* declared "moribund" in 2014.

Lessons ignored: Poverty and racism make you sick and dead

Other pandemic lessons have been ignored, and they tragically unfold anew.

The poor, the vulnerable and workers die in greater numbers. Social reformer Dr. Rudolph Virchow wrote in 1848:

"Medical statistics will be our standard of measurement; we will weigh life for life and see where the dead lie thicker, among the workers or among the privileged."

Poor neighbourhoods have the highest death tolls. Reformers' maps from the 1800s demonstrated this in the United Kingdom (Edwin Chadwick, 1834) and France (René Villermé, 1832). The same pattern has emerged in 2020 in New York (the Bronx) and Montréal (North Montréal).

A pandemic is not the great equalizer, contrary to Madonna's "Reflections from the Bathtub." Inequality of income, housing, work and opportunity are the inequities that made death "a social disease" for social reformers Chadwick, Villermé and Virchow. We now call these factors the "social determinants of health."

That is why structural racism can be a death sentence. Data show that pandemics have disproportionately affected African Americans and Indigenous Peoples. Virchow demanded social justice as the solution: full employment, higher wages and universal education.

Policy-makers had months to protect vulnerable populations from COVID-19. Why didn't they? History explains that too.

Cholera: Change happens when people rise up

If history shows one thing, it's that rich people and politicians do not want to pay for sewers, schools, hospitals, old age pensions or worker safety. The deaths of the poor themselves did not move politicians in France, Germany or Britain to big policy changes.

Like the 19th-century economist Thomas Malthus, some elites even argued that such deaths are “natural,” or in Texas recently, beneficial to society.

So how does change come?

Change came because people rose up in a series of political revolutions across Europe in 1848. Workers rose in massive strikes and revolutionary action. The fear of Marxist revolution brought health care and the welfare state to the people in Bismarck’s Germany.

And cholera pandemic also showed elites their vulnerability. If enough people are sick, if the air and water are contaminated, even rich people can die. Today you can tour the magnificent sewers of Paris and drink filtered water in Hamburg, because the rich realized they can get sick too.

Madonna was right on that one.

Health and rights are inseparable

If enough people get sick and hungry and angry, there will be revolution.

We wave flags for France on July 14, the anniversary of the storming of the Bastille in 1789 that launched the French revolution. But the day before, “bread riots” broke out and people carried food away. The combination of tyranny and physical suffering started the revolution.

Health and human rights are inseparably tied together. A government that does not allow its citizens to survive, to eat, to breathe, to live, is illegitimate. By what right does it rule? The current protests in the U.S. demanding recognition of African American lives illustrates this fundamental nature of politics.

A contemporary example of revolution to demand health and rights was the Arab Spring in 2011. A young man, Mohamed Bouazizi, lit himself on fire and his fellow citizens saw themselves in his suffering: I also cannot eat, work, have shelter or raise a family in this country. Tunisia toppled its president and wrote a new constitution.

Authoritarianism is bad for health, because public health relies on good governance.

Democracy is good for health. In 1794, French revolutionaries created the first public health system, for the “citizen-as-patient.”

Lessons from COVID-19 to global health history

COVID-19 is also teaching history new lessons.

For one, pandemics were widely considered a thing of the past.

The “developed” world expected that modern sanitation and medicine would eliminate infectious disease as a primary cause of death, known also as the “epidemiologic transition thesis.”

But “re-emerging infectious diseases” challenge this story. They are produced by modern economic and social practices.

Environmental destruction opens pathways for viruses to jump from animals to humans; COVID-19, SARS, AIDS, H1N1 and the 1918 flu are all such “zoonotic” diseases.

Modern injustices like labour exploitation, inhumane incarceration and overcrowded refugee camps directly contribute to disease spread by creating unsafe living and working conditions. COVID-19 is helping societies rethink their histories, and how we should write history itself.

**Meet 3 Indigenous health-care workers helping keep Northern communities safe**

**CBC - June 28, 2020**

<https://ca.news.yahoo.com/meet-3-indigenous-health-care-080000839.html>

Through the month of June CBC Indigenous has been sharing stories from Indigenous health-care workers across the country about their jobs, why they got into health care and how they have been responding to COVID-19.

Here are three workers from the North sharing their experiences.

### **Minnie Grey**

Minnie Grey grew up in the Inuit region of northern Quebec watching her mother who was a caretaker and a midwife.

Grey herself got involved in health care almost 30 years ago and is now the executive director of the Nunavik Regional Board of Health and Social Services (NRBHSS). The regional board is in charge of the health network in that part of northern Quebec.

"I want to be able to represent my people, be involved and just be part of my people and do something positive to help others," she said.

She said being involved in health care is her passion.

"I really do care about the services that being provided to Inuit are culturally relevant, that Inuit understand the system and that health care is provided in their language," said Grey.

"Our people suffer a lot of trauma and we go through a lot of crises, so it's really important that we are cared for by other Inuit."

Grey said it's been a rough few months in the region since COVID-19 began with one community having 14 cases and two others having one each for a total of 16 in the region.

"We got through it and we're now COVID free," she said.

"We're still very, very busy to ensure that our public health guidelines are in place in order to keep our people safe."

### **Jennifer Tetlich**

Since she was in Grade 12, Jennifer Tetlich knew that she wanted to work in the health care field.

She said she was always encouraged to go get an education and come back to help people in her hometown of Inuvik, N.W.T.

"My aunt was a nurse, so I went in following her footsteps," she said.

Tetlich is now the regional manager of continuing care for the Northwest Territories Health and Social Services Authority.

In this role she is responsible for managing long-term care at a 2- bed facility in Inuvik and also manages home care and supported living.

Tetlich is Gwich'in and was born and raised in Inuvik, but her family comes from nearby Fort McPherson.

She said having an Indigenous workers to help take care of the elders helps them feel more comfortable by incorporating their culture into the day-to-day care.

"One day I walked down there and there was an Inuvialuit worker that was drum dancing for an elder," said Tetlich

"Those things are fun to see, it makes work easier."

### **Charlene Raddi**

Charlene Raddi says she was also inspired by a family member to pursue health care.

Her Nana Pearl was a midwife who gave her the determination to take care of her people.

Raddi is Inuvialuk from Tuktoyaktuk, N.W.T., and is a registered nurse. She works in Inuvik for the Northwest Territories Health and Social Services Authority as a team lead for long-term care with responsibility for overseeing the staff, and the care of the residents.

"We do look up a lot to our grandparents and to the elders, so being a part of the health-care team and my position, our elders know that we do look up to them a lot," said Raddi.

"Whenever I walk onto the unit and spend time with our elders, it just reminds me of my grandparents and how we were raised."

When the pandemic hit, the health and social services authority put restrictions in place to protect vulnerable populations and planning began to figure out how the health care team would respond if cases came to the territory.

N.W.T. has had five COVID-19 cases total, and has gone almost three months with no new cases.

Raddi said the most rewarding part of her job is receiving acknowledgement from the elders that they are happy and being taken care of.

"That's what made me feel better when I'm doing my work."

### **Housing project for Indigenous elders, youth set to open in September**

**Kamloops this Week – June 28, 2020**

<https://www.kamloopsthisweek.com/news/housing-project-for-indigenous-elders-youth-set-to-open-in-september-1.24161519>

The \$4.7-million housing complex — known officially as Kikekyelc: A Place of Belonging — was originally scheduled to be operational by June, but has been delayed due to the COVID-19 pandemic.

The COVID-19 pandemic delayed construction of a supportive housing project for Indigenous youth and elders by a month, but the social agency behind it is expecting to take occupancy by September.

Lii Michif Otipemisiwak (LMO) is building the 31-unit Kikekyelc project in Brocklehurst as a place of belonging for First Nations elders and younger residents — ages 16 to 27 — of First Nations, Inuit and Métis backgrounds.

The \$4.7-million housing complex — known officially as Kikekyelc: A Place of Belonging — was originally scheduled to be operational by June, but a suspected case of COVID-19, which turned out to be unfounded, shut down the construction site for two weeks earlier this year.

Seanna Proulx, LMO manager of Indigenous youth and housing, said following that, the number of workers allowed on the site at any given time was reduced due to the pandemic and the project was delayed about a total of four weeks.

"We're looking now at completion likely to happen sometime in August," Proulx said, noting they will then need to acquire an occupancy permit.

Sept. 1 has now been earmarked as their move-in date, she told KTW.

All 26 rooms in Kikekyelc for youth who have been involved with the child-services system or who have aged out of care have been booked. There is now a wait list of five and growing as word spreads that the project is nearing completion, Proulx said.

The five units for elders are expected to be filled by Sept. 1, but there may still be one spot to fill by that time, she said.

Kikekyelc will have 24/7 wraparound services offered on site and LMO is just now in the process of getting job postings together.

Proulx said the housing complex is about 85 per cent complete — describing the second floor as about 95 per cent complete and the first floor as roughly 80 per cent done, with work started on the outside in the past two weeks.

“We got cement poured for the walkways and landscapers are in doing landscaping,” Proulx said.

LMO received funding from the Royal Bank of Canada to hire youth who have moved through the provincial child-services system — about 10 of whom will call Kikekyelc home when it’s complete, Proulx said, noting they have taken pride in the project.

With an overrepresentation of First Nations youth in the foster care system, Proulx stressed the importance of the residence as many people flounder with tasks such as finding employment and a place to live when they age out of the system.

### **B.C. First Nations keeping COVID-19 cases down: health officials**

<https://www.princegeorgecitizen.com/covid-19/b-c-first-nations-keeping-covid-19-cases-down-health-officials-1.24160717>

VICTORIA — First Nations in British Columbia have been largely successful in keeping COVID-19 out of their communities by strictly following health guidelines and relying on the advice of elders about smallpox and tuberculosis that decimated Indigenous populations, say health officials.

Since Jan. 1, there have been 87 cases of COVID-19 among Indigenous people in B.C. and four deaths, a rate below the provincial average, Dr. Shannon McDonald of the First Nations Health Authority, said Friday.

She said there are currently three active cases among Indigenous Peoples in B.C.

The province reported 10 new COVID-19 cases Friday, bringing the provincial total to 2,878.

There have been 174 deaths.

"I'm also pleased to tell you that thanks to an extraordinary response from our First Nations communities, the people the First Nations Health Authority serves have fared even better than the rest of the population in the face of this unprecedented challenge," McDonald said at a news conference on Friday.

She said the results are from data based on COVID-19 testing of more than 5,500 Indigenous people through a program unique in Canada that allows the sharing of federal and provincial data with the health authority.

McDonald credited the success to the many sacrifices made by First Nations communities to follow health restrictions, restrict travel and the willingness to cancel cultural and family gatherings that are integral to Indigenous culture.

"The sacrifices made, some of them very difficult and painful, have paid off," she said. "The worst, which many anticipated and feared, did not happen. Transmission of the virus within and between our communities was kept to a very small number."

McDonald said those communities must continue efforts to prevent the spread of the virus, especially since the B.C. government decided this week to ease more health restrictions, including allowing travel in the province.

"This is no time to lower our guard," she said. "The curve has flattened but not flat lined."

Judith Sayers, president of the 14 Nation Nuu-chah-nulth Tribal Council, said Friday Indigenous communities are concerned that increased travel could mean the arrival of the virus in their territories.

There are more than 10,000 Nuu-chah-nulth members in 14 communities on the west coast of Vancouver Island, including Port Alberni, Bamfield and Tofino.

Sayers said the Nuu-chah-nulth were not properly consulted by the provincial government prior to the announcement that health restrictions would be eased.

The Nuu-chah-nulth and other Indigenous groups on B.C.'s central coast and the Interior said the failure to consult about the reopening puts Indigenous lives at risk.

Sayers said there have been no reported cases of COVID-19 in her communities.

"People tried very hard to follow the guidelines."

She said not allowing large funerals "really hurt."

But the memories of smallpox, which almost wiped out Nuu-chah-nulth communities, were invoked as strong forces to keep the virus away, she said.

"There was a certain effort that that would never happen this time," said Sayers.

McDonald agreed, saying the advice of elders remembering how previous diseases like tuberculosis spread uncontrolled through Indigenous communities convinced residents to follow health guidelines.

"History is an ugly thing for many First Nations communities," she said. "We have people alive and well who tell the stories of previous pandemics."

McDonald said the appearance of COVID-19 in April in the remote village of Alert Bay, located on Cormorant Island off northern Vancouver Island, also served as a wake-up call for people about the ability of the illness to show up anywhere.

Premier John Horgan urged travellers earlier this week to be aware that some communities are not prepared to welcome tourists or may not want them there because of the COVID-19 risk.

Sayers said talks are ongoing between Indigenous leaders, health and government officials about the potential impacts of the reopening on Indigenous communities.

The tribal council had said that it was prepared to restrict access to their territories, but Sayers did not say when or if that would occur.

### **COVID-19 increases risk for Canada's 'invisible' homeless women: study**

**The study is the first ever comprehensive national portrait of women's homelessness**

**CANADIAN PRESS - Jun. 26, 2020**

<https://www.vicnews.com/news/covid-19-increases-risk-for-canadas-invisible-homeless-women-study/>

A new research project shows women experiencing homelessness in Canada are largely invisible and falling through major gaps in support systems — and into dangerous situations.

The study, led by the Women's National Housing and Homelessness Network, says the scope is dramatically underestimated because women are more likely to rely on precarious and sometimes dangerous support, such as by sleeping on couches or trading sex for housing.

Studies of homelessness also largely fail to count women fleeing gender-based violence and women trapped in situations of sex trafficking, according to the report.

This means the scale of homelessness among women, girls and gender-diverse people is larger than official estimates would suggest.

“The ways we measure homelessness in Canada often look really at just visible homelessness in the street, but women’s homelessness is really distinct,” said Kaitlin Schwan, senior researcher at the Canadian Observatory on Homelessness, which was involved in the report.

“The hidden nature of women’s homelessness can become invisible at the policy level and so we don’t get the kind of investments and funding that we really need to address the issue.” Statistics Canada data from 2019 shows emergency shelters for those fleeing gender-based violence were already turning away nearly 1,000 women and children a day before the COVID-19 pandemic hit.

The pandemic then caused a strain on existing homelessness resources, with some shelters having to reduce services or close due to public health and physical distancing rules.

Now, with women feeling a disproportionate economic impacts from COVID-19, particularly those who are from racialized communities or single parents, Schwan said she expects more women to be homeless as eviction moratoriums begin to lift, making things more critical.

“COVID is really is going to be disproportionately affecting women, because women are much more likely to live in poverty, much more likely to be working minimum-wage jobs without security, especially if they’re single parents,” she said.

“They are going to be facing a risk of eviction that maybe they hadn’t before, so we’re at risk of having this whole new wave of women across Canada who are becoming homeless for the first time in the context of a system that was already overburdened before COVID.”

The study is the first ever comprehensive national portrait of women’s homelessness, and involved a review of all available evidence on the situation in Canada.

The study also revealed homeless women and LGBTQ people are at much higher risk of violence.

Data shows more than 37 per cent of homeless young women have experienced a sexual assault in the last 12 months, compared to 8.2 per cent of homeless young men. Ninety-one per cent of women experiencing homelessness have experienced an assault in their lifetime.

Also over the last year, more than 35 per cent of LGBTQ youth have experienced a sexual assault, compared to 14.8 per cent of youth who do not identify as LGBTQ.

The report says women who do access emergency shelters are often further harmed by bureaucratic policies, including the prospect of losing custody of their children.

Indigenous women in particular are experiencing the most profound forms of housing need in all parts of the country, and disproportionate levels of violence, the research shows, but they also remain the most underserved when it comes to both those areas of support.

Data shows 70 per cent of northern reserves have no safe houses or emergency shelters for women escaping violence, and shelters in urban centres often do not offer welcoming or culturally appropriate programs or services for Indigenous women.

Schwan says the deeply embedded and systemic shortfalls in housing and social supports for Indigenous women show the issue needs to be tackled beyond expanding emergency homeless supports.

COVID-19 offers Canada an opportunity to reimagine its overall response to homelessness, especially as many public conversations are now focused on systemic barriers that cause disproportionately negative outcomes for some populations, she said.

“Certainly, more funds are needed with respect to addressing this emergency response piece to homelessness, but honestly, more important than that is really investing in increasing our availability of affordable housing,” Schwan said.

“The solution to homelessness to people of all genders is housing.”

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