

**AFN C-19 National Task Force  
Daily Update for: June 5, 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 2020-06-05 11:00AM EDT**

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,632	26 (6)	166	2,265
AB	7,091	48 (6)	146	6,611
SK	648	2 (2)	11	602
MB	298	0 (0)	7	284
ON	29,747	749 (118)	2,372	23,583
QC	52,143	1,030 (131)	4,885	17,336
Newfoundland/Lab	261	1 (0)	3	256
NB	136	4 (1)	1	120
NS	1,058	3 (1)	61	997
PEI	27		-	27
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
<b>Total</b>	<b>94,070</b>	<b>1,863 (265)</b>	<b>7,652</b>	<b>52,114</b>
<b>Active Cases= 34,304</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>	6,682,531	392,321	2,897,890

- Data is as of June 5 at 11:33am from Johns Hopkins University:  
<https://coronavirus.jhu.edu/map.html>

**Epidemic Summary**

As of **June 4, 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 4, 2020**, Canada has an overall case fatality rate of **8.0%**.

As of **June 4, 2020**, **55%** 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 03, 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 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\*\***

#### **MANITOBA – Low to Moderate**

- Pine Creek First Nation (282) (Chief Karen Batson) On-reserve population: 637, 2 evacuees
  - 02JUN2020: Community no longer threatened by fire. SOLE rescinded. Repatriation efforts continue;
  - 31MAY2020: Fire under control. Monitoring continues;

#### **QUEBEC**

- Innu Takuaihan Uashat Mak Mani-Utenam First Nation (80) (Chief Mike McKenzie) Population: 3,659
  - 02JUN2020: Fire is out. This will be the final notification unless significant changes occur.
  - 20MAY2020: Two forest fires active 9km north of community posing a fire and smoke risk.

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

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**FLOODING 2020 Flood Season General Risk Assessments** - New Information in **bold**

BC: FLOOD RISK FORECAST – Moderate

- Bonaparte First Nation (686) (Chief Randy Porter) Population: 201
  - 03JUN2020: 91 residents on standby for possible evacuation. Flood peak expected by June 8, 2020.
  - 25MAY2020: Water level monitoring, sandbagging and debris removal continues in anticipation of flooding.
- Upper Nicola Band (697) (Chief Harvey McLeod) Population: 415
  - 02JUN2020: 2 additional households (9 residents) evacuated. 15 total residents evacuated.
  - 28MAY2020: 1 more resident evacuated. 6 total residents evacuated.

AB: FLOOD RISK FORECAST – Moderate

SK: FLOOD RISK FORECAST – Moderate

MB: FLOOD RISK FORECAST – Moderate

ON: FLOOD RISK FORECAST – Moderate

QC: FLOOD RISK FORECAST – Moderate

- Zhiibaahaasing First Nation (173) (Chief Irene Kells) Population: 66
  - 02JUN2020: High water levels from lake Huron threaten Water Treatment Plant (WTP)

ATL: FLOOD RISK FORECAST – Moderate

YT: FLOOD RISK FORECAST – Moderate

### **Communications Sector**

#### **How the COVID-19 crisis calls us towards reconciliation**

##### **The Conversation - June 4, 2020**

<https://theconversation.com/how-the-covid-19-crisis-calls-us-towards-reconciliation-139259>

#### **146 Fort William First Nation citizens participate in drive-through COVID-19 testing event June 5, 2020**

<https://anishinabeknews.ca/2020/06/05/146-fort-william-first-nation-citizens-participate-in-drive-through-covid-19-testing-event/>

#### **First Nations, environmentalists ask for restart of oilpatch monitoring**

**EDMONTON — Seven environmental and Indigenous groups have asked the Alberta government to restart oilpatch monitoring as soon as possible given that other activities are coming out of the COVID-19 shutdown.**

**Canadian Press – June 5, 2020**

<https://www.ottawamatters.com/national-news/first-nations-environmentalists-ask-for-restart-of-oilpatch-monitoring-2410304>

## **New Brunswick doctor's story calls attention to COVID-related racism**

**CBC News - June 4, 2020**

<https://www.cbc.ca/news/canada/new-brunswick/nb-doctor-story-attention-covid-related-racism-1.5597703>

### **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 4, ISC is aware of:

- 225 confirmed positive COVID-19
- 22 hospitalizations
- 197 recovered cases
- 5 deaths

Case numbers per region:

- British Columbia: 43
- Alberta: 46
- Saskatchewan: 52
- Ontario: 49
- Quebec: 35

### **Full Stories**

#### **How the COVID-19 crisis calls us towards reconciliation**

**The Conversation - June 4, 2020**

<https://theconversation.com/how-the-covid-19-crisis-calls-us-towards-reconciliation-139259>

Throughout the COVID-19 pandemic, Canadians have shown their support for front-line workers. Prime Minister Justin Trudeau and other political leaders have told Canadians “we are all in this together” and “no expense will be spared” to ensure the health and safety of Canadians.

Yet, when it comes to the persistent and glaring inequities facing Indigenous communities in Canada, many of these same leaders, as well as Canadians, have fallen drastically short. The stubborn tendency of non-Indigenous Canadians to turn away from “Indigenous issues” and seek a return to “normalcy” remains an ongoing barrier to change.

On April 27, 2020, for example, the Dryden town council in northwestern Ontario voted 5-2 against a motion calling for the resignation of Conservative Sen. Lynn Beyak. Beyak made national headlines last year when she refused to remove racist letters from her website and was subsequently suspended from the Senate for failing to take sensitivity training seriously.

Dryden Mayor Greg Wilson said some councillors felt it was beyond their jurisdiction to comment on federal matters. But as Fort Frances town councillor Douglas Judson pointed out: “Municipal resolutions comment or call for action by other levels of government all the time.” Leaders from the Grand Council Treaty 3 (GCT3) and Nishnawbe Aski Nation (NAN) publicly condemned Dryden council’s decision. NAN Grand Chief Alvin Fiddler said: “As leaders we must seize every opportunity to support reconciliation and speak out against racism ... it is the duty of all Canadians to stand against racism and bigotry ... hurtful comments that ignore our shared colonial history must be denounced.”

COVID-19 highlights Indigenous inequities

COVID-19 has illuminated longstanding inequities in Indigenous communities, such as the lack of clean drinking water, overcrowded housing and inadequate health-care access in dozens of First Nations, as Cindy Blackstock and Isadore Day recently explored in an op-ed for the *Globe and Mail* and documented by the Canadian Centre for Policy Alternatives. These conditions, created by decades of colonial policies and actions and inactions, make it much more challenging to follow basic public health guidelines, such as frequent hand washing and physical distancing.

Moreover, the federal government recently acknowledged that its funding for Indigenous organizations has “fallen short” and its COVID-19 data on Indigenous peoples is “limited.” The Congress of Aboriginal Peoples is suing the federal government for “inadequate and discriminatory funding” to respond to COVID-19 among off-reserve and urban Indigenous people.

Some companies, meanwhile, seem to be exploiting the pandemic to build pipelines or extract resources on Indigenous territories that Indigenous people staunchly oppose. Alberta’s energy minister even said: “Now is a great time to be building a pipeline because you can’t have protests of more than 15 people.”

Widespread avoidance

I conducted interviews and fieldwork over 18 months in the Rainy River District in northwestern Ontario to explore the attitudes of people like Beyak and her supporters. I found out they are not as rare as some would like to think.

In fact, in my book, *Canada at a Crossroads: Boundaries, Bridges, and Laissez-Faire Racism in Indigenous-Settler Relations*, I show that non-Indigenous Canadians, whatever their personal views, seek to avoid discussing racism and colonialism at all costs.

Part of the issue is about language and self-perception. Far too many Canadians do not see themselves as settlers when that is clearly the case.

Many settler Canadians routinely express a sense of group superiority and entitlement and feel threatened by Indigenous people who stand up for their rights, defend their lands and publicly assert their Indigenous identities and cultures. Perhaps even more common is the unwillingness of settlers to say or do anything about the racism in their midst.

Inter-group contact is not enough to overcome these racist and colonialist structures as these attitudes often coexist with a history of intermarriage and cross-group friendships.

Many settlers in northwestern Ontario refer to Indigenous friends or family members as “good Indians,” exceptions who prove the rule. Some even look to Indigenous people for validation of their racist views. Most commonly, racism and colonialism remain elephants in the room, and Indigenous-settler relations can be friendly so long as no one talks about “politics.”

Reconciliation: A way forward

The silver lining in my research is that many Indigenous and settler people are interested in finding new ways of relating to one another.

Positive Indigenous-settler alliances exist. In Shoal Lake 40 First Nation, the Freedom Road campaign brought together activists, evangelical Christians, business people and urban and rural Indigenous people to create a 24-kilometre route to link Shoal Lake 40 First Nation to the Trans-Canada Highway. In the Rainy River District, First Nations and municipalities worked together to protect their shorelines from flooding or pooled their resources to purchase medical equipment at the Fort Frances hospital.

Crises are often an opportunity for groups to develop new ways of working together to protect their mutual interests and to find a new footing on which to grapple with Canada's past and move forward on a more equitable and sustainable path.

The COVID-19 pandemic represents one such crisis: for settlers and their governments, it could be an opportunity to live up to all the recent talk of reconciliation. This would mean respecting Indigenous nations' political autonomy and jurisdiction, including the right to regulate who enters the community and on what terms. It would also mean providing the necessary funding and other supports to prevent and manage disease outbreaks.

Although there may be regions where this is happening locally in Canada, we continue to see instances like Dryden where settlers overlook or oppose the call to rectify these inequities. It is imperative to speak out against racism — whether interpersonal or institutional. We must build new relationships based on respect for Indigenous sovereignty, fulfilment of treaty obligations, and a spirit of partnership.

#### **146 Fort William First Nation citizens participate in drive-through COVID-19 testing event June 5, 2020**

<https://anishinabeknews.ca/2020/06/05/146-fort-william-first-nation-citizens-participate-in-drive-through-covid-19-testing-event/>

FORT WILLIAM FIRST NATION — The Fort William coronavirus disease 2019 (COVID-19) testing event carried out on May 30 has not resulted in any positive cases identified as of June 3. The testing was completed by the Thunder Bay District Health Unit (TBDHU), in partnership with Fort William and the Superior North EMS Community Paramedicine Program, for on-reserve citizens at the Fort William First Nation Community Centre.

"The only response we would have got back was if there was a positive case and so far we haven't heard nothing back," says Karen Bannon, director of health and family services at Fort William, during a June 3 phone interview. "We had 146 people tested — they did do walkups through the drive-through [COVID-19 testing]. They didn't turn anyone away that wanted to be tested. It was very positive."

Bannon says the community will be having another COVID-19 testing event, but the date had not been decided upon as of June 3.

"I believe we are going to include the off-reserve [citizens] this time," Bannon says. "We're just working on the details, but it will go out in our newsletter and on our website."

Fort William on-reserve citizens with any symptoms, even mild ones, were encouraged to get tested at the May 30 drive-through testing event. Testing was also available for people who were concerned that they had been exposed to COVID-19 and for those who are at risk of

exposure to COVID-19 through their employment, including essential workers, regardless of symptoms.

"Testing is an important part of the overall response to this pandemic," says Dr. Janet DeMille, medical officer of health at TBDHU. "This testing event will help identify individuals who may be infected with the COVID-19 virus and will provide valuable community-level surveillance to help protect the community and to better understand the spread of the virus in this area."

Fort William Chief Peter Collins says it was "very important" to do the COVID-19 testing.

"I'm glad it's getting done because right now (May 29), we have no cases in Fort William," Chief Collins says. "We want to take every precaution, every step to make sure that it stays that way. Hopefully they all come back negative, but if we do have someone who tests positive then we can help and make sure that person gets through the [COVID-19 health] issues and make sure we monitor them."

Collins says he was registered to take his COVID-19 test at 9 a.m., which was at the beginning of the 9 a.m.-4 p.m. testing event.

"We're trying to get as many people as we can tested but we can't make it a mandatory [test]," Collins says. "We're promoting it for the health and well-being, not only for themselves but others around them."

Bannon says all of the Fort William health staff were also tested.

Fort William initially restricted total access to the community due to COVID-19 by setting up a 24-hour security checkpoint on April 3, with only emergency services to be allowed through the checkpoint. Fort William businesses were also closed in early April, but they have since been reopened for business on May 4 for Fort William citizens and May 5 for the general public.

### **First Nations, environmentalists ask for restart of oilpatch monitoring**

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In a letter delivered to the Energy and Environment departments Wednesday, the signatories also urge the government to make public its decision-making criteria for when that work will begin again.

"We're seeking that understanding and a commitment to fully restore (monitoring)," said Chris Severson-Baker of the Pembina Institute, a clean-energy think tank and one of the signatories.

"Restore the requirements or be transparent about what decision-making criteria you're going to use."

Last month, the province's energy regulator suspended a wide array of environmental monitoring requirements in the entire oilpatch that were originally imposed as licence conditions. The regulator said the decisions were made to protect workers and communities during the COVID-19 pandemic.

Companies no longer have to monitor fumes released by burning, or look for and repair leaks of methane, a potent greenhouse gas. Surface water need no longer be tested, unless it escapes into the environment.

Most soil and groundwater monitoring is gone. In-situ oilsands operations no longer have to conduct any wildlife monitoring or research. Reclamation and wetland monitoring is also suspended.

Although some operations must resume Sept. 30, most suspensions have no end date. Severson-Baker said that as the province releases guidelines on how businesses can safely reopen, it should do the same for environmental monitoring.

"They haven't articulated a plan," Severson-Baker said.

"Our assumption is that there is a plan. We're pretty interested in understanding (it)."

He said signatories anticipate being able to comment on it before it's implemented.

Jess Sinclair, a spokeswoman with Alberta Environment, said in an email that requests to defer monitoring will be considered by experts with the department and the regulator, and any temporary deferrals will be considered for low-risk monitoring.

"We continue to monitor the COVID-19 situation and these short-term relief measures. Work is underway to determine when exemptions will be lifted."

Severson-Baker said delaying monitoring longer than necessary will have an economic as well as environmental cost.

In addition to concerns it would create among investors, he said, it would keep small consulting firms that do monitoring work from completing contracts out in the field. Other businesses are already opening, he noted.

"We hope the same clearance is extended to these sorts of (monitoring) activities."

The letter was signed by the Pembina Institute, the Mikisew Cree First Nation, the Fort Chipewyan Metis, the Smith's Landing First Nation, the Canadian Parks and Wilderness Society, the Alberta Wilderness Association and the Environmental Law Centre.

### **New Brunswick doctor's story calls attention to COVID-related racism**

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Dr. Jean Robert Ngola's account of enduring racist harassment since social media outed him as the doctor at the centre of the Campbellton COVID-19 outbreak has drawn some swift reaction from outside the province.

Dr. Michael Schull was one of the first to call it out on Twitter as "more COVID19-related racism in Canada."

"I think it's especially abhorrent in the times we're living in now," said Schull, an emergency department physician at Sunnybrook Hospital in Toronto and CEO of ICES, a non-profit health research agency.

"We've seen not just what's going on in the U.S. — these horrific eruptions of violence and the protests that relate to the murder of George Floyd, but also we've seen COVID-related racism in Canada.

"This is just another example of that and I think we have to call it out when we see it. Now, more than ever."

Chinese-Canadians tracking incidents of hate

Kennes Lin said fear of COVID-19 has unleashed historical and latent racism all across Canada.

She is co-chair of the Toronto Chapter of the Chinese Canadian National Council, one of the organizations behind the recently launched website "Fight Covid Racism," which is now actively tracking incidents of hate.

Lin said Chinese-Canadians, and those mistaken for being Chinese, are being shunned, spat on, verbally abused, physically attacked and denied services. She says the abuse is happening in public spaces as well as online.

She said Chinese-Canadians were stigmatized before in 2003 in the wake of SARS and it started happening again when reports of an unknown disease started emerging from Wuhan, China. U.S. President Donald Trump isn't helping, she said. His repeated reference to "the Chinese virus" has given permission to others to express out loud what they may have been reluctant to reveal openly.

And she's convinced Dr. Ngola is also caught up in this wave of xenophobia.

"When a white individual makes a mistake, the public comes up with reasons to sympathize and empathize with their humanity," said Lin.

"But when a racialized person makes a mistake ... they're reduced from everything else that they are to just the act of wrongdoing that they have done."

Former patient says race has nothing to do with her disappointment

Jess Day, of Listiguj First Nation in Quebec, was a patient of Dr. Ngola's for about seven years. She says he betrayed his patients' trust by failing to self-isolate after travelling to Quebec, which is now reporting more than 29,000 active cases of COVID-19.

Instead, he continued to see patients at the Campbellton Regional Hospital.

Ngola said he had to go to Quebec to collect his four-year-old daughter while her mother travelled to an undisclosed location in Africa to attend a funeral.

His decision to go back to seeing patients may have been an error in judgment, he said

Day said he most definitely did make a mistake and for her, this has nothing to do with his race or country of origin.

Premier Blaine Higgs and Dr. Jennifer Russell, New Brunswick's chief medical officer of health, have previously linked the outbreak to a medical professional who travelled to Quebec and didn't self-isolate, but it has yet to be explained how the individual is solely responsible for the new cluster of cases.

'You can't have colour in this at all'

Ralph Thomas, recipient of the 2012 New Brunswick Human Rights Award in recognition of decades of work as a community activist and promoter of black history, said Ngola deserves to be judged without prejudice.

He said he knows racism has entered into it, as it always does.

"Yeah, that's an automatic thing," said Thomas.

But he also thinks the doctor didn't follow the rules and that his actions should be evaluated against the standards of his profession. The process should be colourblind, he said.

"Get rid of that [racist] garbage," said Thomas.

"This gentleman is a professional person and I guess he got his priorities mixed up and he made a bad decision.

"We all make bad decisions, and whether we're a doctor or the plain guy on the street, we have to pay the penalty. So if there's a penalty, he should pay it.

"You can't have colour in this at all."

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