

**AFN C-19 National Task Force
Daily Update for: June 9, 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 2020-06-08 7:00PM EDT

Province	Confirmed Cases	Hospitalization (ICU)*	Deaths	Recovered
BC	2,659	16 (4)	167	2,309
AB	7,202	44 (6)	149	6,698
SK	654	1 (1)	13	624
MB	300	0 (0)	7	284
ON	30,860	600 (116)	2,450	24,829
QC	53,047	961 (117)	4,984	18,994
Newfoundland/Lab	261	1 (0)	3	256
NB	146	5 (1)	1	121
NS	1,059	3 (1)	61	999
PEI	27		-	27
Yukon	11		-	11
NWT	5		-	5
Nunavut	0			
Repatriated Travelers	13			
Total	96,244	1,631 (246)	7,835	55,170
Active Cases= 33,455				

*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	7,156,598	407,326	3,321,391

- Data is as of June 9 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 8, 2020**, Canada has an overall case fatality rate of **8.0%**.

As of **June 8, 2020**, **57%** 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 05, 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****

CONFIDENTIAL

BC: FLOOD RISK FORECAST – Moderate

- **Bonaparte First Nation (686) (Chief Randy Porter) Population: 201**
 - **05JUN2020: Evacuees have repatriated. Flood Watch downgraded for Bonaparte River. This will be the final notification unless significant changes occur;**
 - **3JUN2020: 91 residents on standby for possible evacuation. Flood peak expected by June 8, 2020.**

- **Leq' a: mel First Nation (579) (Chief Alice Thompson) Population: 145**
 - **05JUN2020: 58 homes under evacuation alert due to freshet**

ON: FLOOD RISK FORECAST – Moderate

- **Zhiibaahaasing First Nation (173) (Chief Irene Kells) Population: 66**
 - **05JUN2020: Water being brought in to community from nearby M'Chigeeng FN. Long-term solution of relocating water plant under discussion. This is the final notification unless significant developments occur;**
 - **Chief considers incident a community emergency but no declarations issued. Community in discussions with ISC ON RO regarding continuity of water supply;**
 - **02JUN2020: High water levels from Lake Huron threaten Water Treatment Plant (WTP)**

Other Events:

ATL- New Brunswick - Severe Weather (No Flooding)

- **Kingsclear First Nation (11) (Chief Gabriel Atwin) Population: 742**

- **Oromocto First Nation (12) (Chief Shelley Marie Sabbatis) Population: 332**

- **Saint Mary's First Nation (15) (Chief Allen Polchies Jr.) Population: 926**
 - **08JUN2020: Severe storm caused damage to trees, power lines and buildings. There was no impact to health or safety. The ISC Regional Office is awaiting damage assessments. This is the final notification unless significant developments occur.**

Communications Sector

**Drones Will Deliver COVID-19 Supplies To Remote Beausoleil First Nation
HuffPost - June 8, 2020**

<https://ca.news.yahoo.com/drone-covid-first-nation-211956546.html>

Two deaths announced as Sask. reopens northwest
National Observer - June 8, 2020

<https://www.nationalobserver.com/2020/06/08/news/two-deaths-announced-sask-reopens-northwest>

COVID-19: Free masks now available at Alberta drive-thrus
EDMONTON JOURNAL - June 8, 2020

<https://theprovince.com/diseases-and-conditions/coronavirus/covid-19-free-masks-now-available-at-alberta-drive-thrus/wcm/87f35610-fb82-4d07-b888-86c982370a33>

Opinion: Canada's dire need for better race-based data

Denise Balkissoon: It's clear that COVID-19 and racism are a dangerous combination. We need better information about how Indigenous, Black and other racialized people interact with Canadian health-care systems.

Macleans - June 8, 2020

<https://www.macleans.ca/opinion/canadas-dire-need-better-race-based-data/>

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 8, ISC is aware of:

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

Case numbers per region:

- British Columbia: 43
- Alberta: 53
- Saskatchewan: 53
- Ontario: 50
- Quebec: 35

Full Stories

Drones Will Deliver COVID-19 Supplies To Remote Beausoleil First Nation
HuffPost - June 8, 2020

<https://ca.news.yahoo.com/drone-covid-first-nation-211956546.html>

A rural First Nations community has partnered with a drone delivery service to receive critical medical supplies required to deal with the ongoing COVID-19 pandemic.

Drone Delivery Canada (DDC) has announced they reached an agreement with the Beausoleil First Nation, an Indigenous community about 175 km north of Toronto to create flight routes that would allow drones to fly supplies back and forth from the Nation's mainland to their main reserve on Christian Island.

The drones would bring in much needed personal protection equipment and other supplies like COVID-19 test kits to Beausoleil residents.

"The community is in a remote area where medical resources and services are limited," said Landon Bibeau, an executive at OEC Group, a distribution company funding the project, "especially during the COVID-19 pandemic where human to human contact is sometimes difficult.

Drones may be the solution to an ongoing problem remote First Nations communities face with having limited access to health care, which has been exacerbated throughout the pandemic.

"To our knowledge this is the first announced COVID-19 related drone logistics project working with a humanitarian aid agency in Canada," said Michael Zahra, CEO at DDC.

At the start of the pandemic, many Indigenous leaders and health-care advocates warned that First Nations communities would be ill-equipped to deal with the spread of the novel coronavirus. The federal government had initially allotted \$305 million COVID-19 for First Nation communities, an amount Indigenous leaders said wouldn't be enough.

By the end of April, 23 Indigenous communities around Canada had reported COVID-19 cases. Around the same time, the federal government announced it was adding an additional \$650 million to the fund.

Beausoleil First Nation, like many other Indigenous communities, has restricted travel into their land, which becomes a popular cottage location in the summer. One of the Beausoleil's reserves is located on an island only accessible by ferry, a service that the community had to restrict as part of their pandemic response.

Members of the Nation still remember the loss they faced during the 1918 Spanish Flu epidemic, which killed 50,000 Canadians, and it's helped inform their response.

"We all can recount those stories of people, young and old, being buried sometimes two to three per day," wrote Jeff Monague for the Orillia Times. Monague is Beausoleil's former-chief and currently a member of their COVID-19 response group.

"It was 1919 and we lacked the infrastructure and medical assistance to deal with such a situation," he said.

Health-care advocates and Indigenous leaders warned that a continued lack of supplies and infrastructure meant that keeping the virus out was incremental to the health safety of their remote communities — unlike urban areas, where the virus spread but people have ready access to medical services, in rural First Nation communities getting access to supplies was difficult even before the pandemic. Leaders warned that if the virus got in, it was unlikely to get out.

The drone deliveries present an advantage because the community can receive supplies while limiting the amount of physical contact — which for a remote nation can make all the difference.

As of June 7, the government has reported 227 positive cases of COVID-19 and five deaths within Indigenous communities.

**Two deaths announced as Sask. reopens northwest
National Observer - June 8, 2020**

<https://www.nationalobserver.com/2020/06/08/news/two-deaths-announced-sask-reopens-northwest>

The province of Saskatchewan is lifting travel restrictions in the northwest region as the third stage of its reopening plan takes effect.

"I would encourage everyone who is feeling well and is not immunocompromised to think about going out to your local gym or your local restaurant ... and to continue to support those local businesses that are already open and already give back so much to our community,"

Premier Scott Moe said in his June 4 COVID-19 update.

"This is how our economy will recover and this is how we will bring back our jobs," Moe said. Businesses and services that can reopen in this phase of the province's plan include places of worship, restaurants, gyms, child-care facilities and personal care services that did not reopen in the second phase.

The Northern Saskatchewan Administration District (NSAD) remained under stricter travel restrictions while the rest of the province began to reopen. Travel restrictions were lifted in the northeast on May 19, leaving the northwest region alone closed to traffic, with many communities still under lockdown.

Notably, the northern village of La Loche is now allowed to go forward with the first and second phases of its reopening plan as well. The northwest remains behind the rest of the province's schedule. Although travel restrictions are being lifted the region is not moving forward fully into phase three.

The virus spread into northwest Saskatchewan in part from workers travelling between the Alberta oilsands and communities such as La Loche. An outbreak in a long-term care facility had turned the community into an epicenter for the virus in the northwest.

On June 8 the province announced that two residents of the Far North region who tested positive for COVID-19 have died, bringing the total number of deaths in the province to 13. Four new cases of the virus were reported in the province bringing the total reported number of cases up to 654. Seventeen of those are considered active. Two hundred and sixty of the total cases are from the Far North region, with the deadly health-care facility outbreak in La Loche no longer considered active.

On June 8 two additional deaths were reported in the Far North region bringing the total number of death in the province to 13. The Northern Saskatchewan Administration District (NSAD) roughly corresponds to the Far North region on health authority maps. The region was divided in two when the province reopened the eastern area, even while travel restrictions for the western area remained in place. Graphic courtesy of the Government of Saskatchewan.

"Of course everybody needs to continue to follow all of the good physical distancing practices that have allowed us to control the spread of COVID-19. But if you are able to do so, please go out and support a local business," Moe said.

“Over the past few weeks together we have proven that we can do both of these things at the same time. We can reduce the spread of COVID-19 and we can reopen our economy safely,” Saskatchewan premier Scott Moe.

“Over the past few weeks together we have proven that we can do both of these things at the same time. We can reduce the spread of COVID-19 and we can reopen our economy safely.” Chief medical health officer Dr. Saqib Shahab said it’s important to continue to follow social distancing guidelines as economic and recreational activities start again.

“I want to reinforce that it is going forward in a new normal and this new normal will continue for the foreseeable future until there’s a vaccine,” Shahab said.

The province promised to ensure increased access and availability of child-care spaces for working parents as stage three takes effect.

Starting on Monday, June 8, employees returning to work in the third phase of reopening will be offered access to “school-based child-care facilities.” The eight-person limit on children per designated space in provincial care facilities is going up to 15.

As of June 4, the province said that applications were received for 1,030 school-based child-care centre spaces, out of an available 2,170 spaces, which shows that they are operating at under 50 per cent capacity.

Dr. Shahab said that he hopes people will continue to follow social distancing guidelines while out in public.

“I strongly encourage people to read the guidelines themselves and understand what they are, so that we don’t create a challenge in terms of not complying,” Shahab said.

Travel restrictions imposed by Indigenous communities are at their own discretion. Anyone wishing to travel to an Indigenous community in the region should check to see if there is a no-visitors rule or restricted access before doing so.

Updated reopening [guidelines](#) are available online and details specific to child-care facilities during phase three can be found on the [Government of Saskatchewan website](#).

COVID-19: Free masks now available at Alberta drive-thrus

EDMONTON JOURNAL - June 8, 2020

<https://theprovince.com/diseases-and-conditions/coronavirus/covid-19-free-masks-now-available-at-alberta-drive-thrus/wcm/87f35610-fb82-4d07-b888-86c982370a33>

Albertans can now pick up four free non-medical grade masks alongside their burgers or donuts.

The 20 million masks, part of a program announced last month, are being distributed at 600 A&W, McDonalds or Tim Hortons drive-thrus in the province as a way of helping slow the spread of COVID-19 when people can’t maintain physical distance.

No purchase is required to get the masks, which are being handed out on the honour system with the expectation that Albertans only take one package of four per person.

Last month, Health Minister Tyler Shandro said the province was not being charged by the fast food companies to distribute the masks. The government estimates 95 per cent of Albertans live within 10 kilometres of one of these drive-thrus.

According to a government news release Monday, masks have also been given out to municipalities, First Nations communities and Metis settlements that don’t have access to a drive-thru and those communities are developing their own distribution plans. Masks have also

been distributed to local agencies including seniors facilities and organizations that support vulnerable populations.

The cities of Edmonton and Calgary have each been supplied 500,000 masks, and will be responsible for distributing them mainly through their transit operations.

The government says it is also working on a plan to distribute masks to places of worship in the province.

The program is expected to cost the government less than a dollar a mask plus \$350,000 to distribute masks beyond the drive-thrus.

Plans to distribute an additional 20 million masks in the future are also in the works.

Opinion: Canada's dire need for better race-based data

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<https://www.macleans.ca/opinion/canadas-dire-need-better-race-based-data/>

Canada's highest incidence of Indigenous COVID-19 infections is in Saskatchewan. On that, the federal government and independent researchers agree. But they're sharing wildly different numbers: as of May 26, Indigenous Services Canada had counted 49 Indigenous COVID-19 patients in the province, while the Yellowhead Institute at Ryerson University knew of 241. That yawning gap is because the feds only count cases on reserves, even though the majority of Indigenous people don't live on them.

Endless surprise at evidence of racism is one of the most racist things about Canada, and sloppy data collection has long helped maintain plausible deniability. It's well past time for better information about how Indigenous, Black and other racialized people interact with Canadian health-care systems.

The goal, though, must be more sophisticated than gathering numbers and spitting them out. After all, the United States has a whole lot of race-based health data, yet outcomes for Black, Latino and other racialized communities are often abysmal. If such information is going to be meaningful, it matters who collects it, how they collect it, and what happens next.

Clearly, COVID-19 and racism are a dangerous combination. Look at the Montreal-Nord neighbourhood, which has a large Haitian population and the country's highest infection rate. As of May 29, there were 2,686 cases per 100,000 people. Quebec has walked back its data-collection pledge, but connecting the dots isn't difficult. This is a community where many people have precarious immigration status, which limits their employment options. That in turn leads to low incomes and overcrowded housing, which now brings a heightened risk of infection, and even death.

A lack of options also leads to dangerous work, and over a quarter of infected Montreal-Nord residents do crucial work in health care. Yet it took weeks for Premier François Legault to even consider fast-tracking permanent residency for long-term care workers, because Haitian migrants are treated as political footballs in this country, not human beings.

The city of Toronto says its race-related data isn't ready yet, but it did release neighbourhood information in late May. Of the five neighbourhoods reporting the city's highest COVID-19

infection rates, four are at least 59 per cent “visible minority.” Four out of the five with the lowest rates have visible minority populations of 26 per cent or less.

“Visible minority” is the city’s term (likely following Statistics Canada), and it’s an irritating example of how poorly many Canadian researchers conceive projects on race. I’ve never been convinced that the “minority” part doesn’t mean “lesser than.” If it’s supposed to be demographic—as in, there are fewer people who don’t look white compared to people who do within a certain place—“visible minority” is factually incorrect in Toronto, where people of colour make up over 50 per cent of the population.

More broadly, it’s not useful to lump all racialized communities together. In his years researching how to make education more equitable, York University professor Carl James has combed through disaggregated racial information from the Toronto District School Board. He’s consistently found important differences among students categorized as “Black.” For example, newcomer students from the Caribbean or Africa tend to fare better than those born here. James has theorized that it’s because Black Canadian citizens have endured racism at school their entire lives.

James is Black, and all race-related research is most intuitive, ethical and meaningful when it’s done by those with an intrinsic understanding of what questions to ask. Another overly broad category that he’s pulled apart is “Asian,” noting that Filipino students struggle more than those with roots in other countries. That’s another community that needs particular attention now: to list just one reason, most of the workers at Cargill’s Alberta meat plant, which had a terrible COVID-19 outbreak in April, are Filipino. If the goal of data collection is targeted action, the target needs to be clear.

Target is a poor word choice, considering how often race-based health data has been wielded as a weapon. (This is, after all, a country where Indigenous children have been used in medical experiments.) Like everything else, data needs to be decolonized, which means it needs to be developed, collected and owned by the people it’s supposedly for. They might actually use it, unlike the Canadian government, which endlessly documents its discriminatory practices, but very rarely moves to fix them.

As protests against police brutality roiled in late May, the Ontario Medical Association (OMA) put out a statement pledging to “eliminate the disparities that exist between communities.” The next day, the Black Medical Students Association at the University of Toronto shared a post welcoming 24 new students, set to be the largest group of Black students to graduate in the medical school’s history. If the OMA is sincere, these future doctors will soon be creating and leading data projects, on teams full of racialized researchers, health-care providers and software developers. Heartfelt statements are easy, and actions speak louder than words. So yes, Canada should collect race-based health information, but only intelligently. Our lack of data infrastructure is unfortunate, but also an opportunity to design it properly, with an eye to ending the injustices that are so hazardous to health.