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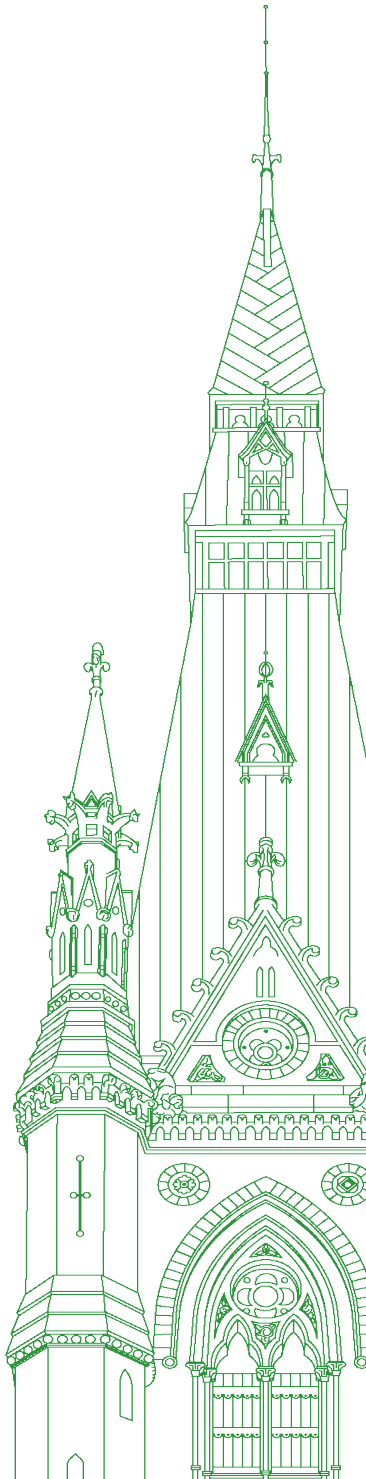

Chair: Mr. Bob Bratina

# Standing Committee on Indigenous and Northern Affairs

**Tuesday, November 24, 2020**

● (1105)

[*English*]

**The Chair (Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.)):** We have quorum, so it's my pleasure to call this meeting to order.

I'll start by acknowledging that we are on the traditional sacred territory of the Algonquin people in Ottawa, and here where I am sitting in front of the eagles, the Anishinabe, Haudenosaunee and Chonnonton nations.

The committee is meeting to continue its study of support for indigenous communities through a second wave of COVID-19.

Once again, as we start the meeting, there's a selector in the bottom centre of your screen that looks like a globe. When you select it, you select a language in which you wish to communicate, either English or French. When speaking, please speak slowly and clearly.

Once again, our translation is the issue and that is why we need the correct microphone hook-ups and clear speech so that our interpreters can properly interpret. If we don't have the interpretation, we can't properly, by committee protocol, continue the meeting, so keep that in mind.

By the way, keep your microphone on mute until you are speaking.

With us today by video conference for the first hour are the following witnesses: From the west coast we have Jason Alsop, president of the Council of the Haida Nation; Dr. Shannon McDonald, from the First Nations Health Authority, acting chief medical officer; and, Erik Blaney and Dillon Johnson, from the Tla'amin Nation, executive council members.

Welcome to all.

Mr. Alsop, I invite you to begin. You have six minutes to make your opening presentation. Please go ahead.

**Mr. Jason Alsop (President, Council of the Haida Nation):** *Haawa*. Thank you, Mr. Chair. My Haida name is Gaagwiis. I'm Jason Alsop, president of the Haida Nation. Thank you for the invitation to speak to the committee today.

As president of the Haida Nation, I speak from our experience with COVID-19 on Haida Gwaii, and want to share a bit of our experiences and some recommendations in response to the second wave.

First and foremost, what is really important in our response is that when we're responding to the health and well-being of our people and all the people in our territory, there is a recognition of the inherent title and rights in the whole territory that we're responsible for looking after, as well as everybody who lives within it.

One of the most important things identified by the BC Centre for Disease Control on its website is the need for intergovernmental co-operation and coordination. In our experience, we found this to be effective and something that needs greater support in order to support the individuals who have to carry out this work of bringing together all the different jurisdictions.

We have our territorial governance, our band council governance and our municipal neighbours. Many of us share resources and travel between each other's communities. There is provincial jurisdiction, health authority jurisdiction, as well as federal jurisdiction. That underscores the need for co-operation and greater support for those who are bringing people together and reducing the risks by cutting out gaps.

With that, we should include emergency response training for everybody to ensure there's capacity to share the workload and prevent burnout. Many in the small communities wear many hats, and are asked to do a lot. This includes communication efforts. It takes a lot of work and effort to align and share communications for the business community and organizations in order to work together to better respond and better support one another. All of this takes great energy.

There's also the need for personal supports to households and individuals to make sure they can access Internet and connectivity, as some may not be connected. It's an additional cost in order to provide support for accessing Internet and cellular data, as well as the ability to have laptops and computers, which many don't have in our communities.

It's really important to find a way to approach the pandemic on a territorial basis, not just at a community level, and not have our communities feel locked up and put on a reserve. We're able to work federally, provincially, with our indigenous jurisdictions and with our neighbours with whom we share communities and resources.

In terms of opening in a safe way, we need to look after our elders and most vulnerable and provide as much support as we can to ensure they can still be active members of the community. We need to support local and regional measures that indigenous governments, working with others, can implement.

Here on Haida Gwaii, we put in a 14-day isolation requirement for those coming to the archipelago, and that requires great support and coordination. We think it's important to have permits, registration systems and travel declarations that allow people to provide consent for those who wish to enter the territory in a safe way and set the expectations. There's a lot of interest in rapid testing, so we need to work together on having that available if there's a willingness to open in a safe way.

For resiliency in equitable and sustainable recovery plans, it's important to find ways to reduce our dependence on outside sources, and continue to create self-sufficiency for indigenous nations and communities. This includes food security supports for growing food, and continuing to support traditional harvesting, hunting and fishing opportunities, as well as processing, bulk buying and purchasing power to reduce the cost.

● (1110)

In our remote island setting, through our essential work permitting process, we have realized the amount of reliance there is on outside professionals, essential workers, nurses and trades. If we can implement training programs and ways to stop those gaps and that leakage, we can become more self-sufficient. As well, we can invest in housing and infrastructure, clean water, trail networks and other opportunities for people to get outside and be active in a safe way and balance their mental and physical health. We can continue to look forward to our future opportunities to come out of this pandemic and adapt and evolve in this new world and new reality.

I have much more to share, but I think in terms of my first six minutes I'll stop there.

*Haawa*.

**The Chair:** Thank you very much for noting the time, and for those remarks.

Next we have Dr. Shannon McDonald.

Dr. McDonald, please go ahead for six minutes.

**Dr. Shannon McDonald (Acting Chief Medical Officer, First Nations Health Authority):** Thank you very much. I'm honoured to be asked to present to you.

I come to you today from Tsawout First Nation, where I live as a guest. I'm originally from Manitoba, am Métis and Anishinabe, and work for the First Nations Health Authority, which means that I work for the nations of B.C.

First nations look at COVID-19 in many ways through the historic lens of previous pandemics and the impacts on the population. Considering the existing health inequities that are inevitable, it seems that the funding we have received is often stated as not being proportionate to the needs, especially in the context of not only the COVID public health emergency but, in B.C. especially, the opioid public health emergency, where we have had significant losses and disproportionate impacts on our population.

At the same time, first nations, recognizing their self-determination and their ability to make decisions about their own people and their own community, have taken part in tripartite relationships, and I want to recognize the support and partnership of our federal and provincial colleagues through this. But as we move through and beyond COVID, we need to ensure that the actions and responses remain rooted in tripartite agreements, governance recognition and the relationships that have been built. We have to find ways to build from health innovation and leadership demonstrated by B.C. first nations and continue that on to battle systemic barriers and reduce those health inequities.

As of yesterday in B.C., there were over 27,000 positive tests for COVID. Among those are 956 first nations individuals, 75% of whom live off reserve.

Our funding is focused primarily on the on-reserve population. That's the way the envelopes are based. Only 44 of those active cases right now are near a community, but over the weekend, we had an additional 58 cases among first nations people. We've suffered 13 deaths thus far, which is not significant when you look at the numbers in the world, but it is certainly significant for the communities and the families who have been impacted.

In the context of the opioid emergency, we're looking at the unintended consequences of some of the public health actions that have gone forward. Lockdowns are dangerous for individuals with opioid substance use disorders, who are being told to stay home and stay alone. Programs and services that could support them in other times are shut down or less accessible during the COVID emergency. It has been extremely challenging to support people who are using alone in their homes.

The FNHA has played an active role in the development of regional plans to implement a partnership with the province. The rural, remote and indigenous community COVID-19 collaborative response framework—it doesn't fit in an invitation—is a collaboration with regional health authorities, provincial officials and health agencies.

In addition to that work and the collective response, we have also developed lines of communication about those reciprocal accountabilities, where we constantly need to be speaking to communities. We hold regular webinars with health directors, with leadership and with community members. There never seems to be enough communication. That's probably one of our biggest challenges. Mr. Alsop spoke to the issues of connectivity. For some of our communities, participating in those communications is increasingly challenging.

We recognized, for example, that there were challenges in accessing primary care during the COVID emergency, as doctors who would normally travel to communities stopped doing that.

● (1115)

We have set up a virtual doctor of the day program allowing for telehealth to provide those services to communities. We've also included a virtual substance use in psychiatry service as part of that, and it's been very important.

Knowing my time limitation, I can't help but recognize the work that's being done right now in the context of the racism investigation that is front and centre in B.C. working very hard to overcome those issues in health care service delivery. There is a report, of course. Mary Ellen Turpel-Lafond's report is expected any time, and there will be a significant resource challenge to respond to that.

One of the things we're really concerned about right now is burnout, burnout of our front-line workers, burnout of our leadership and burnout of our FNHA staff. I think we need to look at that in context and understand. For example, in a meeting yesterday, an elder said to me, “I don't want to take the prioritized immunization.” I was saying we're going to prioritize first nations among the immunization programs, and he said, “No, they're just going to make us guinea pigs. We're not priorities. They're going to use this new vaccine on first nations people to see what happens and then use it on everybody else.”

We really need to understand the context we're working within, the fears that people have and be able to respond to those.

Thank you.

● (1120)

**The Chair:** Dr. McDonald, we're way over time. Thank you.

Now we'll go to Erik Blaney and Dillon Johnson. Once again, it's for six minutes,

Please go ahead.

**Mr. Erik Blaney (Executive Council Member, Tla'amin Nation):** [*Witness spoke in Coast Salish as follows:*]

*Ah jeh Chep Ot. Tiy’ap thote kwuth nun.*

[*Witness provided the following translation:*]

Hello everyone. My name is Tiy’ap thote.

[*English*]

Thank you, Mr. Chair.

My name is Erik Blaney. I'm an executive council member of the Tla'amin Nation.

I was the fire chief and incident commander for our local community outbreak. Our nation was experiencing an extensive COVID outbreak. At the time, it was the largest outbreak per capita in Canada. After a funeral in the community, we ended up with 36 cases of COVID in a small community of 700 at the end of September 2020.

Our nation sprung into action. We locked down our community, making it one way in and one way out to help protect not only our members, but the members of the neighbouring communities. We initiated a local state of emergency, which forced the closure of all government buildings as well as the only convenience store in the community.

In the midst of the outbreak, we noticed the deep-rooted social issues our nation was facing. We needed some serious help to battle the drug and alcohol and domestic housing issues that were causing our cases to rise dramatically. It was then that we realized we were in a dual pandemic, with the many opioid overdoses happening within the community.

Our hunting and fishing season was significantly impacted this year. Access to cultural activities are causing some major mental wellness issues within the community. Our nation was to host Tribal Journeys this year, which would have seen thousands of people coming to our community. Having to cancel that has had a big impact on the wellness of our community, in that everybody was really excited to have members from both the United States and Canada coming to our community to share culture.

The mental wellness of the first responders and front-line workers needs to be at the forefront of the second wave. Many of us are burnt out and experiencing PTSD from the first wave outbreak. Ongoing access to financial help for those who are off work due to burnout and PTSD is greatly needed.

As an incident commander during the outbreak, funding was the last thing on my mind going into the first few days, but after about four days the bills were stacking up. We worked with EMBC for financial assistance and reassurance that some of our expenses would be reimbursable.

The indigenous community support fund for first wave funding had been expended before we even hit the second wave. About halfway through our outbreak, our second wave funding hit the bank account, which dramatically helped us deal with the issue at hand, in that this funding is non-prescriptive and we could spend it at our discretion.

At the time of our outbreak, checkpoints weren't funded in the community. We were seeing that the checkpoint was actually one of the best ways to control the ins and the outs of the community and to track and monitor who was going into and out of the community, so that we could assist contact tracing with the health officials.

I'm really glad to see that checkpoints are now being funded through, I believe, federal funding that came through FNHA, which then reaches the community. I believe that putting that checkpoint in place the day after we got the positive COVID cases within our community really helped us get our numbers under control. It really helped us stop the spread.

Again, I think six minutes isn't much. I could go on for a couple of hours here, but I will pass the mike over to my colleague Dillon Johnson for more.

● (1125)

**Mr. Dillon Johnson (Executive Council Member, Tla'amin Nation):** [*Witness spoke in Sliammon*]

[*English*]

Thank you, Erik.

Good morning and thank you, honourable members of Parliament.

I can't say enough about Erik's leadership during the crisis in our community. This man worked day and night for three weeks plus, and we owe him a debt of gratitude as a community for sure.

We did learn a lot of things from the outbreak in our community, some good things, some bad things. The community pulled together. It was really cool to see, but obviously it did expose some real issues.

One thing I wanted to raise with the committee this morning is how the overcrowding in housing in our community worsened the outbreak. We had multiple families living under one roof who were unable to quarantine and self-isolate in a safe way, and this put other loved ones at risk. It also exacerbated the outbreak.

While the worst part of that outbreak is behind us, we continue to be vulnerable, and we need investments in housing. This is why, in collaboration with our fellow self-governing indigenous governments, or SGIGs, we have submitted a housing stimulus proposal to the Government of Canada. The purpose of this is obviously to provide affordable housing to protect our vulnerable people from coronavirus spread caused by overcrowding. It's to address the longstanding housing gap in our communities that continues to contribute to poor socio-economic outcomes. Of course, importantly, it stimulates the economy in our communities and our regions through housing investments. It's providing meaningful employment and opportunities for people to put food on the table and to get through these difficult times.

I believe some members of the committee will have heard of this proposal submitted by the self-governing indigenous governments, and appreciate any support that can be lent towards that. We think housing is not a problem in our communities; it is a solution. We graciously ask for your support for this ask, which is $426 million in a targeted investment for safe and affordable housing in our communities. We have the data to back up this request.

I know I'm running overtime here, but I welcome any questions on that piece. I appreciate the time.

**The Chair:** Once again to all our guests, if there's any point you want to make sure the committee hears and it doesn't come up in the subsequent round of questioning, please submit written testimony and we will be happy to incorporate it into our report.

With that, we will go to the round of questioning. The first round is six minutes.

I apologize to my Conservative friends. I don't have the list in front of me. Who will be the first speaker for the Conservatives?

**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):** Thank you. It's me.

**The Chair:** Thanks, Cathy.

Please go ahead.

**Mrs. Cathy McLeod:** First of all, I want to thank all the witnesses who are either on the front line or very close to the front line in what is a very challenging time. I think the medical health officer for British Columbia described it yesterday as not a marathon but a triathlon with certainly no end in terms of that third leg. I can only imagine how challenging it is, and thank you for all that you do.

Dr. McDonald, in the spring you talked about testing. For the communities you're supporting throughout British Columbia, is testing available with the GeneXpert cartridges that are working with reasonably rapid turnaround?

**Dr. Shannon McDonald:** Thank you for the question.

Things have changed. In our work with our provincial partners, we have a goal of 24-hour turnaround for any testing that occurs within the provincial context, regional health authorities especially.

All of our nurses have been trained to gather samples. We have offered that training to independent first nations as well, so that the swabbing can occur at the community level and then be transported to provincial labs.

Our first GeneXpert machine is up and running in Tofino. Yesterday, we received our first positive result in that machine. We have two other machines that should be up and running by the end of November.

There were a few, let's just say, administrative issues to get by with regard to rules and regulations around provincial labs and accreditation and the utilization of these machines in non-hospital environments. We have worked through a lot of that. We have four more machines coming through our federal partnership, and we are in the process of working with communities to select the communities with the most need. Those are the GeneXpert machines.

We are also looking forward to the Abbott ID machines coming, which will allow much more point-of-care style testing that we had originally anticipated would occur with the GeneXpert. It was certainly a lot more complex than we had originally anticipated. We look forward to whatever hand-held point-of-care machines come forward and are prepared to continue to work with our provincial lab partners to enable their utilization.

Every single community I talk to asks me the question about when they will get theirs, and at this point I'm not able to respond to that positively.

● (1130)

**Mrs. Cathy McLeod:** Although it sounds like things have improved, I think we're into the second wave and clearly we're not where we need to be yet. Of course, that home point-of-care test, even if it's not perfect, to me, always seemed like a tool that could help guide the decision-making.

My next question is on long-term care. I can't recall whether there are any on-reserve long-term care facilities. If there are, how are things going in British Columbia with first nations-run long-term care?

**Dr. Shannon McDonald:** The First Nations Health Authority does not have any long-term care facilities that we manage directly, but there are some of our communities that have elders lodges or other facilities. So far, we have been very lucky, in that we haven't identified any cases in any of those facilities, but there's certainly a high degree of caution and care. We work very hard, for example, to make sure there is a backup supply of personal protective equipment in each community, and a stockpile in each of the five regions, to ensure that people on the front line get what they need to protect individuals. Those individuals, the elders, will certainly be prioritized in terms of our planning for immunization.

**Mrs. Cathy McLeod:** I remember when the First Nations Health Authority first came into existence, and it was certainly, from my perspective, a really positive step forward.

As you look at managing the pandemic, and having your role and others, what would you say are the pros and cons of the model? I was always surprised that there was not some sort of move in other provinces to create a similar structure.

Would you say overall, for pandemic management, it's sort of net positive? What are the goods and the bads, I guess, of having the structure that's very unique to British Columbia?

**Dr. Shannon McDonald:** It's been a lot of work.

I think the thing that's different about what's happened in B.C. is that we are, in many ways, considered the seventh health authority in the province. That allows me to sit at tables with the other chief medical officers of the region and with Dr. Bonnie Henry. It allows me to meet with deputy ministers of health along with our CEO. Because of the agreements, we are accepted in a different way, as a collective voice.

It's not perfect. We have communities that do not believe they're getting what they thought they were going to get from the First Nations Health Authority. We continue to evolve. As I mentioned, one of our biggest challenges is the off-reserve population and the fact that our funding is based on the on-reserve population. Both in the context of the opioid crisis and the COVID emergency, for example, we are supporting individuals—

**The Chair:** I'm sorry, but we're running over time, Dr. McDonald. Hold that thought. I'm sure we can complete it.

Cathy, I did find my list, so I'm sorry about that.

Mr. Viersen, you will get your turn.

Right now, it's Ms. Zann for six minutes.

● (1135)

**Ms. Lenore Zann (Cumberland—Colchester, Lib.):** Thank you very much.

I'm coming to you today from the unceded territory of the Mi'kmaq in Nova Scotia.

In the spring our committee was told that the pandemic is having impacts on mental health, and you mentioned it as well today. Dr. Stanley Vollant of the Innu Nation COVID-19 Strategic Unit told us, "Our communities were already vulnerable before the crisis; they are even more so now, during the pandemic, and will be even more so after."

Then on October 27, the Minister of Indigenous Services said to us that the government has invested $82.5 million to address the impacts of COVID, and also said that there was more available if necessary. How is that funding being used? Are people using the online help, the 211 numbers, the 811 numbers, the suicide supports and the mental health online supports? Are people actually using them?

**Dr. Shannon McDonald:** To whom is that directed?

**Ms. Lenore Zann:** To any of you. You can go first, if you'd like to.

**Dr. Shannon McDonald:** I think it's important to hear from the community level, but I will say that the money that has come to the First Nations Health Authority has been utilized in terms of our virtual support, in terms of our ability to provide traditional support to individuals through FNHA, but I think the important piece is the transfer of those funds to the community.

I would absolutely say, and I'm sure my colleagues would say, that it's too little that goes too fast and the ongoing trauma of COVID and the opioid emergency makes it challenging to keep up.

**Ms. Lenore Zann:** Are people actually using the online numbers? They're open 24-7 for anyone who's having problems to call.

Does anybody want to answer that? Community members? Mr. Blaney or Mr. Johnson?

**Mr. Dillon Johnson:** I'm not a health expert by any stretch; the funding side of things is more my bailiwick, and I know that we haven't received the funding yet. The reason is it was allocated to ISC, and then ISC was going to allocate it to communities based on their formula of status Indians on reserve. We're a modern treaty nation, self-governing, and it's not an appropriate allocation approach for us.

It really is more revealing of another issue, which is the kind of systemic problem of how to treat our treaty partners between funding decisions made in Canada and how it reaches the community. Currently, that health allocation is tied up with ISC, and we are working with our CIRNAC colleagues to try to come up with a more appropriate allocation. Once we receive that funding, we will be able to provide those supports.

I'm not sure about the extent to which people are using the online support. We do have some local support. We're lucky enough to have a health centre here, and there are some supports available, but I'll defer to Erik to comment more on that.

**Mr. Erik Blaney:** Yes, thank you, Dillon.

At the fire hall we have posted all of those supports and we do have a Facebook page on which we have sent out the 211 and 811 numbers. We also have a list of six trauma counsellors in the community who are funded through our local health clinic. Those are made available to us 24-7.

Halfway through our outbreak, I lost five firefighters who just tapped out. They just could not do it any more. They are receiving PTSD help, but there are some major concerns about how they're going to pay their bills going forward. They have to expend their sick days, and once their sick days are out, then they have to apply for EI, I think it is, and then their long-term disability would kick in after about 120 days. It's some more anxiety and tension to put on their plate while they're suffering from PTSD already. I know probably two of them have received the online help, which then funnelled them into some online counselling locally.

● (1140)

**Ms. Lenore Zann:** I'm sorry to hear that. Please give them our committee's condolences and hope that they get better. As somebody who's had mental health issues myself, I know how hard it is, but it is just one day at a time, looking forward.

What measures should be taken to mitigate the long-term consequences the pandemic might have on the mental health and well-being of indigenous people? What should we do to mitigate it in the long term?

**The Chair:** You have just 30 seconds.

**Dr. Shannon McDonald:** Mr. Alsop.

**Mr. Jason Alsop:** Sorry. I just want to back up that point. I think that in the long term and immediately, it is just a matter of investment into the community. It's great to hear that trauma counsellors are available at that level, but instead of expecting people to reach out and call these numbers—it's all a lot of noise, all the numbers and places—we have the ability of knowing who needs help directly. We could be proactively reaching out and trying to tailor solutions to each individual.

That's one of the benefits of us being in smaller communities and having that intimate relationship. We could proactively approach each person in the way that works best for them and have that on-the-ground support in the community.

**The Chair:** Thank you very much.

Thanks, Ms. Zann.

[*Translation*]

Ms. Bérubé, please go ahead for six minutes.

**Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ):** Mr. Chair, I thank all the witnesses joining us virtually for their full cooperation in their indigenous communities.

I am on the traditional territory of the Algonquins, Anishinabes and Crees of Abitibi—Baie-James—Nunavik—Eeyou in Quebec.

My question is for you, Mr. Alsop. You said earlier that your aboriginal rights were being recognized, but that, in terms of food security, the pandemic was causing issues with hunting and crops.

Can you give us details on the impact that has had in your community?

[*English*]

**Mr. Erik Blaney:** I can start with that one, if you like.

Our community took the food, social and ceremonial allocations that we received, which is a treaty right that we have, and our boats went out and harvested some prawns. We also have an allocation of six elk per year in our community, so I believe we put aside four elk for community distribution. That was harvested within the community and then distributed.

I believe that for protein we are okay for now, but looking at those allocations and going into the second wave, we had a number of hunters who weren't able to access their hunting rights in the community.

Fish season as well was significantly impacted with a very low return of sockeye. This is the fourth year we have not received any sockeye in our community. Chinook as well was very limited. We got 60 chinook allocated for the entire community of 700, plus off reserve, so our access to traditional food resources has been significantly impacted.

What I'd like to see is some additional help for community farming if this is going to go on long term. We have two ferries, and our food comes in by barge. Right now with the windstorm we are in, the barge likely won't be coming in for a couple of days, so we could see the food resources on the shelves get depleted quite quickly.

We should look at long-term, sustainable funding to create more farms within the communities.

**Mr. Jason Alsop:** I'd like to add to that.

I think we share similar situations with food coming into Haida Gwaii by ferry, and obviously increased costs with transportation and disruptions. It is really important that we're able to continue to be self-sufficient as much as possible in our growing and providing healthy vegetables and those things.

Again, one of challenges we encountered in the spring and early summer is also competition for food as B.C. looked to open up. You're opening up luxury resort sport fishing lodges where people are coming for recreation and luxury experiences and competing directly with local people who need that protein. We're seeing the decline in stocks everywhere. As well, hunters are coming in. Even though the provincial health direction is to stay in your own community and not travel so many hours from home, people are still travelling distances to come into our territory. It causes a lot of anxiety around bringing the virus in, but also the food competition.

We found the communication and checkpoints were very important to get that message out there at this time: Follow provincial health, but also indigenous jurisdiction. There are great opportunities for a place like Haida Gwaii, though, as well, where we have introduced invasive species...black-tailed deer. There could be programs or opportunities to not only address food security, but also conservation concerns similar to salmon enhancement, as well as restoration of habitats.

● (1145)

[*Translation*]

**Ms. Sylvie Bérubé:** You said earlier that, when it comes to food security, exchanges were being done by ferry.

Since self-sufficiency is important, how do you propose we help you? Of course, there are budgets to consider, but do you have something else to suggest to us?

[*English*]

**Mr. Erik Blaney:** Maybe I could speak to that.

What I've done is assisted a couple of nations in setting up walk-in coolers and walk-in freezers. In some of the remote communities like Klahoose on Cortes Island, or Tla'amin, we're trying to figure out how to store food and how we can backstock at least 14-days' worth of food. Those communities have to go into places like Campbell River, take two ferries, fill up a van, bring that van back to the community and then store food for a couple of weeks.

We've actually taken the approach of looking at setting up large coolers and freezers within communities, but one issue with that is the weather. We've now had one community lose all of their elk and their salmon this year because of a power outage after a wind storm. They did not have power back in the community for three days. They lost over 2,200 pounds of elk and probably about 300 salmon. That was supposed to feed the community throughout the winter.

Backup generators are another cost that was not considered through some of the funding made available by ISC through EMAP. I believe that backup generators are something that needs to be looked at, for not only emergency operation centres, but also for emergency food storage and management.

**The Chair:** Thank you very much.

Next is Ms. Blaney.

Ms. Blaney, please go ahead for six minutes.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you, Mr. Chair.

I want to thank all of you so much for your important testimony today.

I'm going to pick up on a couple of things I've heard repeatedly from multiple witnesses here today.

The first part is around the seriousness not only of mental health within the communities, but the mental health and the well-being and the burnout of people who are serving those communities in leadership roles and as front-line workers.

Perhaps I could start with you, Mr. Blaney, or Erik—I knew you would like that.

Would you talk about what that would look like and what resources are needed to deal with those on those two levels. Of course, if you have front-line workers burning out and they're not able to help the larger community, those concerns will just grow.

Then I'll come back to you, Mr. Alsop.

**Mr. Erik Blaney:** Thank you, Ms. Blaney. That's a very good last name.

Burnout for us is a very tough one, because we are a volunteer fire department within the community. Our community, through the treaty, negotiated a good amount of money for training and equipment, so we're very fortunate to have what we have in our community. A number of the other communities I work with do not have a volunteer fire department. Those are the ones I worry about, because there is no emergency operation centre training for many communities, and there is no incident command training for many of those communities.

When they are expected to step into EMBC with a task number and then look for the funding, they don't even know which paperwork to use. When that transition happened for indigenous services to pass the torch over to EMBC to manage emergencies within the province here, there was a major step missed in that there wasn't as much consultation as should have happened. There has been a real lack of training for front-line workers to participate in this paramilitary organized system.

I think what needs to happen is they need access to a roving emergency planning coordinator trainer, or some help to go into these communities and assist them in navigating the management system that has been put in place for us.

● (1150)

**Ms. Rachel Blaney:** Thank you so much.

Mr. Alsop, could you talk about those concerns in your own region in Haida Gwaii?

**Mr. Jason Alsop:** I think I share similar feedback that the training is really important to be able to have the fill-ins, and multiple people fill the number of positions you need within that incident command structure, so they need to understand the roles and responsibilities in all the functions.

Similarly here, we have had the volunteer fire department involved in both pieces, and again, very few people who already do other things in the community.... I think there's the immediate issue. I also anticipate that a number of people, when we come through the pandemic, may start stepping aside and taking a break from this kind of work, so we need to cultivate that next generation of our community members to step in and fill these roles.

I think it's not only a COVID need but an opportunity to continue to build the capacity in emergency response of paramedics and first responders. It also creates economic opportunities going forward for our membership.

There's an immediate need but also an opportunity to look forward. Also, as I mentioned in my opening remarks, look at what services we are outsourcing now and how we can put in training, mentoring, and education plans to get young people to fill those positions and know what those opportunities are to be supporting the community and picking up the roles and filling the shoes of those who are going to be burnt out and want to take a break and spend time with family. Some are retiring and moving on as well.

**Ms. Rachel Blaney:** Thank you.

I see that a lot in the communities I represent, that need to see people trained in those local opportunities right here in our communities, so I thank you for that.

Dr. McDonald, do you have anything you would like to add? You oversee so many of the nations that I would love to hear from you.

**Dr. Shannon McDonald:** I think the biggest thing I hear about right now is surge capacity. Our nurses, especially on the front line, are burning out. Not only is it the FNHA nurses, but it is also the staff in the community who are trying to deal with, not only the COVID emergency, but the health needs of the community generally.

We are certainly struggling in accessing physician resources. I'm desperately trying to find another public health doctor to support my team to be able to do this work. Between March and the end of June, I worked 900 hours of overtime. It's my commitment. This is what I trained for, but it's not sustainable. We really need to consider the sustainability of this kind of effort. It has been nine months of really hard work. It's certainly not just me or my team; it's everybody, and I'm especially concerned about our care providers on the front line.

**Ms. Rachel Blaney:** Thank you.

**The Chair:** You're just about out of time, Ms. Blaney.

**Ms. Rachel Blaney:** Mr. Johnson, is there anything you would like to add? Also, I agree around the housing issue. Could you tell us how important it is again?

**Mr. Dillon Johnson:** Sure, and thanks for the invitation. I know we're almost out of time.

I know Canada recently announced its rapid housing initiative, which I think is a positive sign that Canada views housing as a stimulus and a worthwhile investment.

The issue is that $500 million for the entire country is not going to be enough to meaningfully assist our community. That's why we've targeted this proposal. We started this work back in April. All the self-governing groups came together and asked what our priority coming out of this pandemic was. It was housing.

We started the work back then in April, pulled together all the data and had an independent firm compile it and put it into federal government speak, a Treasury Board or Department of Finance kind of format that would resonate with them.

We've all pulled together, so it's a self-governing indigenous government-made solution and it's consistent with the motive behind the rapid housing initiative.

● (1155)

**The Chair:** I'm sorry, but we're well over time. We're going to have to extend into the next hour, which will impact on the time for our next panel, and we're dealing with all sorts of problems, mostly technical. I'm sorry about that.

Mr. Viersen, you are up now for five minutes. Please, go ahead.

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Thank you very much, Mr. Chair.

I want to thank our witnesses for being here today.

My questions are mostly for the community executives who we have on today. I can start with Mr. Blaney or Mr. Johnson.

I'm wondering about the schools in your communities. Have they continued to be open and where are they at right now?

**Mr. Erik Blaney:** When we went into our lockdown, our community day care centre was closed down. We don't have any community schools on our former reserve lands but we do have a tutoring centre, which was also closed down.

When we went into lockdown, all of our kids were kept home from the public school system, which many of our kids go to. They experienced some pretty harsh racism given that we were having an outbreak within the community. Even when the lockdown ended, a number of our kids were welcome to go back to school, but they experienced a lot of bullying and racism, and were called the “COVID kids” when they went back to school.

A number of parents have decided to keep their kids home. We're working on a plan to try to figure out tutoring and to get their school work to them at their home and to make sure there are proper wellness checks on those kids within the community.

**Mr. Dillon Johnson:** I would just add, as Erik said, that we have this tutoring centre and we've assigned teachers to be stationed in the tutoring centre. There are kids within the school system who are able to register and come to this tutoring centre to work on their school work instead of going to the public schools. I guess it's a comfort-level type of thing. As Erik mentioned, they're facing some backlash in the schools.

What we've seen from our lockdown is that these kids—our kids—are quite a bit behind. My wife works in the school district and is in indigenous education, so I kind of get the updates from on the ground there. Really, we've been set back quite a bit.

A potential solution, I think, would be to have greater investment in that. We have only one teacher, actually, right now manning our tutoring centre, so perhaps more resources need to be made available.

We're concerned about what this means for the students this year. As I said, they were falling behind before, and now with the pandemic, it's worse.

**Mr. Arnold Viersen:** Thank you.

Mr. Alsop, how are things in your community with regard to schooling? We've been hearing reports from around the world. Some countries have never shut down the schools, and other places are missing their second year of school. What's the situation in your community, and do you have any recommendations?

**Mr. Jason Alsop:** Before the summer break, obviously, there was a shutdown, and then there was a slow reopening in June. We found, in that case, that many of our Haida or indigenous students did not return at that time as the parents were quite concerned and felt that since they were off that long, they might as well be safe. Many other students from our neighbouring communities did return, but the teachers in the school district did take a position that it would be equal education whether you're doing it online at home or in the classroom to avoid that imbalance.

We have two schools on reserve. One is a community-run band school in Old Massett, and one is in the community of Skidegate reserve which is provincially run. We tried to coordinate the reopening of the schools as we were coming out of an outbreak in early September, so we delayed the opening for an additional two weeks to allow more time for the school and community to prepare.

All of this creates a lot of anxiety and forces communities to be more careful, because of the close-knit nature. There's great opportunity to look at developing more resources and supports, not only online learning but options to bring community teachers into the classroom to teach remotely. An additional option is to explore outdoor education opportunities, and support safe transportation, so that we can get the kids out to learn on the land, and not feel cooped up in that environment.

● (1200)

**Mr. Arnold Viersen:** I've been seeing it around the world. Folks have been saying that interrupted learning, and the nutrition value that students have been receiving has been changing. There's been confusion and stress, interfamily violence and things like that. I don't think that's any different here in Canada. The United Nations is making the recommendation that schools should no longer be shut down, just to avoid all of these things. I just wanted to get that on the record.

**The Chair:** Thank you very much, Mr. Viersen.

I'm going to ask for the indulgence of the committee now. We have another panel. If we continue to complete the round of questioning, we'll probably lose 15 minutes of that panel. We've had great questions and responses regarding the submissions.

Do I have unanimous consent to thank our current panellists, suspend briefly to organize the next panel and carry on with the second hour? Otherwise, when we hit one o'clock, we're going to lose some of our people as it is due to time constraints and virtual House.

**Some hon. members:** Agreed.

**The Chair:** I want to thank our panellists. I'm sorry about the time. That's always an issue with committees, but we're impacted by a lot of other influences in the way we organize our meetings. Thank you all once again. This has been a tremendous hour.

I'm going to suspend for a few minutes while we arrange our next panel.

● (1200)

_____(Pause)_____

● (1210)

**The Chair:** We once again call this meeting to order and resume the study of indigenous communities through a second wave of COVID-19.

First up for six minutes is Professor Michelle Driedger.

Professor, would you please go ahead. You have six minutes.

**Dr. Michelle Driedger (As an Individual):** Good morning.

Thank you for the opportunity to speak before all of you. My name is Michelle Driedger, and I'm a professor in the Department of Community Health Sciences at the University of Manitoba.

It is important to note that while I'm a proud Manitoba Métis citizen and do research in partnership with the Manitoba Metis Federation's health and wellness department, I do not speak for the Manitoba Metis Federation. It is my understanding, in inquiring why I was asked to provide testimony today, that my invitation was identified based on research work that I have done with the Manitoba Metis Federation in regard to research carried out both during pandemic H1N1 and also during COVID-19.

**The Chair:** Ms. Driedger, would you move your microphone up just slightly?

**Dr. Michelle Driedger:** Is that better?

● (1215)

**The Chair:** Yes. That's good.

**Dr. Michelle Driedger:** As much of my COVID-19 research is still under review with the Metis Federation, I will be providing lessons learned from pandemic H1N1 and also will provide context on how to engage with existing community infrastructure as I know it. I will also share some broad lessons from pandemic H1N1 that can be applied to COVID-19.

At times in my testimony, I may make references to first nations, Métis or indigenous peoples. As much as possible, I will only use "indigenous peoples" when making more general statements. When something from my research is specific to first nations or Métis, I will identify it as such.

In developing a lot of my research around pandemic H1N1 and prior to even having the vaccine rollout, I was invited to a northern fly-in first nations community in Manitoba [*Technical difficulty—Editor*] data collection to demonstrate that our strategy to engage indigenous peoples was both appropriate and of benefit. Too often, researchers have gone into communities and have done extractionist research, taking knowledge that is gifted to them by indigenous peoples for their own academic gain.

What we learned is that first nations participants shared a lot of their concerns and their fears of the impact of a novel virus entering their community and having a devastating impact—

**The Chair:** I'm sorry to interrupt. Could you move it up again a bit?

**Dr. Michelle Driedger:** They were talking about having a lack of adequate health supports—

**The Chair:** Could you put it down half an inch?

**Dr. Michelle Driedger:** Is that better?

**The Chair:** Yes.

**Dr. Michelle Driedger:** They weren't quite familiar with how the virus spread and what people could do to protect themselves. We answered a lot of questions, as many as we asked of participants, and we also went back to the community to share things through school presentations, as well as a call-in TV station that they had locally within the community.

With that example, the reason I use it is to highlight the important lesson not only of engaging with communities through partnership, but also of making use of existing communication infrastructure in areas where cellphone and Internet coverage may be poor.

When I started on the work with the Manitoba Metis Federation, I was asked to also conduct an evaluation of an intervention that had been developed specifically between the Metis Federation and the Manitoba health government. One of the things to understand during pandemic H1N1 was that part of the response tables involved not just the standard public health and surveillance tables. There was also a social justice and equity table, as well as specific engagement with indigenous peoples—specifically, the Assembly of Manitoba Chiefs, INAC, Health Canada and the Province of Manitoba— but there was no seat at the table for the Metis Federation, despite their representation of 40% of Manitoba's indigenous population.

The Metis Federation had to advocate hard to be included in these indigenous response tables. Part of their success is owed to the strong research capacity they had in partnership with the university to create what was at that time the very first Métis atlas in Manitoba, which documented Métis health status alongside that of other Manitobans. It was one of the first times that the Metis Federation could provide some evidence and could document experiences and outcomes similar to those of first nation citizens.

What is important to understand is that the Métis live diffusely in the province, with approximately half of our citizens living in Winnipeg and the rest living in the broader Red River Settlement areas along the lake systems, where Métis depend on access to the land for survival. If you were to look at a distribution map of first nations reserves alongside a map of Métis communities, you would see that they are quite close in proximity, particularly in the northern parts of the province.

While on a first nations reserve you might have access to a health centre, Métis citizens often have to access health services much like other Manitobans do: through provincial health offices that might be available in larger centres. This means that Métis in smaller communities and more isolated communities have to travel considerable distances to access primary care, as well as to seek more specialized care, and this travel has to be covered out of pocket. Métis do not receive benefits from first nations and Inuit health grants, such as access to medical van transportation, as an example, and this was something that was frequently raised in focus groups that I was conducting in different Métis communities about why they would—

**The Chair:** You have 30 seconds.

I'm sorry. Go ahead.

**Dr. Michelle Driedger:** One of the things within the pandemic and the response tables was how vaccine prioritization was received. There was a great deal of distrust in how things were prioritized, and it was felt that the vaccine was being tested on indigenous bodies to make sure it was safe to give to the white guys. That was how participants put it.

One of the things that we need to take away is how logistic planning tables have to be done in partnership, engaging communities in order to have trust. Locals and communities know better how to reach their citizens and how to implement response measures than if it's just being done from federal-provincial response tables without that local integration.

We need to consider all of the logistics associated with vaccine rollout, as well as public acceptance and updates so that it is not seen within a colonial, distrusting light.

I will stop there.

**The Chair:** We'll have to leave it there.

Thanks very much, Professor Driedger.

We now have Chief Jennifer Bone and Christopher Hersak, director, of the Dakota Oyate Lodge.

Do we have our witnesses? No.

Let's go to Chief Ronald Mitsuing.

Chief Mitsuing, are you hooked up?

● (1220)

**Chief Ronald Mitsuing (Makwa Sahgaiehcan First Nation):** Yes, I am.

Can you hear me?

**The Chair:** Yes, I can hear you fine.

Go ahead for six minutes, and then we'll catch up with our other guests.

**Chief Ronald Mitsuing:** Okay.

Since this pandemic started, our school has been closed about four times already. One of our EAs got into contact with somebody and then we had to shut the school down. The school reopened yesterday, but we had only six students. I believe today there are only four. The parents are pretty concerned about the virus, so they're keeping their children at home.

On a personal note, my two children attend the town school, so they go to school every day. There was only one positive so far. They sent that classroom home, not the whole school. I'll tell you the truth: When school started, my kids were all ready a week before it opened up, because they were so happy to go back to school.

The virus affects our kids on first nations here. They consider school as also a safe house that helps with learning. I am pretty concerned right now. They're all at home. I don't know what's happening with the rest of the 400 students at home with all of the domestic violence we have going on on the reserve here. Alcohol has become a big factor, and drugs. We do have security, but they can only do so much. We can't enforce our bylaws with the RCMP. We need our own prosecutor to do that.

That's one of the challenges we face too. Our security can do only so much. They can break up the house parties, but they can't actually go into those houses and kick out all those people. They can tell them to quit. That's about all they can do. It's not enforceable by law. If we could maybe draft up our own BCRs and bylaws, maybe we could get help legally.

The curfew too is not really helping us right now. People know we can't enforce the law. We prevent out-of-town members from coming in. They always get mad. They have family members here, and they find a way to get in. There's a highway here that goes through the town of Loon Lake and it also goes north. We don't have control of those highways, because they're provincial. If they gave us permission maybe to do checkpoints on there, then we could actually control the amount of people coming in.

The Town of Loon Lake has the same concern. They're worried about this virus. There's nobody on the streets anymore, except on our first nation. The biggest concern I have is all the mental wellness, what the kids are going through right now, and the parents. We do have a community scan going. I haven't gotten that report as of yet, but I'm hearing some bad things already. We have to find a way to bring out these people, to get them to reach out to us. They're not reaching out to us. We have to go into those homes and find the problems and what they're facing each day.

That's where we're at. We had a big concern over youth suicide, and since then have had four middle-aged people commit suicide. We do have four therapists constantly, on 24-hour call, but they'll also be burning out. We have seven therapists in total. They deal with over 100 cases between them. We're worried also about our nurses right now with the pandemic. They might burn out when things start getting rough. We're only one case away from being considered an outbreak. Then we have to go into lockdown. We don't know what that entails yet. That will cause more anguish for our people.

Too, our guys are dealing with some forestry companies on the south of our reserve. They're coming into our traditional lands and not allowing us to hunt over there, because they're deforesting right now.

● (1225)

That's where most of our hunters are getting their meat sources from. We used to get trappers. We have lots of battles going on. On the school note we don't have a cell tower west of Loon Lake here. We have about 50 houses that don't have Internet to do online learning.

The province announcing 74 towers and none of them landing on first nations was a big step backwards for this reconciliation for us anyway.

**The Chair:** Chief, your testimony is very descriptive and I really appreciate you sharing that with us. We're just about at time now. I will thank you for now. Questions will come.

Chief Jennifer Bone, are you ready to go now? Please go ahead for six minutes.

I'm sorry, Chief, we're not hearing you.

Mr. Clerk, I'm not hearing anything.

**The Clerk of the Committee (Mr. Naaman Sugrue):** Because of the system they're using, we can't identify what device they have selected, nor can we see whether they're muted on their end or not, but it appears they have.

**The Chair:** I'm sorry.

**Mr. Christopher Hersak (Director, Dakota Oyate Lodge):** Can you hear out of this headphone?

**Chief Jennifer Bone (Chief, Dakota Oyate Lodge):** Hello.

**The Chair:** I can hear you now.

You're on and you sound good. Go ahead.

**Chief Jennifer Bone:** [*Witness spoke in Dakota and provided the following text:*]

*Han mitakuyapi.*

[*Witness provided the following translation:*]

Hello, my relatives.

[*English*]

Thank you to the Standing Committee on Indigenous and Northern Affairs for the invitation to speak today.

My name is Chief Jennifer Bone, and I represent Sioux Valley Dakota Nation in Manitoba.

As I present before you, I ask for you to hear me with an open mind and heart. The year 2020 has been an incredibly difficult year for many of us. It's widely known that the COVID-19 pandemic does not differentiate between nationality, gender, religion, wealth or the economies and markets it affects.

We as a self-governing nation can attest to this. Dramatic challenges have impacted businesses in every part of the country and, in this context, Sioux Valley Dakota Nation was not spared. The COVID-19 pandemic still hangs over our community. It has brought economic activity to a standstill and has resulted in dramatic declines in community growth and self-reported indices of well-being. It has also brought this theme into a sharp focus. The loss of livelihood, social isolation and fear of contracting the virus have created fear and anxiety among our people, which has led to mental illnesses with an exacerbation of chronic disease, deepening addictions and other types of severe illnesses.

With a state of emergency announced in October due to a suicide contagion, our *Oyate* have mourned in loneliness. The severity of COVID-19 illness and subsequent risk of death is increased among those of us with underlying health conditions, such as cardiovascular disease, cancer or pulmonary, renal or endocrine comorbidities. Reductions in health care access will differentially impact on indigenous populations for non-COVID-19 outcomes, for which we already have inequities.

Combine this with excessive ambulance wait times, and a bleak situation is further worsened. Action beyond the health system is vital to reduce such health injustices.

Equally, as an indigenous community, as we have known since before its onset, the impact of the pandemic and responses to it are not felt equally by different groups. Differential access to health care as a result of colonization and racism plays an important role in the creation and maintenance of inequities in health for indigenous populations.

The main priority in today's scenario has been to save the lives of individuals. This can be accomplished in part by creating awareness amongst them to follow social distancing measures and maintain proper hygiene. Socially isolating is easier for people with spacious homes with areas to walk and reliable[*Technical difficulty—Editor*] . On-reserve people living in overcrowded conditions with few or unsafe open areas, lack of running water and inadequate access to the Internet have been and will continue to be more vulnerable to the negative effects of isolation measures.

Social distancing and personal hygiene requirements have highlighted a legacy of housing neglect. Through the collaborative fiscal policy process, self-governing indigenous governments have provided Canada with concrete evidence of gaps that exist between our communities and other non-indigenous communities in Canada. We have hired experts in infrastructure and housing to provide factual information, yet Canada continues to underperform on its promises to resolve long-standing issues in these areas.

Our most urgent need at this point is adequate housing, both in terms of repairs required for healthy living as well as new housing to help with overcrowding.

Within Sioux Valley, the impacts evolving from COVID-19 are causing extensive social, psychological and economic damage. Far from being just a disruption, the pandemic is an indication of the urgent need to reset economic and industrial relations, health and other policy sectors. Those of our members holding insecure and casual jobs have been the first to be laid off and face unemployment with its attendant mental and physical health effects.

Overall, the pandemic will almost certainly increase inequities both between and within our members both on and off reserve. As a consequence of the widespread unemployment generated by the pandemic, our people continue to suffer systemically.

Eliminating all forms of mistreatment such as discrimination by reason of race or social class should constitute the crosscutting axis of all responses formulated by the standing committee to halt the spread of the virus within indigenous communities.

● (1230)

The Truth and Reconciliation Commission of Canada called on the federal government to close the gap in health outcomes between indigenous and non-indigenous communities and to recognize indigenous healing practices.

Like many indigenous nations, Sioux Valley had stepped into this jurisdictional fear in response to COVID-19 with limited resources and funding. Some broad issues for deliberation have already been identified, including the rebuilding of public health care infrastructure, protection of workers, welfare, promotion of community voice, ownership of key instrumentalities, and more effective measures to address inequality.

The history of first nations' relationship with industy has been one of give and take. First nations gave and industry took. This cannot continue today.

Thank you again for your time and consideration.

[*Witness spoke in Dakota and provided the following text:*]

*Pidamaya ye.*

[*Witness provided the following translation:*]

Thank you.

[*English*]

**The Chair:** Thank you very much, Chief Bone, and thanks for noticing the time because we are in dire straits as we try to get our round of questioning in before signing off, and we have some business to do as well.

Once again, if there is anything that our witnesses wish to share that doesn't come up within the round of questioning, please submit it in writing. It will be captured by our analysts in our report.

Mr. Vidal, you are up for six minutes. Please go ahead.

**Mr. Gary Vidal (Desnethé—Missinippi—Churchill River, CPC):** Thank you, Mr. Chair.

I want to thank all the witnesses for attending today and for their valuable testimony.

I am going to selfishly focus my time today on Chief Mitsuing. Chief Mitsuing is from a community very close to my hometown.

Chief, thank you for being willing to come today. You have experienced so much in the short time I have known you. Your care and your concern and your commitment to your community have been inspiring to me as we have gotten to know each other.

I want to focus on a couple of significant things you have said to me over the last year, Chief. I know the committee is going to get very limited knowledge of who you are and what you represent, but we got to know each other when you declared a state of emergency last fall because of a suicide crisis in your community. You had to deal with the drowning of a child this past summer, and in your testimony you talked about the four suicides of adult members of your community, one of them being a mother and a grandmother who cared for so many children. You talked about the fact that the number of kids in your community who are on your suicide watch-list has grown from 40 to over 100 in the course of the last 10 months or so.

There is so much you have dealt with, but there are two things I would ask you to comment on in the short time we have together.

One, when you brought Elder Morningchild to my office to visit with my team here not so long ago, you talked about the impact that CERB was having in your community on things like mental health and addictions and some of those things. You expressed concern about that.

I'd like you to expand on that for a minute, but more important, I'd like you to talk about one of the solutions that you proposed for your community to deal with the suicide crisis and the children in your community, which was programming to actually teach people to be parents, to teach mothers to be mothers and fathers to be fathers, and how the kids in your community were begging for the leadership of the family unit.

If you could talk about those two things for a few minutes, the committee would be well served by your knowledge and what you share from the heart.

● (1235)

**Chief Ronald Mitsuing:** Thank you, Gary.

Ever since CERB came along, our addictions have really skyrocketed. Our domestic violence record speaks for itself. In four months we had 1,148 calls for the RCMP. They couldn't focus on any drug-related activities. They couldn't even have a coffee break is what they were saying.

That was somewhat alleviated with the security coming on. They can at least have a coffee break. The area served really took a toll in the addictions area. We had a lot of people having a lot of money that they had never had before. They could just spend it any way they wanted. The children actually suffered more from that.

I lost I think it was five friends due to alcohol. We just buried one here recently, and two of them here just this past weekend. Alcohol is a major contributing factor to our people's addictions.

Right now all of our centres are closed, even our AA centre. Our people do try to go out but they are also scared of the virus. We have to find more people to help in the addictions area. We have two, but they're scared to go out there too.

Elder Morningchild talked about taking our children back to their cultural ways and bringing along the parents with them to learn how we used to live. Alcohol wasn't a major problem in my era. It was for some, but not as much as now. The kids are crying out that they want to find their identity, so this is one of the ways with the community scan that we're trying to get them out and maybe do some snaring or teach them how to shoot a gun so they can shoot grouse, and then when they're older they can learn how to hunt on their own.

Also, in our ceremonies we're trying to get them back to singing groups. We hardly have any of that right now because with all the addictions some of our people who are skilled in the traditional areas have addictions too.

Our young are very important. We have to teach them how to become self-sufficient and help them with their future for when they're older.

Another thing we want to touch on with the other chief was, yes, we do have a severe housing shortage all over. We have young families that are living with their parents, and they have kids of their own and they don't have anywhere to go. We're also caught in that housing situation.

If a kid goes to school from a happy home, he'll be happy to learn all day. If they don't have that overcrowding to deal with, they can study and try to upgrade their skills.

● (1240)

**The Chair:** Chief, thank you for sharing that testimony with us.

We go now to Mr. Battiste for six minutes.

**Mr. Jaime Battiste (Sydney—Victoria, Lib.):** I want to start off by thanking the chiefs for their testimony today. It's been difficult to hear.

I live in Eskasoni, the largest Mi'kmaq reserve in Atlantic Canada, of close to 5,000 people. We're just getting prepared for the second wave that you're already dealing with.

I remember the first wave saw blockades put up in my community, curfews put in place, ceremonies and sporting events cancelled, These are things that have kept our communities going and kept us resilient for generations.

I'm trying to get a sense, hearing about all of your testimony of all the things that are going on, with the powwows and the sporting events cancelled. It's so disheartening for vulnerable communities. I can relate to a lot of what you describe, because I have a son who goes to an on-reserve school. He goes to school two days a week because they can't accommodate any more than that.

I am just trying to get a sense. I know that indigenous people are some of the most resilient people in Canada. We've gone through so much. We've gone through pandemics before, although never like this one, but I'm trying to get a sense of what our government can do in the short term, really.

What are you hearing for best practices as all indigenous communities across Canada approach this second wave? I'm trying to figure out if there are any best practices out there, anything that we're hearing in the communities that can give other communities hope as to how to adapt and survive this.

Thank you.

**The Chair:** Who is this for?

**Mr. Jaime Battiste:** Either chief is fine.

Chief Mitsuing, do you want to start off?

**Chief Ronald Mitsuing:** Our first plan was to try to get our own people trained to deal with the suicide crisis and also try to go to these families and work with them on a day-to-day basis, but we don't have enough staff for that. We tried to group them together but always something came up, one disaster after another, so we couldn't get that going. We were going to have some workshops and a death would happen and that cut us off and then we couldn't gather as much.

This summer we had only one sun dance where there were a lot of people attending but it was pretty safe the way they set it up. We couldn't have too many of those.

Our idea is to try to settle the kids down for now and then work on the parents with our plans. We need to teach them to become parents and try to help out their youth as much as possible. Even where there are addictions, they have to reach out and we need people to go out there and talk to them. We don't have the training right now because everything keeps getting cut off. On our suicide training, I think we only had one and a half courses so far.

Anyway, our plan is to try to train our band members so we can look after ourselves after. We'll have people here 24 hours. That's our plan. Hopefully, it works.

**Mr. Jaime Battiste:** Chief, thank you for that.

Our community went through the same crisis a few years back. What we did was establish a crisis centre with our own community members who could speak in our own language to help other people. We started that 15 years ago and we still have it today in our community. If you reach out to the Eskasoni crisis centre, they might be able to offer some suggestions on how to deal with these crises.

I'm wondering if you could comment on what the loss of ceremony and the loss of these gatherings has meant to your communities.

● (1245)

**Chief Jennifer Bone:** I can comment on that.

Normally in our community different families come together and they host their annual sun dances here in the community. Unfortunately, those were cancelled. I think there were about four of them that were cancelled throughout the summer, sweat lodges and ceremonies. Cancelling those things because of COVID has definitely had a huge impact here in the community. The Dakota people here in the Sioux Valley rely heavily on prayer and ceremony, so that has definitely affected us.

We have an incident commander who works with the leadership and all our managers here in the community. We were able to come up with some solutions to help people address their spiritual needs while still maintaining social distancing and all of our safety precautions. Back in October we had a four-day sacred fire that was monitored by the community. All community members were able to come and go so that the gathering numbers were still kept to a minimum. They were able to offer their prayers and prayer ties, that sort of thing.

Those are some of the things that we tried to incorporate into the community so that they still are able to reach out for assistance through that way of ceremonial life.

**The Chair:** Thank you, Chief. Thanks very much.

[*Translation*]

Ms. Bérubé, go ahead for six minutes.

**Ms. Sylvie Bérubé:** My question is for Chief Bone.

You said earlier that life in your community was very difficult because of the current pandemic and that Canada was not keeping its promises in terms of first nations community housing.

What do you think the federal government could do right now to rectify the situation caused by the rise in the number of COVID-19 cases in Manitoba and in your community?

[*English*]

**Chief Jennifer Bone:** The issue of overcrowding not only in Sioux Valley but in every other first nation needs to be addressed.

In Sioux Valley—cross our fingers here—we currently have no active cases in the community. I attribute that to effective communication by our management team. We are learning different communication styles to communicate to the elderly and younger people. We use social media, radio, door to door to educate our community about the virus and encourage everyone to take precautions.

We are in a lockdown right now, but people can still come and go freely. Unfortunately, we have two provincial highways that run through our community which doesn't allow us to set up any kinds of blockades. We're taking those measures within our community. Education is important, because then members of our community know. They come to us and ask if they are allowed to do this, and can they do that, and what precautions need to be taken. It's working for us right now.

[*Translation*]

**Ms. Sylvie Bérubé:** Thank you, Chief Bone.

My next question is for Ms. Driedger.

You participated in research on H1N1. What is your take on the situation with the current pandemic?

[*English*]

**Dr. Michelle Driedger:** In Manitoba, based on our current case rates, even though indigenous people make up about 10% of the provincial population, they are representing about 20% of the provincial cases and almost 68% of ICU bed occupancy. Indigenous people are experiencing a much more severe outcome associated with exposure to COVID-19.

Many of our first nations communities—not all of them but some of them—have been able to successfully close their borders because they don't have provincial roads going through them. That same effort does not exist for Métis communities, because they don't have any control over any of the land other than their own personal property. Métis citizens don't have access to any kinds of housing programs that exist for first nations and Inuit communities.

There are equally similar problems associated with overcrowding, poor ventilation, poverty and other socio-economic circumstances that affect those communities in the same way they affect our first nations relatives.

● (1250)

[*Translation*]

**Ms. Sylvie Bérubé:** Thank you, Ms. Driedger.

Chief Mitsuing, you talked about closed schools. What have you done to reduce the number of cases?

You said that parents were worried and that children were happy to return to school.

How have you avoided problems related to school closures in your community?

[*English*]

**The Chair:** Madam Bérubé, could you repeat your question?

[*Translation*]

**Ms. Sylvie Bérubé:** You are saying that you have closed schools four times. What impact did school closures have on the concerned parents?

[*English*]

**Chief Ronald Mitsuing:** The effect is that our kids have nothing to do, because sports were shut down. We have overcrowding, so the kids are always fighting, and the parents are always trying to cook. Some parents are doing bad stuff, and the kids are caught in there. They don't have anywhere to go. They consider the school as a safe house, so when we shut down our school, that's not a good thing.

Today we have a pandemic meeting. I am hoping there will be a reconsideration to keep the school open. After the meeting, I'll go and ask if the school could be kept open. Another situation is that if the Saskatchewan health officer shuts us down, then what do I do? I'm playing with safety.

**The Chair:** Chief, thank you for your response.

We have six minutes now with Ms. Blaney.

Go ahead, please.

**Ms. Rachel Blaney:** Thank you, Chair.

I want to start off by thanking all the witnesses for their important testimony today.

If I could start with you, Professor Driedger, one of the things you talked about was the vaccine prioritization and some of the concerns we heard earlier today from the doctor who was representing First Nations Health Authority. She said folks were feeling fairly sure that they were going to be like guinea pigs.

I'm wondering if you could talk about what you're hearing from communities on that.

**Dr. Michelle Driedger:** Certainly when we were engaging with the community around the H1N1 vaccine, one of the differences in Manitoba, compared to federally, was that the Public Health Agency of Canada, when it had been making its recommendations during H1N1, prioritized people living in remote and isolated communities. They used geography as a criteria. In Manitoba, because of the different response tables they had, they thought prioritizing by indigenous ancestry was the way to proceed. However, that was received with a great deal of distrust, and particularly a feeling that this was yet another way of getting rid of the Indian problem.

I don't know if that same level of distrust, in that way, is going to carry forward with COVID-19. It's something that we're going to be learning in the next couple of months as we engage in some of the work. However, that colonial legacy and colonial distrust is very strong. Even though there was senior leadership informing the H1N1 response at the time, on reflection, they thought, “Well, I guess you can understand some of the conspiracy sentiment, because when have first nations, Inuit and Métis ever been put first in line to receive something good?”

It really underscores the need for trying to do that engagement and having those conversations openly now, before the vaccine is even available, so that it is received in a better way.

● (1255)

**Ms. Rachel Blaney:** Thank you.

I'll come to you next, Chief Bone. I really appreciate what you had to tell us today.

One of the things I heard very clearly is that housing and housing repairs continue to be a significant issue. As you're dealing with everyday concerns, it's an issue, but adding COVID to the mix has raised it to that next level.

I'm wondering if you could speak a little bit about the gaps in your community around housing and what sort of resources you need to deal with both housing and the housing repairs.

**Chief Jennifer Bone:** Thank you.

For our community, I would say we have over 75 families on a waiting list for new housing, or any housing that should become available. We have absolutely no vacancies within our community. Those are some of the challenges that we have.

We have had some cases where we had to self-isolate some families, which required us to take them off reserve. They were self-isolating in hotels in Brandon. Because of the overcrowding conditions, we weren't able to self-isolate the family unit within the home. We've had several cases like that where we had to remove individuals from the community and self-isolate them within hotels, and that is a cost to the nation as well.

**Ms. Rachel Blaney:** Thank you. That's incredibly helpful.

I know that one of the other challenges for remote communities, of course, and especially remote indigenous communities, is the access to reliable—and often it's more unreliable—Internet. Knowing that a lot of people are trying to deliver health services now through virtual means, knowing that education has moved much more to a virtual window, are there any challenges that you're experiencing?

Chief Bone, would you mind starting? Then I'll go to Chief Mitsuing.

**Chief Jennifer Bone:** We are our own Internet service provider here in the community. We're looking at some upgrades to our technology and hoping to move towards more fibre within our community, and we're doing some upgrades to our buildings to enable us to do better business here in our community.

Our school has been closed since March. Our students have been out of school. They're doing homework packages and online learning, so we're really working towards upgrading our technology for the community members. Our students are still connecting with their teachers on the regular.

We closed our school completely, once again, on November 10. We reopened in August to staff only. However, due to us being in a critical red zone at this moment, we just shut down our school completely, because a lot of our teachers come from outside of the community.

Our students have been doing the homework packages and online learning since March. We encourage our teachers to follow up with the families and students on the regular.

**Ms. Rachel Blaney:** Thanks so much.

Chief Mitsuing, do you have any challenges with Internet connectivity?

**Chief Ronald Mitsuing:** Yes, we do.

On the west side of our first nation, in the town of Loon Lake, we don't have any Internet service. Even though we have a fibre optic cable running by the road, going through the reserve, we can't tap into it because it's so expensive. I believe it's over $6,000 per house. It's $38,000 per house if we want to tap into the fibre optic. That's way out of our funding arrangements. We have over 50 houses, and children in there. We can't tap into home schooling through there. They do get homework packages, but I don't think that's enough.

**The Chair:** That's quite an answer, Chief.

Ms. Blaney, thank you for the question.

To all our witnesses, it's really an honour for us to receive this information. I wish all Canadians could be tuned in to hear your testimony.

We'll do our best as a committee, working with the analysts, to make sure it is captured in our report. Once again, if there's anything further you feel needs to be added, please submit it in writing before this weekend, and we'll see that it gets into the report.

Once again, thank you all.

Before we leave, committee, we have a brief matter of committee business, the adoption of a budget for the study. You received it yesterday. It covers all the costs related to our meetings, including witness expenses.

Having looked at that, do I have unanimous consent to adopt the proposed budget in the amount of $3,750?

Thumbs up, please, for agreement.

I see a roomful of thumbs. Thank you very much.

Thank you, all. It was difficult with the technical issues, but we've listened and we've learned, and hopefully we'll be able to enact things that solve many of the problems we've been hearing.

Our next meeting to continue the COVID study is from 6:30 p.m. to 8:30 p.m., on Thursday.

This meeting is adjourned.