

COVID 19 in Community: How are First Nations Responding?

Yellowhead Institute

WHILE MUCH OF THE COUNTRY has been self-isolating for three weeks, government programs have been launched and are rolling out, and the rates of virus infection are hitting the peak of the curve in some provinces, Indigenous governments and organizations are now bracing for the impact of coronavirus and covid 19 in their communities. Given the history of high rates of infectious disease in First Nations, Inuit and Métis communities, it is possible that covid-19 could be devastating, like the Spanish Flu was and to a lesser extent, the more recent H1N1 virus. This week the Northern Ontario community of **Eabametoong** announced its first case, as did the Inuit territory of **Nunavik**.

So how have communities prepared for this?

PANDEMIC PREVENTION

At the time of writing, most communities have developed pandemic plans and issued declarations of emergency to allow the rapid deployment of resources and near exclusive focus on preparation and response. At the community level, among regional organizations like the Assembly of Manitoba Chiefs, to national organizations like the Assembly of First Nations, Indigenous communities are in a collective state of emergency. In parts of Alberta, the **state of emergency** is meant to “activate the medicine chest and famine and pestilence clauses of Treaty 6” and call in the support of their treaty partner.

This has been followed by First Nations closing their borders to outsiders, allowing just essential service workers into the community, and even then with extreme precautions. This has been enforced with the physical blocking of roads leading into communities or check-points. Muskoday First Nation in Saskatchewan has gone further, passing a law **fining individuals** \$1000 who enter the reserve unlawfully. Meanwhile Longpoint First Nation in Quebec has asked the RCMP or Canadian Armed Forces to help **enforce** the restrictions at their borders.

Internally, communities are actively promoting public education about physical distancing and handwashing. Nishnawbe Aski Nation produces **hand washing posters** in multiple languages and writing systems. In other communities more forceful measures are in place, such as **imposed curfews** in a bid to end visiting and reducing potential spread.

AN INDIGENOUS ETHIC OF CARE

In addition to the measures communities are taking to prevent the spread of the virus, there have also been initiatives to care for individuals who, in many cases, are dealing with states of emergency on the best of days.

Across the country First Nations have worked to ease the stress and uncertainty of the crisis.

In an effort to make staying at home less difficult, Curve Lake First Nation has developed a **flag system** to respond to calls for assistance. Hanging a piece of cloth or paper in the window, will let health staff know if families need help or have a request.

White means that everything is fine, blue means water is needed, yellow for food, red means someone is sick, and green calls for non-health related help requests.

Siksika First Nation has launched an emergency response team that includes a **mobile covid 19 testing unit** and Blackfoot coronavirus hotline to support community members. This in addition to food deliveries for those who need it.

Beausoleil First Nation—an Island community—has implemented pre-ferry screenings, social distancing measures for cars on the ferry, daily video updates from the community's emergency response team, and delivered meals for community members who require them.

And in the North, **the Tlicho government** is distributing food hampers to every household, as well as spruce boughs for medicine. There is also assistance to get on the land with a fund that offers grants of up to \$175 for gas and \$225 for groceries.

Organizations like the First Nation Health Authority in B.C. are making funding available for communities in that province to procure soap, sanitizers, disinfectants; arrange medical transportation for those who need it, including in cases of emergency; offer mental health services to support communities; adaptation of community space for surge capacity access to medical care or for self-isolation; and the costs of supporting healthcare workers.

SUPPORT IN THE CITY

In urban context, Friendship Centres and organizations have also begun working with communities.

As provincial governments encouraged non-essential business and services to close, the Native Canadian Centre of Toronto has been sharing critical information about the status of important services that community members rely upon, from healthcare to housing. The Chiefs of Ontario expanded this effort to the entire province.

Meanwhile, the Toronto-based Anishnawbe Health is **working with a partner** to support the needs of the urban community, and specifically those who access the organization's services. With their partner—a family foundation—any donation up to \$25,000 will be matched and used to address any needs during the pandemic, from food security issues, emergency housing, counselling and programs.

WHERE IS CANADA?

The efforts here are by no means exhaustive. Communities across the country are preparing the best they can in these circumstances to protect and support citizens. Regrettably, there have been many proposals that require some external support.

They range from the Southern Chiefs Organization of Manitoba seeking help from the **Cuban Health Brigades** to Norway House Cree Nation and Pimicikamak (Cross Lake) **jointly asking** to establish a military field hospital to help with testing, isolating and treating cases of the virus. Farther south in Berens River First Nation, leaders proposed establishing a regional emergency ventilator centre and oxygen-tank refilling station.

In Eabametoong, the First Nation is **calling on** Provincial and Federal authorities to respond to their confirmed case immediately with an army field hospital and care facility, testing kits, qualified personnel to administer them, and training for community staff. This, in addition to personal protective equipment and emergency support for food, supplies, counselling, communications, energy costs, and meeting household-level needs.

At the time of writing, these proposals have been rejected by the federal government, or ignored.