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Chair: Mr. Bob Bratina



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• (1705)

[English]

The Chair (Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.)): I call this meeting to order.

Welcome to meeting number 11 of the House of Commons Standing Committee on Indigenous and Northern Affairs. I would like to start by acknowledging that I am joining you today from the traditional territory of the Haudenosaunee, Anishinabe and Chon-nonton nations.

Pursuant to the order of reference of April 20, 2020, the committee is meeting for the purpose of receiving evidence concerning matters related to the government's response to the COVID-19 pandemic. Today's meeting is taking place by video conference, and the proceedings will be made available via the House of Commons website.

During this meeting, the webcast will always show the person speaking rather than the entirety of the committee. In order to facilitate the work of our interpreters and ensure an orderly meeting, I would like to outline a few rules.

Interpretation in the video conference will work very much like it does in a regular committee meeting. You have the choice at the bottom of your screen of floor, English or French.

In order to resolve the sound issues raised in recent virtual committee meetings and ensure clearer audio transmission, we ask those who wish to speak during meetings to set your interpretation language as follows. If you're speaking in English, please ensure you are on the English channel. If you're speaking in French, please ensure you are on the French channel. As you are speaking, if you plan to alternate from one language to the other, you'll also need to switch the interpretation channel so it aligns with the language you are speaking. You may want to allow for a short pause when switching languages. This is found in the bottom centre of your screen where the globe is.

Before speaking, please wait until I recognize you by name. When you are ready to speak, you can either click on the microphone icon to activate your mike or you can hold down the space bar when you are speaking. When you release the bar, your mike will mute itself, just like a walkie-talkie.

• (1710)

Remember that all comments by members and witnesses should be addressed through the chair. Should members need to request the floor outside of their designated time for questions, they should ac-

tivate their mike and state that they have a point of order. If a member wishes to intervene on a point of order that has been raised by another member, they should use the "Raise Hand" function. This will signal to the chair your interest to speak. In order to do so, you should click on "Participants", at the bottom centre left of the screen. When the list pops up, you will see next to your name that you can click "Raise Hand". When speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute.

The use of headsets is strongly encouraged. If you have earbuds with a microphone, please hold the microphone near your mouth when you are speaking to boost the sound quality for interpreters.

Should any technical challenges arise—for example, in relation to interpretation or if you are accidentally disconnected—please advise the chair or clerk immediately, and the technical team will work to resolve them. Please note that we may need to suspend during these times to ensure all members are able to participate fully.

Before we can get started, I will ask everyone to please click on their screen in the top right-hand corner, ensuring you are on the gallery view. With this view, you should be able to see all the participants in a grid view. This ensures that all video participants can see one another.

During this meeting, we follow the same rules usually applying to opening statements and the rounds of questioning of witnesses during our regular meetings. Each witness will have up to five minutes for an opening statement, followed by the usual rounds of questions from members.

Now I'd like to welcome our witnesses for the first panel. From the First Nations Health and Social Secretariat of Manitoba, we have Amanda Meawasige, director of intergovernmental relations, and from the Cellule stratégique COVID-19 de la Nation Innue, Chief Mike McKenzie, Jean-Claude Therrien Pinette and Dr. Stanley Vollant.

Ms. Meawasige, you now have five minutes for your opening statement. Please go ahead.

Ms. Amanda Meawasige (Director of Intergovernmental Relations, First Nations Health and Social Secretariat of Manitoba): Good afternoon, everybody.

I want to thank you all for the opportunity to present to the standing committee today. As mentioned already, my name is Amanda Meawasige. I'm the director of intergovernmental relations for the First Nations Health and Social Secretariat.

Today I'm addressing you from Treaty 1 territory, the ancestral and traditional territory of the Anishinabe peoples.

I would like to start my comments by acknowledging the Manitoba first nations leadership who have responded swiftly and very effectively to the growing threat of COVID-19, despite limited resources. Our leadership has been very proactive in preventing COVID-19 from entering our communities. We don't have any cases in Manitoba to date, and they have done a really good job at anticipating risks and responding to these emerging challenges.

With the help of leadership, our organization and partnering organizations, the political bodies that exist in Manitoba, have implemented a very strong and collaborative process to support one another during this challenge, to share our expertise and to try our best to tackle the broader systemic issues.

First nations understand the critical nature of preventing COVID-19 outbreaks. The colonial legacy and the embedded racial approach to funding structures have definitely made first nations more vulnerable to COVID-19 infection and its associated harms. This is a result of the higher burden of high-risk conditions and the lack of access to appropriate and comparable health and social services. We can also look to issues around the social determinants of health, which include insufficient housing, food insecurity and a lack of adequate water infrastructure, which make it very challenging and sometimes not even possible to adhere to public health directives.

This data from the first nations atlas report in Manitoba, which we will send as an attachment with our submission, has strongly demonstrated that the gap in health status between first nations and the general population is growing, not closing. The COVID-19 pandemic has further exposed these inequities as well as the potential risk that these inequities place on Manitoba first nations.

Therefore, today we would like to take our time to stress not only some of the gaps within the system but also to talk about some potential pragmatic solutions.

First, as we spoke about earlier with respect to the higher burden of high-risk health conditions and the poorer access to health services, these environments in which first nations are placed put us at significant risk for COVID-19. Therefore, we are asking for the federal government to aggressively invest in self-determined and culturally inclusive wellness promotion efforts that are directly aimed at improving the social determinants of health, so that high-risk conditions with respect to COVID-19 can be improved. A good example would be to look at the drinking water situation in communities. Food insecurity is particularly of issue in our remote and isolated communities here in Manitoba.

Second, because first nations are placed at a disproportionate risk, we call on the federal government to provide sufficient investment in local and regional health services in order to equitably respond to this risk.

This means increased investment in the work that first nations are already undertaking while being under-resourced. This is inclusive of pandemic planning, mitigating risks that have emerged with the pandemic, increasing COVID-19 education, increasing access to testing, increasing access to any equipment that's required such

as personal protective equipment, and more. There needs to be strong advocacy to ensure that first nations are front-of-line in receiving those services. Further to that point, these types of investments need to continue long after the pandemic is done. There needs to be a post-pandemic focus as well.

● (1715)

Third is with respect to data. Data pertaining to COVID-19 is key to monitoring and evaluating emerging patterns and trends, and to supporting better prevention and management, especially in populations that are placed at high risk or are considered vulnerable. While some first nations across the country are currently engaged in COVID-19 data collection and surveillance, approaches and measures captured vary widely across different jurisdictions. There's a bit of a patchwork of data collection with respect to the different jurisdictions, both federal and provincial health service providers.

Therefore, we are calling on the federal government to collaborate with first nations in developing a nationwide first nations COVID-19 data collection and surveillance system that is governed by first nations and has respect for first nations data sovereignty.

The Chair: We're at time right there. Hold any further thoughts, and anything else you have to say will come up in our questioning rounds.

We'll go to our next witnesses. We have Chief Mckenzie, Mr. Therrien Pinette and Dr. Vollant.

Who would like to start, please, for five minutes?

[Translation]

Chief Mike Mckenzie (Innu Nation COVID-19 Strategic Unit): Thank you, Mr. Chair.

Kuei.

My name is Mike Mckenzie and I'm the chief of the Uashat-Maliotenam First Nation.

I want to thank you for the opportunity to speak today, on behalf of the chiefs of the nine Innu nations in Quebec, representing a population of about 20,000.

On March 22, we agreed to develop a strategic unit to help us jointly respond to the risks associated with the COVID-19 pandemic.

We receive help from high-level experts on medical and psychosocial matters, and I'm joined here by Dr. Stanley Vollant, an Innu doctor and surgeon, who is one of our experts. He will also speak to you.

We believe that the strategic unit enabled us to better coordinate our local actions. We were forward-thinking, like our ancestors. We anticipated and showed innovation by working together to better support ourselves. Our collective leadership reflects our pride as an Innu people. The health of our people is the priority, and we are committed to continuing what we have been doing.

As elected officials for our territories, located in the administrative regions of Côte-Nord and Saguenay—Lac-St-Jean, we are very concerned. Our people are vulnerable to this pandemic because of the high risk of spread. A spread could be serious if we aren't able to maintain the staffing levels we scrambled to put in place to keep our communities safe. For example, we chose to keep our schools closed in all of the communities and have offered innovative learning methods and personalized educational support.

One of the key questions is the following. What measures has the federal government taken to ensure that the health and safety activities in our communities will be maintained?

Since the pandemic is far from being eradicated, herd immunity is not a possibility right now, and there will not be a vaccine available for several months, we want the federal government to provide a clear plan for the future, to complement our local plans, and to include the first nations governments in the implementation of the plan.

We are calling on the federal government to support our measures through the following actions in the short, medium and long term. The measures involve health; social services; education; public safety; management and protection of the Nitassinan; and economic opportunities.

We are prepared to start gradually reopening. The government must maintain and increase its support to our businesses in order to protect what we have. Our economic levers must be maintained and supported to bridge the gaps and stay afloat in the quest for financial autonomy.

We must remember that our realities are unique and that we always have to fight for what is obvious. The spectre of federal and provincial authorities is always there and can often delay what is obvious. In fact, political good will is the ingredient that allows us to consolidate efforts and make a real difference.

We stepped up as a nation. We are also reaching out to show that the current crisis must serve as a lesson to do things another way, in order to save human lives.

Tshinashkumitinau. Thank you very much.

• (1720)

[English]

The Chair: Thank you very much.

Dr. Vollant, Mr. Therrien Pinette, is there anything further to add or shall we go to our questions?

[Translation]

Mr. Jean-Claude Pinette (Assistant to the Chief, Innu Nation COVID-19 Strategic Unit): I'll let Dr. Vollant answer.

[English]

The Chair: Okay. You have less than a minute. Go ahead.

Dr. Stanley Vollant (Health Expert, Innu Nation COVID-19 Strategic Unit): I'm Dr. Vollant. I'm a surgeon. I'm a physician. I'm also the counsellor for the Innu strategic unit for COVID-19. I don't have time to talk to you, but what we want from the federal government is to have 500 to 1,000 tests, so it's possible to do our tests in our communities to prevent the second wave of COVID-19.

That's all the time I have. I will answer your questions during the question period.

The Chair: Thanks, Dr. Vollant. We will have time through the hour to get to any of the issues you missed.

Right now, though, we'll go to our six-minute rounds of questioning. We'll start with Mr. Zimmer.

Bob, go ahead for six minutes.

Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC): Thank you, Mr. Chair.

I'd like to focus my questions on Chief Mckenzie.

My role in Parliament is as the economic affairs and economic development agency critic, so I'm going to have a bit of an economic lens with my questions for you. I trust you're well. It looks like you've personally weathered the storm of COVID okay, Chief Mckenzie.

[Translation]

Chief Mike Mckenzie: It was very difficult. The situation put a lot of pressure on the first nations.

There was a dispute over jurisdiction between the provincial and federal governments regarding Quebec's Public Health Act. That was very hard. We fought a lot with the provincial government. At the very beginning of the pandemic, everyone at the provincial and federal levels was passing the buck.

It took a long time to get testing clinics set up. We asked provincial and federal authorities about this for three or four weeks. It was very hard.

In the community I'm from, Uashat mak Mani-Utenam, there were eight cases of COVID-19. It was very intense. We worked 60 or 70 hours for nine weeks at the emergency measures committee. Although there were delays, we took actions that reflect the realities of the first nations.

• (1725)

[English]

Mr. Bob Zimmer: Thank you for that.

Again, Chief, with the lens on economic development, my concern about the next steps has been brought up by various guests already.

You mentioned testing. That's where I'd like to go too. A lot of us are asking questions, even Dr. Vollant. A lot have argued that the next step is to have adequate testing so that we can get back to the new normal of COVID, so that our economies and people can get back to work and things can return to as normal as possible.

We've also heard from other witnesses about a lack of PPE. The jurisdiction of the federal government is to provide PPE to indigenous communities. Although we've been told that PPE is available, we've heard from many that it's been difficult to access. I've seen in my local bands, up in my neck of the woods in northern B.C., that they were left scrambling when they had some cases.

It sounds like you've already affirmed that too. You've had some struggles getting tests and equipment. From now on, what's the plan? What do we need to do to get back to normal, as much as we can, in our indigenous and northern communities? What is lacking? Where do we need to be?

Dr. Vollant, please go ahead.

[Translation]

Dr. Stanley Vollant: The COVID-19 crisis will last several more months. Our communities will have to face this danger, this epidemic, in the coming months. It's important to keep our people safe. We need to continue with messaging that promotes healthy habits, such as washing and other instructions.

We'll have to do a lot of tests and will need a large number of swabs in our communities. With more than 4,000 deaths, Quebec is the hot spot in Canada. The virus is circulating a lot in Quebec, and a number of people from our communities live in Quebec City and Montreal. There's always a danger that the virus will spread to our communities. Ten people in the Innu community contracted the virus and have all recovered. The road is starting to reopen. Quebec has started reopening, and there is a serious danger that the virus will spread to our communities. We must be able to test the people coming into our communities.

We did a calculation with Côte-Nord public health officials and microbiology experts. The Innu nation, which includes 20,000 people in nine communities, would need approximately 500 swabs a month, which would have to be supplied by the federal government. We're calling on the federal government to help us protect our people.

There's another important point. School will start back up in the fall. Most of the quarantine centres in our communities are in schools. If we want our children to have access to education, which is an important public health criterion, the federal government will have to help us find quarantine centres, perhaps by providing cots or temporary shelters. Our communities need space to set up quarantine areas for people who are infected.

[English]

The Chair: We're right at time there. Thank you for the response.

We'll go now to Mr. van Koeverden for six minutes, please.

Mr. Adam van Koeverden (Milton, Lib.): Thank you very much, Mr. Chair.

Thank you to the witnesses for providing their insights and perspectives today.

We, as a government, can only make good decisions with good feedback, perspective and the insights of people who have been impacted by COVID-19. Your feedback is essential, so thank you very much for that.

Just recently we had Ms. Lorraine Whitman, president of the Native Women's Association, come to the committee, and she talked a lot about the impact that this had on vulnerable populations within indigenous populations, such as women and children, the elderly and LGBTQ2S. I'm wondering if perhaps Dr. Vollant could provide some insight on how information gathering, specifically, is challenging with more vulnerable groups and how the federal government could help in that regard.

• (1730)

[Translation]

Dr. Stanley Vollant: We have psychosocial experts within the Innu nation unit. They confirm that there are more cases of psychological and social stress in our communities. Our communities were already vulnerable before the crisis; they are even more so now, during the pandemic, and will be even more so after.

There are fewer reported cases of child abuse, but these experts believe that the cases are not being reported because the children are not going to school. There's an increased risk of violence against children and spouses. A number of studies have shown that violence against women has increased during the crisis, in Quebec and across Canada. Funding will be needed so that we can make social interventions in our communities during this crisis, which will last several months still. COVID-19 could do less damage physically than psychologically. I'm talking about suicide and violence in the communities.

Chief Mike McKenzie: I can add to what Dr. Vollant said.

[English]

Mr. Adam van Koeverden: Thank you, Dr. Vollant.

I would ask Madam Meawasige the same question, if I could, with respect to the impact specifically on women and other vulnerable populations in your community, or in communities you've heard from or worked with over the last couple of months.

Ms. Amanda Meawasige: That's a really great question.

I think one of the underserved populations is our off-reserve first nation membership. That's a gap in terms of... A lot of pressure is faced at the first nation community level to respond from reserve, even though there isn't the adequate funding there to provide on-reserve residents with adequate assistance.

That's one of the vulnerable populations we're hearing about.

Our data collection process, in collaboration with the provincial government, is to try to accurately track those types of people. The data-sharing agreement we've created with the province allows us to know all first nations, whether they're on reserve or off reserve, and that will allow us to tailor a better response and have better surveillance, and appropriate health services will be provided.

Mr. Adam van Koeverden: Thank you.

Chief McKenzie, could I ask you for some insight on how this had an impact on vulnerable populations like women, children, the elderly and LGBTQ2S?

[Translation]

Chief Mike McKenzie: First of all, I think that beyond vulnerable people, it's the lack of housing that has been the biggest problem for two decades. When there are too many people and no quarantine centre, it's harder to prevent spread among the first nations.

Housing is the top issue for all first nations peoples in Quebec, since it's very hard for them.

There are, on average, five or six people living in a single house. Investment in housing is needed. The first nations peoples have been waiting for housing for several years. We need 400 housing units in my community. Some other first nations communities that I work with need more than 50,000 housing units. That's the number of housing units the Innu nation needs, and maybe more. This is very important.

Some seniors are living with other generations in the house, but seniors are the most vulnerable. We also have a lot of people with diabetes and cardiovascular diseases. This is also a problem among first nations in Quebec.

[English]

Mr. Adam van Koeverden: Thank you, Chief.

I've had the pleasure and honour of getting to know Valérie Courtois from the Innu Nation over the years. The work she does with youth and with a lot of different other vulnerable populations is really inspiring, and I look to her for a lot of insight.

Mr. Chair, if I have time to go to Monsieur Therrien Pinette—

• (1735)

The Chair: No, I'm sorry; you're right at time now.

Mr. Adam van Koeverden: Thank you very much for the insight.

The Chair: Coming around now to the Bloc Québécois, we have Ms. Gill for six minutes.

Go ahead, please.

[Translation]

Mrs. Marilène Gill (Manicouagan, BQ): Thank you, Mr. Chair.

[Member spoke in aboriginal language]

[Translation]

Mr. Therrien Pinette and Mr. Vollant, I have several questions for you. I would have liked to have done them in three steps: one for what we've experienced, one for what we're experiencing now and

one for the future. I don't know if we'll have enough time, but I'll leave you time to speak.

Mr. Vollant, you spoke about the psychosocial situation and about the needs of the Innu and first nations peoples.

What measures related to the pandemic should we implement now, during the pandemic?

Can you tell us what you need?

Dr. Stanley Vollant: In terms of psychosocial needs, more money from the federal government would certainly be welcome. A lot of money has been spent throughout the COVID-19 pandemic in Canada. I find that the proportion spent on first nations peoples is far lower per capita compared to the Canadian public.

Psychosocial problems, health problems and access to health care for indigenous peoples, in communities and off reserve, are largely underestimated. However, we are among the most vulnerable populations as a result of concomitant diseases, such as diabetes, pervasive obesity, hypertension, the fact that people live in multi-generational houses, not to mention the social problem. I think it's unfortunate that the percentage of the budget allocated to first nations peoples to help them combat COVID-19 is woefully insufficient.

I urge the federal government to do much better to save first nations peoples and to prevent a health and a psychosocial catastrophe in our communities.

Mrs. Marilène Gill: Thank you, Dr. Vollant.

From what I understand, the assistance given to first nations is not proportional. Furthermore, since the needs are not the same, the assistance should be adapted, if not increased, based on needs. These are urgent needs. Chief McKenzie mentioned infrastructure and housing needs, among others.

Thank you for everything you've done to help the Innu nation. I'd like you to tell us, based on what you've experienced on the crisis unit, what improvements the government should make rapidly, in the event that there is a second wave. As you said, Dr. Vollant, it's still possible.

Dr. Stanley Vollant: There will be a second wave, and even a third. That's certain. The question is when and how. If we look at past situations, for example the Spanish flu, we can expect the second wave to hit harder than the first. The Innu nation was fortunate to be spared. We took measures quickly, created our Innu monitoring committee and immediately closed our communities. Quebec shut down the regions. However, as a result of the quarantine, I'm extremely worried, in particular for first nations and Innu peoples, that the virus will pick up again and that the second wave will be deadlier and more aggressive than the first one.

We'd like the federal government and provincial governments to work together to eliminate the barriers that separate their respective jurisdictions.

Mrs. Marilène Gill: We certainly want to work with you, since the first nations are the only ones who know what is best for themselves.

We're worried about a second or third wave, but there are still talks about reopening. I think this could be an opportunity to address the urgent needs of the first nations and to have them participate fully and meaningfully in the recovery.

We know that there are needs in the first nations, so do you think this could give young people and first nations peoples the opportunity to contribute to this recovery?

• (1740)

Mr. Jean-Claude Pinette: I'll jump in here.

Earlier, the representative from Manitoba went through the determinants of health. In order to take another step and keep up the marathon to avoid the worst in a possible second wave, but also in the short and medium term, we will certainly have to invest in all determinants of health, in economic and social sectors, as well as education and housing. I think that if we want to make successful strategic investments, we'll need an overview of the situation.

Earlier you spoke about the psychosocial aspect. What we've envisioned is the following. We need to be able to intervene properly before the problem reappears. We're talking about prevention. We also need to be able to intervene properly when the problem is rampant in the community. Right now, new synthetic drugs, consumed at parties or in recreational settings, are circulating. If someone manages to get clean during a long period of isolation, when they come out of that isolation—

Mrs. Marilène Gill: *Tshinashkumitin*. Thank you.

[*English*]

The Chair: I'm sorry to interrupt, but we're well over time. I want to move to our next questioner, but I'm sure we'll reprise this topic throughout our discussion.

Ms. Qaqqaq, just before you start your six minutes, I need to speak to Ms. Meawasige.

Ms. Meawasige, I understand that you're having trouble with interpretation. Perhaps you could click the button onto the French side to hear it.

Ms. Amanda Meawasige: I don't see that as a menu option, but I have staff who are assisting me, so I should be able to proceed.

The Chair: Okay. Once again, let us know if you're having problems.

Ms. Qaqqaq, please go ahead for six minutes.

Ms. Mumilaaq Qaqqaq (Nunavut, NDP): *Matna*. Thank you, Chair.

I'll give just a quick shout-out to our tech team and our interpreters for doing their best to keep us on track.

Thank you to all the witnesses for presenting and sharing your wonderful knowledge with us. It's so important to hear all different voices from across the country.

My first question is for Ms. Meawasige. I hope I'm saying your name right.

We've heard from a lot of other witnesses that communities are now always being kept informed about how much testing is being done and how data is being collected. Has this been your experience, and what kind of impact does a lack of data sharing have on your ability to operate?

I'm going to ask that we try and hover at about a minute for responses because I have a time limit.

Ms. Amanda Meawasige: Okay. I'll answer now.

Fortunately for us—and maybe a little bit unfortunately—we had the H1N1 experience of 2009, so there's been a lot of intergovernmental collaboration and experience that can be drawn on. Therefore, we were able to move quite swiftly with respect to developing a data-sharing agreement that would allow first nation identifiers, giving us real-time data to develop a better response in terms of the numbers that we're seeing and to identify some potential trends.

For us, it's been a really good experience, but this needs to continue. This is not just data collection on the COVID pandemic. There are a lot of other pressing and emergent health issues. This type of collaboration needs to be entrenched and sustained throughout government processes with first nations.

Ms. Mumilaaq Qaqqaq: Absolutely. Thank you for that.

My next question is for Chief McKenzie.

What has your experience been in the delivery of personal protective equipment and other resources to your community? Were they what you expected, and did you feel that you were able to have a say in what communities needed?

• (1745)

[Translation]

Chief Mike McKenzie: It took a long time to deliver the necessary protective equipment to all the communities. It took a really long time. As I said in my opening speech, there was a jurisdictional squabble between the provincial and federal governments at the beginning of the pandemic.

In the meantime, our first nations government took steps on our end to prepare our communities for the pandemic, in spite of everything we were going through. We've already lived through similar crises with other diseases, so first nations have some experience.

We went through hell trying to get our hands on PPE. It took a month, a month and a half, maybe two months, before first nations got PPE.

[English]

Ms. Mumilaaq Qaqqaq: Thank you so much for sharing.

My next question is for Dr. Vollant. I don't know if I'm saying your name correctly.

Communities in Nunavut—and I'm sure it's similar for your communities—have now been waiting months for care that is deemed non-essential. Are you worried about the long-term impacts if people can't access basic care?

[Translation]

Dr. Stanley Vollant: Yes, I'm worried about delays in routine care.

I'm a cancer specialist at Hôpital Notre-Dame. Because of the epidemic, many people in Quebec and in the communities are stuck waiting for their test results or treatment. There will be long-term consequences. This will translate to higher mortality rates from cancer.

Many people haven't received their results from diabetes screening tests or tests for kidney or retinal disease. Unfortunately, this pandemic is likely to have long-term consequences.

That's a general observation that applies to the whole country and Quebec. Quebec is one of the epicentres of the pandemic in North America. It's a little harder. People aren't allowed to travel, but if they do need to go see their specialist in Montreal or Quebec City, they have to self-isolate when they go home because of the risk of contaminating their communities. It's a huge problem.

[English]

Ms. Mumilaaq Qaqqaq: I think I have about 30 seconds, so we can continue, Doctor.

Can you talk a bit about the delivery of mental health supports and some of those barriers at this time?

[Translation]

Dr. Stanley Vollant: A lot of people in the community work in psychosocial services, but we're seeing an increase in distress and addiction. We need more resources to help communities get their heads above water owing to all the psychosocial side effects of the pandemic. These people need more help.

[English]

The Chair: Thank you very much. We're moving on now to five-minute rounds.

Mr. Viersen, please go ahead for five minutes.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Thank you, Mr. Chair, and thank you to our witnesses for being here today.

I'm going to start with you, Ms. Meawasige. I was looking at the background and mandate of the First Nations Health and Social Secretariat of Manitoba. It seems that it is about the planning and developing of a unified health system in Manitoba. I was just wondering how that's going. Have you seen that improve during COVID, given the fact that a Manitoban is a Manitoban regardless of where they live?

Ms. Amanda Meawasige: I appreciate that question. Right now, I guess because there's a threat to the general public's health, there's always a political will to respond to first nation emergencies. When an emergency happens, such as H1N1 and this pandemic that we're going through, governments are quick to react swiftly. That type of reaction needs to continue when there are other pressing issues.

Fortunately, right now, during the emergency and the pandemic, we do have strong intergovernmental response and collaboration, but that needs to be formalized and it needs to be ongoing to continue addressing all of the public health issues beyond the pandemic response.

• (1750)

Mr. Arnold Viersen: We've seen is that getting protective equipment into northern communities has been a challenge. Do you have any examples of that in your area? Do you see it differing from community to community?

Ms. Amanda Meawasige: There is a shortage of PPE within our communities. We do have adequate supplies for the nursing stations, and it seems that ISC has been very good in responding to that request, but we do have shortages in our personal care homes, for example. We know that the elderly population is at an increased risk from COVID, so it's very important to have appropriate numbers of PPE. We also have people who have ongoing addiction issues and require daily medical travel, for example, for harm reduction medication. They're often travelling without PPE in confined spaces.

Most definitely, this is why we say it's imperative that first nations be at the top of the list for these types of materials, given that we don't have adequate primary and public health care available at the community level.

Mr. Arnold Viersen: Thank you.

Is there a difference if it's delivered provincially or federally? Are you seeing a difference in the availability of these materials at all?

Ms. Amanda Meawasige: I think the collaboration has been very fruitful in terms of trying to determine whose role and responsibility it is to advocate for first nations for their PPE. The province does provide some PPE to some of our health centres and communities, but it's a provision of the federal government, and those numbers need to be forthcoming with respect to a potential second wave. Are we appropriately ready for it, given that there's a shortage right now?

Mr. Arnold Viersen: This may be a little out of your area of expertise, but many of the communities that we deal with are fly-in only. Given that many people just aren't travelling anywhere because of COVID, do you have any intel on the flights and the northern airlines and how they're doing?

Ms. Amanda Meawasige: I know that they've instituted stricter safety and sanitization regulations. I know that professionals who are flying into first nation communities are screened and flown in on a separate charter to ensure there is no contamination by any visiting staff. There is a lot of anxiety right now with respect to provinces opening up borders and reintegrating businesses. It's important that first nations be supported in keeping their borders closed should that be something they choose to do.

Also, first nation interests can no longer be secondary to industry and economic development priorities. We saw an example of this with the Manitoba Hydro blockage in the last couple of days in Manitoba. Partners need to communicate with one another and provide those necessary assurances for safety.

Mr. Arnold Viersen: Thank you.

Chief McKenzie, do you have any comments about the airlines that are supporting your communities and whether they remain viable?

The Chair: Be very brief. You have 10 seconds left.

[Translation]

Chief Mike McKenzie: Yes, it's vital to have screening for air travellers. There are a lot of hydroelectric and mining projects going on in the territory of the Innu Nation. There should be air travel screening especially at the airports, including Sept-Îles, Saint-Pierre and all locations near first nations communities.

We often talk about how vulnerable first nations are in terms of health. We've talked about health determinants. In addition to air travel screening, we need roadside checkpoints. Most first nations have taken the initiative to set up their own roadside checkpoints.

[English]

The Chair: I'm sorry to interrupt. We're right at time now, and we go to Ms. Damoff for five minutes.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you, Chair.

Thank you to all our witnesses for being here.

I want to start by acknowledging that I'm on the traditional territory of the Mississaugas of the Credit First Nation.

I want to begin by talking a little about jurisdiction. Last week we had the B.C. First Nations Health Authority with us, and Ms. Meawasige, as Mr. Viersen mentioned, you sit on the First Nations

Health and Social Secretariat in Manitoba, and you've talked about collaboration there. From Chief McKenzie's remarks, I don't think they're having the same kind of collaboration in Quebec that we've seen in B.C. and in Manitoba.

Something that has come up repeatedly from witnesses is the ability to determine the impact off-reserve for indigenous peoples in Canada. You mentioned that data is being collected in Manitoba. How did that data collection come about, and how well is that going?

• (1755)

Ms. Amanda Meawasige: A data-sharing agreement was negotiated between the First Nations Health and Social Secretariat and the Province of Manitoba. It's a first nations identifier, so once a person tests positive for COVID, they're asked to identify as a first nations person. That gives us real-time data on where these people are from. It allows us to communicate to communities that there is possible infection and that contact tracing needs to be made.

More importantly, we're getting that off-reserve data information. In Manitoba approximately 40% of the population live off reserve. That's a huge number of people who sometimes require extra responses and services. This process allows us to see that.

Ms. Pam Damoff: What are you seeing in the off-reserve data in the rates of COVID? I'm curious.

Ms. Amanda Meawasige: Right now, we know there are no COVID-positive cases on reserve. We have some cases in first nations off reserve, and they have higher rates of requiring hospitalization. This indicates they're a vulnerable population, which is why this kind of data is super important in allowing an appropriate response to be made.

Ms. Pam Damoff: Do you have anything you could send to the committee? I think you've verified what we inherently believe, but without that data, it's hard to develop government policy.

What about reopening? I'm going to ask both you and Chief McKenzie to talk about that, because as the province reopens, it's important, as you were mentioning, that we include everyone at the table, and we don't want to....

You mentioned there are no cases on reserve—

[Translation]

Chief Mike McKenzie: The important thing is—

[English]

Ms. Pam Damoff: I'll start with Amanda and then I'll go to you, Chief. Is that okay?

Ms. Amanda Meawasige: As mentioned, I think it's important to support first nations with respect to their readiness to open their borders. It might be a little later than what's prescribed by provincial notions. I think the ability to keep COVID out of our communities was as a result of the swift response in closing our borders and ensuring that community safety was a priority over any kind of resource development or travel by adjacent communities that may traditionally require that road.

Ms. Pam Damoff: Are you being included right now?

Ms. Amanda Meawasige: In some regards, yes. I think that in certain partnerships such as the hydro situation, for example, that I brought up, communication probably could have been better and assurances could have been made to avoid those types of disputes, but right now we are being included in the conversation.

Ms. Pam Damoff: Chief, I'll turn it over to you. I have only about a minute left.

[Translation]

Chief Mike McKenzie: For the Innu Nation, we don't have any data on people living off reserve. However, there's one thing I'd like to say to all the MPs. Dr. Stanley Vollant is an Innu surgeon and physician. He's a facilitator who serves as a liaison with the Quebec health network. That's important for the Innu Nation. I think it's important to have first nations members in public health. It's important to learn more about what first nations are going through. The data are often very limited. Quebec has Dr. Stanley Vollant. Western Canada has indigenous doctors who can also help make decisions about first nations. We already need to start getting ready for the second wave. We mentioned the need to plan, with the first nations being so vulnerable. We're reaching out to you. There are concerns about first nations.

• (1800)

[English]

The Chair: We're at time. Thank you very much.

We'll go to Mr. Dalton for five minutes. Please go ahead, Marc.

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Thank you.

My translation doesn't seem to be working.

[Translation]

My question is for Dr. Vollant.

I live in Maple Ridge, a suburb of Vancouver. In our region, we've had to cancel thousands of preventive operations, for heart conditions, cancer and other diseases, so that we could be ready to treat COVID-19 patients. That's sure to have consequences. I'm wondering what the negative consequences will be. You already touched on this briefly.

Have you seen a decrease in help for people with health conditions? What should we do, and what can we do, for these people and for your people?

Dr. Stanley Vollant: Quebec's situation is different from the rest of Canada, because we have the most cases. Quebec has over 50,000 cases and 4,100 deaths. I'm a surgeon. In Montreal, we're operating at 25% capacity. People are suffering. My waiting list

used to be months long, but now it's more than a year long. Once everything reopens, which will happen later this fall or next year, it will be very hard to satisfy people who are suffering. People are calling me about their operations, and we have to make a choice. As for cancer screening, we've got a considerable backlog. There are some very sick people in hospital right now. People are coming in with appendicitis, but these aren't simple appendicitis cases, they're complicated. People are scared to come to the hospital, so they keep putting it off. There are delays due to the fact that the public is scared of COVID-19. There are also delays because resources are limited.

Other parts of Quebec, like the North Shore, have reported fewer cases of COVID-19. Surgical and medical procedures aren't back to normal, but they might not have been as severely affected as in Montreal. There will be an impact that will linger for years.

How can you help us? Well, there's a nursing shortage, and there's a shortage of funding for health care. I think it will take time. The federal government needs to invest more money in providing resources to first nations and helping them care for their members.

Mr. Marc Dalton: Thank you very much.

[English]

MP Zimmer, I believe, talked about transportation. What has been the impact with regard to the reduction in flights? I imagine there has been a reduction in flights in the north, as we have seen throughout Canada. Are we noticing a difference in the price of goods such as food and other needs? Is it putting more economic pressure on first nations people?

Perhaps Amanda and then the chief could speak to that.

Ms. Amanda Meawasige: Food security has actually been a long-standing issue with respect to freight costs. This is further exacerbating that situation. We know that to keep flights economical, the way they're done right now is to load them up quickly, clean them up quickly and turn them around. That's going to change, so that's definitely going to have an impact in terms of adequate transportation to and from communities, be they service providers or community members flying out for medical services and such.

Definitely, the prices have gone up. We're doing our best to try to work with the northern stores and different levels of government to see a price freeze to ensure it's not going to have a bad impact at the community level.

• (1805)

[Translation]

Mr. Marc Dalton: Thank you.

Could Chief McKenzie comment as well?

Chief Mike McKenzie: It's extremely costly for our northern brothers and sisters in Matimekush-Lac John. Even on the North Shore, food prices have gone up. Don't forget, food sovereignty is vital to first nations.

Because of COVID-19, most of the communities on the North Shore haven't even been able to go goose hunting this year. It's a traditional hunt for first nations in Quebec. Food prices have been extremely high since the pandemic started.

Mr. Marc Dalton: Thank you.

[*English*]

The Chair: I'm sorry to interrupt, Chief. We keep running into timing problems.

I apologize for that, but we'll move to our next five-minute round with Mr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thank you very much.

I think you can all agree that your communities have so far done fairly well with the first wave. In fact, a lot of parts of Canada have done pretty well. The epicentres seem to be Montreal and Toronto right now, the big centres. As Dr. Vollant has said, there's very likely to be a second wave and a third wave. Where are these waves coming from? It's the residual disease that continues to exist in places like Montreal and Toronto, and your communities stand to be hit really hard should they be affected in subsequent waves because of the inability to control this in places like Montreal and Toronto.

I'd like to ask specifically, Dr. Vollant or Chief McKenzie, if you think they could be doing a better job in places like Montreal in controlling the pandemic. Specifically, I'm also on the health committee. Mr. Thériault from the Bloc asked at that committee meeting whether Montreal should be considering a mandatory use of masks and more aggressive measures to control the disease in those places so it doesn't come back, eventually, to hit you.

The Chair: Dr. Vollant, please go ahead.

[*Translation*]

Dr. Stanley Vollant: Hello, Mr. Powlowski.

I fully agree with you that indigenous communities have done well so far, but we're going to get hit by a second wave in just a few weeks or months. That's why I'm advising the Innu Nation to maintain its roadside checkpoints in order to reduce the influx of outsiders, and also recommending a strong testing capability. Anyone coming back from a hot spot, whether it's Montreal, Quebec City or anywhere else, needs to be tested and quarantined for 24 to 48 hours, until their test results come back. Testing is crucial, and it needs to be in place from coast to coast.

Furthermore, we need sufficient supplies of personal protective equipment. Health Canada has fallen short and hasn't provided enough PPE. Of course, when the crisis first started, the hospitals didn't have enough PPE. I was practically operating without a mask for a few days in March. Now Canada is capable of making PPE. First nations need to be provided with PPE and need to start testing again.

Another issue that's very important to me is the health and education of young people. Schools will be closed until June, but we need to find a way to reopen schools or improve education using tablets. We need to invest more money and reopen the schools, maybe with different containment protocols for indigenous schools.

Trailers were mentioned earlier. They could be provided by the federal government.

[*English*]

Mr. Marcus Powlowski: Chief McKenzie, do you have anything to add as to the ability of places like Montreal to manage the transmission of the disease, and do you think they're doing enough, given the underlying threat to your communities if they aren't doing enough?

• (1810)

[*Translation*]

Chief Mike McKenzie: I have nothing to add, but I think we should maybe start getting ready for a second wave of COVID-19, around either Quebec City or Montreal. They should do what the first nations have done here in Quebec. We took the initiative to close our borders. We established rules for the first nations. Anyone who left the community had to self-isolate for 14 days when they got back.

Across the country, maybe they should act faster by closing borders, in case there's a second wave. I think that's important. It's also important to test quickly, as Dr. Vollant was saying. With the lockdown lifting, we're reopening Highway 138, so some people will be leaving indigenous communities. When they get back, they'll have to be tested quickly. We have some testing centres in our communities. People coming back in should be required to be tested quickly before they can rejoin the community, rather than spending 14 days isolating in the community.

[*English*]

The Chair: We're out of time, Mr. Powlowski. Thank you.

We have two-and-a-half-minute rounds now, and we'll start with the Bloc representative, Ms. Bérubé.

[*Translation*]

Ms. Bérubé, you have the floor.

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Mr. Chair.

I'd like to thank the witnesses for joining us. I know the Innu nation has mobilized to fight the COVID-19 pandemic. I'd like to thank the Innu nation and congratulate its members on their initiative and exemplary management.

I'm the member for Abitibi—Baie-James—Nunavik—Eeyou, and I'm very aware of what's going on within indigenous communities. The community of Lac-Simon closed its borders to avoid the pandemic, and it's still closed.

Chief McKenzie, you talked about barriers. In your community, are there other barriers that prevented people from following guidelines issued by public health authorities?

Chief Mike McKenzie: Yes, it has to do with information about people with COVID-19. I won't name names because I know we have to respect confidentiality. It took a long time to get information about people who contracted COVID-19. That's an important thing we need to do better if there's a second wave.

As I said earlier, maybe first nations need public health units. That tends to be the missing piece. Our nurses have frequently been in contact with public health representatives and doctors on the North Shore. What we want is public health officials with us in our Innu nation strategic unit and other first nations units.

Ms. Sylvie Bérubé: Thank you.

My next question is for Mr. Therrien Pinette.

Do you think the public health authorities' plan for reopening is too hasty for your communities?

Mr. Jean-Claude Pinette: Yes, I do. We know that safe reopening means people need to master proper hygiene habits. We still need to raise awareness on that front.

The other thing Dr. Vollant mentioned is that the whole community is highly vulnerable, and the reopening process has to take that vulnerability into account. The system in Canada and in Quebec seems to be heavily based on economic principles. We need to strike a balance between the health of groups and individuals and the potential economic benefits of reopening. We really have to think about striking a balance between those two aspects of Canadian society.

Ms. Sylvie Bérubé: Thank you.

[English]

The Chair: Thank you very much. Thanks, Madame Bérubé.

Ms. Gazan, you have two and a half minutes. Go ahead.

Ms. Leah Gazan (Winnipeg Centre, NDP): Thank you, Mr. Chair.

My question is for Ms. Meawasige. You spoke a little bit about blockades in Manitoba with Manitoba Hydro. We know that indigenous communities across Canada have felt the need to use blockades to protect their communities as a result of many things you've already mentioned, such as issues around overcrowded housing and access to clean drinking water. They have also communicated very clearly, I know in Manitoba, that sometimes their voice is not respected at decision-making tables.

Can you talk a little bit about why it's important for indigenous nations to have autonomy over these kinds of decisions, and what we can learn from the Manitoba situation?

• (1815)

Ms. Amanda Meawasige: First nations in Canada, in general, are the group of people who have experienced the devastating impacts of disease and pandemics like no other group. Therefore, establishing these blockades is an attempt to keep out disease and keep out the opportunity for disease to spread.

Particularly when you talk about reconciliation, it's important to respect the self-determination of communities to respond to pandemics or any kind of emerging issue where possible. As mentioned, the hydro situation probably could have been resolved in a much better way with appropriate assurances and communication. It's all about communication and the inclusion of first nations in these discussions.

One of the issues that came up with roadblocks that needs to be remedied, however, is who is responsible for providing the costs for this. If we have a conversation about costs in the jurisdictional football game, if you will—people's getting punting back and forth between ISC and FNIHB—that's another issue that needs to be addressed with respect to the blockades and roadblocks.

Ms. Leah Gazan: How do you feel that the government could better address it going forward? You mentioned jurisdictional issues. How do you feel the government could better address this so that we don't have this situation occur again?

Ms. Amanda Meawasige: Right now, ISC is responsible for infrastructure costs, like security costs. Then FNIHB is responsible for health costs. Communities are expected to write two separate proposals and submit two separate plans, when really it should be the governments that work out these plans among themselves and determine who pays for what.

The Chair: Thank you very much.

We're going back now to five-minute rounds. Our next speaker will be Gary Vidal.

Gary, please go ahead. You have five minutes.

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

I also want to congratulate the groups here today for their information and for the leadership they represent.

Ms. Meawasige, you talked early on in your presentation about the proactive leadership of the first nations that you work with in Manitoba. There was a newspaper article this morning that talked about the importance of observing strict quarantines and preventing any traffic between the villages of the north and the south, about travel restrictions and about how that has been a success in Nunavik.

This was in this particular article, but I'm curious about the Manitoba context. When you talk about zero cases as well, how do you balance that challenge between restricting non-essential travel and the need for people to access essential services outside their communities? We realize that remote and northern communities don't have access to so many things. What did you find out in your experience in northern Manitoba about that kind of balancing act of trying to restrict travel while still having access to the necessary services?

Ms. Amanda Meawasige: Again, it goes back to communication and common sense, really.

A prime example is ensuring that when essential service providers come in, they're screened, and they fly in separately on their own chartered flight so that there's no risk of contamination through commercial airlines. It's assurances such as these that allow us to safely receive essential service providers.

Mr. Gary Vidal: I have a quick follow-up. What was the response within your own communities to the restrictions on people's ability to leave? Did you find them very frustrated, or were they accepting the restrictions and acknowledging the need for them in order to protect them from the virus?

Ms. Amanda Meawasige: There was a lot of frustration, particularly around the compliance of young people, but I think that's across the board for the general population. However, as I mentioned, our communities have a lot of unfortunate historical experience with pandemics and disease. We also don't have primary health care available at the community level, and community members are aware of that. Therefore, they're aware of the need to keep our protections high.

Mr. Gary Vidal: Thank you for that.

Dr. Vollant or Chief McKenzie, I'll give you this question and either one of you can answer.

Could you identify the challenges that first nations communities in your region face in setting up testing services? What kinds of supports have been available? What have the challenges been in setting up appropriate testing in your northern remote communities?

[*Translation*]

Dr. Stanley Vollant: This is a jurisdiction issue and has to do with the provincial government's ability to supply labs so they can detect COVID-19 cases. Getting swabs to do the tests was a huge problem because there's so much demand in Quebec. The pandemic hit the province hard, and everything was concentrated in Montreal, which meant fewer swabs were available in the regions.

One of the federal government's most important roles, and certainly one of Health Canada's, is to provide swabs to first nations that need them. On the North Shore, labs are really operating at full capacity, but it's still hard to get swabs for our communities. The more swabs we have to test our people, the more we reduce the risk of infection in our communities. The problem has to do with federal and provincial jurisdiction over testing people.

• (1820)

[*English*]

The Chair: You have one minute.

Mr. Gary Vidal: Chief McKenzie, do you have anything to add to that?

[*Translation*]

Chief Mike McKenzie: There were problems when the pandemic started. Policy-wise, there were too many discussion units involving the provincial government and the federal government. In the coming days, we may be able to find a better solution that enables first nations, the provincial government and the federal gov-

ernment to talk about what's needed to deal with the second wave. It would be better to have one single meeting rather than three or four conference calls a day. This has been very trying for all first nations, especially at our level.

[*English*]

Mr. Gary Vidal: Thank you.

The Chair: We're right out of time, Gary.

Ms. Zann, you're up now, for five minutes. Please go ahead.

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.

Hello. It's nice to see all of you. Thank you so much for your incredible presentations.

I am so deeply sorry that your nations are concerned about and going through so many different things. However, at this point I'm very glad to see that there have not been too many illnesses yet on reserve. I really hope that the second and third waves don't hit you at all. We've seen what diseases like this can do to first nations people and Inuit people, and we don't want this to ever happen now, in this day and age.

On May 15, we had a presentation at this committee from Ms. Hilda Anderson-Pyrz, the co-chair of the missing and murdered women coalition of Manitoba. She told our committee that youth mental health is a critical area requiring action, particularly since many indigenous communities were dealing with mental health crises prior to the pandemic.

We also had Ms. Redvers, who is the co-founder and executive director of the youth support organization We Matter. She explained to us that indigenous youth are finding new ways to remain connected online. However, she noted an increase in anxiety, depression, suicidal ideation, self-harm and hopelessness, and she said the youth are turning to unhealthy coping mechanisms.

I would like to ask if somebody can explain to me how the current pandemic is affecting the youth in your communities and what we can do, what the government can do in the long term, to address the mental health crises affecting many indigenous communities and their youth.

Could we please start with Mr. Therrien Pinette? I'd also like to hear from Dr. Vollant and Madam Meawasige, if possible.

[*Translation*]

Mr. Jean-Claude Pinette: Thank you for your question, Ms. Zann.

I work with eastern Canada's only treatment centre for young indigenous people, the Walgwan Centre, which identifies vulnerabilities and threats. As you know, the challenge facing indigenous community leaders today is the demographic pressure of youth. It's important for our organizations to offer young people something other than income supports once they reach adulthood. Our people are and can be in the workforce, but we have few options to offer our members.

We're also dealing with highly toxic and destructive substances that compromise some young people's future. We must not downplay the impact of these substances on the developing brain. Young people have amazing hopes and dreams, but unfortunately, their peer group and their environment can be hostile to achieving those hopes and dreams. Earlier, I tried to answer the question about our psychosocial needs by mentioning other elements that must be in place to prevent problems coming up in our communities. In other words, prevention is key. We need specialized teams. We need to take a more medically focused approach because now we are talking about medication in a psychiatric context. We need to integrate a medical approach into our interventions.

The only substance dependence program for first nations is Health Canada's oldest program, the national native alcohol and drug abuse program, or NNADAP. There's also the national youth solvent abuse program, or NYSAP. These are the only direct supports available to our communities.

The pandemic has limited access to the treatment centre and group therapy. That's something we need to address. The common denominator for all these measures is public safety and reducing the availability—

• (1825)

[English]

The Chair: We're at time right there. Sorry about that.

Ms. Lenore Zann: I'm sorry. I would love to hear from every single one of you.

We can continue this conversation.

The Chair: We will.

Mr. Zimmer, please go ahead. You have five minutes.

Mr. Bob Zimmer: Maybe we'll catch up where we left off before. This is a question for Chief McKenzie. Some of my colleagues, including Mr. Vidal, have also asked it.

I want to get into the regimen for testing and the availability of the test a little bit more. I'll say it is a credit to the Inuit communities and Dr. Vollant that they are trying to stay ahead of this. We were concerned back in March when COVID was just breaking. We had talked to Indigenous and Northern Affairs Canada about preventative measures, about how to keep the COVID situation out of these remote communities. It is a credit to those communities that they said they were going to put up their own walls to make sure this virus didn't get into their communities in the first place. Again, it is a credit to those communities that it has not been so pervasive in those indigenous communities.

Let's get back to the testing. What do you foresee in terms of the number of tests in these communities? You spoke a bit about it. I

don't know what the availability has been. I think the numbers are still a little bit vague.

Have you been able to see any of your community members tested for COVID, and what have you heard in terms of plans for the future? Are there plans to test more? What does "more" look like? Is that in the tens, hundreds or thousands?

Chief McKenzie or Dr. Vollant, please answer as well as you can.

[Translation]

Dr. Stanley Vollant: I'm going to answer that question because our medical team has looked at the issue of screening.

We've calculated that it's about 3% of the indigenous population. That's 3% per village and 3% of all Innu communities. That adds up to 20,000 people, so that's 500 to 1,000 tests per month. That includes people who have symptoms. People coming back into the communities must also be tested. We have to start screening asymptomatic people to find out the percentage of asymptomatic COVID-19 cases in our villages.

That 3% is a conservative estimate, and it could be higher. In order to better understand the epidemiology and behaviour of this virus in our communities, we'll have to do serological tests, which will be available soon. That will tell us who has been in contact with the virus and who has antibodies in their blood, and from that, we can figure out when we'll achieve herd immunity. About 70% of the population has to have had the virus for us to achieve herd immunity and be protected from the virus.

• (1830)

[English]

Mr. Bob Zimmer: Dr. Vollant, is 3% what you aspire to? Just to be clear, is that what you aspire to or is that what's already happened? What is the number for testing that has already happened as of now? Is it 3% or is it less?

[Translation]

Dr. Stanley Vollant: It's less than 3%. We've had a very hard time getting tests.

[English]

Mr. Bob Zimmer: I'm sorry. I didn't hear. The interpretation was slow on that response. What was the number?

Dr. Stanley Vollant: We don't have 3%. We might just have less than 1% of testing so far. It was probably due to the lack of testing in Quebec. We had so many problems in Montreal. There was a lack of testing outside of Montreal. Three per cent would be at least the number that we would like. It should maybe be more but at least 3% would be a good start.

Mr. Bob Zimmer: I see Chief McKenzie went offline. Maybe I could ask just one last.... I probably have a few minutes left.

What do you think, other than testing, is necessary to get us back to normal? Is it masks, social distancing measures, screens and those kind of things? Maybe you could give us a snapshot of what you're looking at to get to that normal again.

Dr. Stanley Vollant: We have asked people to continue their hand cleaning and physical distancing of two metres. Also, we have asked our people to wear a mask when they are going out in public spaces. The mask is, I think, key in the process.

Mr. Bob Zimmer: Do you have enough masks, Doctor? Do you have the masks available to use if you require them?

Dr. Stanley Vollant: We don't have enough, but our communities are making masks for our population. It would be nice to have more funding to have more masks for our people.

The Chair: Thank you very much. Thanks, Mr. Zimmer.

Mr. Powlowski, please go ahead for five minutes.

Mr. Marcus Powlowski: Wow, I'm back again. I didn't know I was going twice.

The federal government's funding for first nations and indigenous communities in relation to this pandemic has been on an individual community basis, rather than taking a more global approach. Do you think that was the right way to do it?

I know some communities have more expertise than others. Dr. Vollant is the exception with the Innu community having surgeons, but some communities don't have a lot of medical expertise. Would it have been better to have taken a more global approach to find global solutions in indigenous communities?

[*Translation*]

Dr. Stanley Vollant: I think so.

Many communities in Quebec aren't lucky enough to have an indigenous strategic unit. We Innu have been very lucky because our chiefs have taken the initiative to set up that unit. The Anishnaabe, Mi'kmaq and Atikamekw nations haven't been so lucky. Several nations weren't able to benefit from that expertise.

Yes, the federal government should implement a wall-to-wall strategy for all indigenous nations in Canada, from east to west and north to south.

[*English*]

Mr. Marcus Powlowski: Maybe I can ask Ms. Meawasige for a response to the same question as to whether we should have taken a more global response, rather than leaving it to each individual community to come up with plans.

Ms. Amanda Meawasige: It's hard to say. It's hard to know whether that would have been a better approach. It's never been done that way in the past.

As mentioned, I think there could have been a streamlining of how proposals were requested from communities. There were no guidelines. They had to submit a plan, but people weren't sure about what was eligible or ineligible. The fear was that there was a lot of time wasted with guesswork. There's also in our communities a fear of retaliation from funders for submitting ineligible costs, so there's a lot of uncertainty with how this was rolled out.

As I mentioned, there's a bit of a jurisdictional quagmire between Indigenous Services Canada and FNIHB in terms of who's responsible for paying for what. Therefore, the onus was on communities to develop two separate proposals when, really, it should be flipped back to the funders to determine that in-house and make a seamless, single-window kind of approach.

• (1835)

Mr. Marcus Powlowski: Let me ask something totally different that I haven't yet asked anybody. I'm a doctor, too, and I've worked both in communities where we flew out women who were pregnant and in communities where we flew in women who were pregnant.

A lot of northern communities don't do their own obstetrics. They fly pregnant women down south. I would think that this would be a source of considerable anxiety. Not only are you going to a big centre that you're not used to, but now you're potentially being exposed to COVID-19.

Does somebody want to address the situation faced by pregnant women having to go down south to deliver in these troubled times?

Ms. Amanda Meawasige: I want to make a comment that this is a glaring point on the lack of primary health care services. Our people have to leave communities to give birth, and they have to leave communities to pass away. That leaves a big gap in services, where we're dependent on a patchwork of nursing station responses.

It is a compounded risk in our communities. Even when they get to Winnipeg, they're expected to deliver alone due to COVID restrictions at the hospital. It is a long-standing issue that can be resolved to ensure that people are supported or that appropriate birthing services are brought back to communities.

Mr. Marcus Powlowski: Dr. Vollant.

[*Translation*]

Dr. Stanley Vollant: I agree with Ms. Meawasige. We need to give indigenous communities the capacity to become more independent.

The Innu are lucky because Innu women can make the return trip by plane. They give birth in Sept-Îles, which is relatively close, and they can bring other community members with them.

[*English*]

The Chair: I'm sorry. We're out of time right now.

Thank you very much, Dr. Vollant.

Ms. Gill, you have two and a half minutes now.

[*Translation*]

Mrs. Marilène Gill: Thank you, Mr. Chair.

I've heard a lot of people say that we have to break down jurisdictional walls during a crisis because we've seen how complex things are. Could Chief McKenzie, Dr. Vollant, Mr. Therrien Pinette and Ms. Meawasige suggest how we could do that so we don't see these problems again and so we're ready to react faster next time?

Dr. Stanley Vollant: The Innu unit has brought together public health people from both the provincial and the federal governments. I think it's a good start. We've been saying it would be good to keep that kind of communication going now that it's established. This is the first time the provincial government's public health officials have been talking directly to their federal counterparts and people working right in the communities. We should keep that model going.

Mr. Jean-Claude Pinette: I can comment briefly about our experience.

Unfortunately, people tend not to take action until a problem comes up. When the crisis hits, people respond. Firefighters don't show up until the house is on fire. But what do people do to prevent fires in the first place? What do we do ahead of time to prevent problems?

Indigenous communities tend to get money only when problems come up. They never get money to prevent problems from happening. We need to rethink that. We need to anticipate and prevent problems.

As Dr. Vollant said, we have excellent collaboration. We have a history of success. Now we need to find the best way to maintain that relationship. It's not about money; it's about communication, collaboration, coordination and good will. None of that costs anything. It's about people thinking things through together to find solutions and implement them.

• (1840)

[English]

The Chair: Thank you so much.

Now for two and a half minutes, go ahead, Ms. Qaqqaq.

Ms. Mumilaaq Qaqqaq: Thank you, Chair.

I'm going to pass this time on to my colleague MP Gazan.

Ms. Leah Gazan: Thank you.

My question is for Ms. Meawasige. Can you share a little about the work that's been achieved by the First Nations Health and Social Secretariat of Manitoba in support of first nation data sovereignty?

I want you to discuss and maybe share a little about what systems you currently have in place, and maybe share a little about how you feel the federal government could better support the health research you're doing—

Ms. Amanda Meawasige: Did that freeze?

The Chair: We lost the feed.

Ms. Mumilaaq Qaqqaq: I think if you answer to the point that she got to, that would be great.

Ms. Amanda Meawasige: Okay. I think I have enough to answer.

We need to ensure that there's ongoing investment into first nation data centres. The data-sharing agreement that we were able to negotiate with the province was only as a result of having strong data governance behind us with respect to first nations. We always ensure that the OCAP principles are paramount, so that there's ownership, control, access and possession by first nations. That's the only way to ensure that there's reliable data based on our understanding of the different datasets that come in.

We have long-demonstrated successful governance of this data, and it therefore needs to be supported. Opportunities for data governance need to be opened up right now. Right now it is kind of bottlenecked to a lot of the academic institutions, and opportunities need to be opened up to centres such as the First Nations Information Governance Centre.

Ms. Mumilaaq Qaqqaq: Definitely.

I have just a quick follow-up. Can you give us a bit of insight as to whether there's overlap or significant gaps between provincial and federal supports?

I think we're almost out of time, so if you could follow up with that, it would be absolutely great.

The Chair: Please send some follow-up information to us.

We'll move on to our five-minute round.

Once again, Mr. Viersen, you have five minutes. Go ahead, please.

Mr. Arnold Viersen: Thank you, Mr. Chair.

Thank you to our witnesses once again for being here.

Chief McKenzie, I'm not sure if we still have you here. You got cut off a little bit early. You were explaining how, in northern communities with the fly-in, the airplane infrastructure needs to be supported. You talked a bit about how that is done. I was just wondering if you have any perspective on whether those airlines are remaining viable, given reduced numbers of flights.

I know that just trying to get to Ottawa from northern Alberta next week will be a challenge, never mind from northern Quebec or northern Manitoba. I am just wondering if you have any insight on what the state of affairs is in terms of numbers of flights, and whether those airlines are remaining viable.

• (1845)

[Translation]

Chief Mike McKenzie: I think the cost of flights has always been a problem. A plane ticket from Sept-Îles to Matimekush costs almost \$1,200. People make that trip every year.

Three of our communities have rail service—Uashat mak Mani-utenam, Matimekush-Lac John and Kawawachikamach—but that has been interrupted because of the pandemic.

The two northern communities have asked Uashat mak Mani-utenam shareholders to suspend rail service. Flights have always been a problem for the regions. There aren't many flights to Sept-Îles and Quebec City. I believe Air Canada has suspended flights to the North Shore. PAL Airlines has had some flights to Quebec City and Montreal.

[English]

Mr. Arnold Viersen: Are most of your communities still continuing to be serviced at this time, Chief Mckenzie?

[Translation]

Chief Mike Mckenzie: Do you mean air service?

[English]

Mr. Arnold Viersen: Yes.

[Translation]

Chief Mike Mckenzie: Yes, flights have started up again.

Trains will be back up and running the first week of June. Tshiuetin Rail Transportation will resume service to Sept-Îles and Schefferville if all goes well and there are no COVID-19 cases. In the north, there haven't been any COVID-19 cases in Matimekush.

[English]

Mr. Arnold Viersen: Thank you.

Ms. Meawasige, continuing on in Manitoba, you were talking about the interplay between the provincial and federal health services that are laid out there. I'm just wondering a little about individual communities.

I represent 14 Cree communities in northern Alberta. Many of them have blockades at the end of the road going into them, with people monitoring who's coming and who's going. Is it a similar case in northern Manitoba, and how well has that worked in northern Manitoba?

Ms. Amanda Meawasige: I think it's working quite well. In fact, Manitoba first nations erected their blockades long before there was a provincial public health directive. I think that was key in stopping the spread of COVID in our communities and keeping it out. It's been a strict lockdown process with coordination amongst air carriers, people coming in and essential service providers, with assurances that people are screened before coming in and that they're deemed safe.

Mr. Arnold Viersen: Thank you.

The Chair: You're just about at time, Arnold.

Mr. Arnold Viersen: All right. I'll cede the rest of my time then, Mr. Chair.

The Chair: It's 10 seconds. I don't think you could get an answer in that time.

Mr. Battiste, you have five minutes.

Mr. Jaime Battiste (Sydney—Victoria, Lib.): I just want to thank all of the participants and witnesses that we've had today for sharing their stories with us. I know that you've made it pretty clear that, when we talk about returning to normal, normal for first nations communities and first nations reserves isn't the normal that we

know in Canada in many places. A lot of times we overlook some of the aspects.

Jean-Claude, you and I were on the AFN youth council, and I want to give you some time to talk about some of the challenges that the youth in indigenous communities are seeing. If Jean-Claude leaves any time, I'd also like to ask Ms. Meawasige to comment on what the challenges are that youth are going through. If there's not time, please submit something in writing so that we can make recommendations and be proactive, not reactive.

Jean-Claude.

[Translation]

Mr. Jean-Claude Pinette: Thank you very much, Mr. Battiste.

I'm very pleased to be working with you again. We have worked together for a long time at the national level on youth issues.

As I said, young people are creating significant demographic pressure. Because of the situation in Montreal, the focus has been on elderly people in residences and long-term care facilities, which we call CHSLDs. Young people want to live their lives. It's not good for them to be cooped up at home. The psychological pressure of lockdown has put enormous pressure on family units in our communities.

We surveyed our communities to see how people are doing and understand the social context. We discovered that people are feeling a lot of pressure. People's first reaction was to protect themselves from the outside threat, from letting the virus into our regions, so they locked down. That meant other traumas in our young people's lives were put on the back burner.

Reopening means those traumas are coming back to light. It's spring, everything is thawing and it's nice out. What are organizations and the government going to do to help young people and encourage them to adopt good health habits given the prevalence of drug and alcohol consumption?

Violent incidents also became more frequent and severe. Right now, MDMA, or ecstasy, is in our community, and that leads to very risky behaviours and habits. It breaks down family units. When a user lives in a crowded house, as Chief Mckenzie said, that can affect 10 or 15 family members. That brings worry and tension into the home.

Young people today need to be able to grow, develop, have great experiences, and have access to solutions other than income support. They need to be able to achieve their full potential. They have the right to dream of a better future too.

We've talked about getting back to normal, but I think we need to really think and innovate because the future could be very different from what normal was before COVID-19.

• (1850)

[English]

Ms. Amanda Meawasige: A quick response is that there isn't access to services after hours. That's a really big gap in the community.

We also know that youth are really responsive to social media, Internet technology. Counselling services are available, and they are responded well to. Unfortunately, the issues are around connectivity. At what point will technology be considered an essential service such as water and really be considered a human right, particularly with respect to education?

With COVID-19, you're well aware of the lack of youth recreation, the boredom. Sometimes mischief, as a result, is apparent in these types of situations. There is a need for local, coordinated and supported recreational services for young people.

The Chair: Thank you very much.

We're right out of time, Jaime.

I'll go to a five-minute round of questions with Mr. Dalton.

Mr. Marc Dalton: Thank you.

I'm wondering how difficult it has been for your people to follow the health directives in communities as far as the physical distancing is concerned. Has this been a real challenge? I know it is elsewhere, but I'm thinking specifically about your communities.

Ms. Meawasige, perhaps you could respond to that.

[Translation]

Then I'd like to hear from Chief Mckenzie.

[English]

That would be helpful.

Ms. Amanda Meawasige: Given that there are overcrowding situations, particularly in northern Manitoba, the ability to self-isolate poses a big problem, should that be a requirement. We've had to set up isolation centres outside of the home to accommodate that.

It's also been a hard directive to wash your hands regularly when you don't have potable water. There's only a limited amount of water. We have also had difficulties in accessing hand sanitizers, in the absence of having the ability to wash our hands. That's a glaring gap that needs to be remedied.

• (1855)

[Translation]

Mr. Marc Dalton: Chief Mckenzie, how hard is it for your communities to follow health and physical distancing guidelines?

Is it really a problem or are people following the guidelines?

Chief Mike Mckenzie: As I said, we have about 20,000 members in all the first nations, including the Innu nation. Most of our communities don't have indigenous police services. Mine has one, but one-third of all Innu communities don't. I think it's important though because it's an essential service for all first nations. Our police services are provided by the Sûreté du Québec. It's important to

mention that most communities are still waiting for their indigenous police services to make COVID-19 regulations.

Here in Uashat Maliotenam, it was hard to follow the regulations at the start, but when we got our first case of COVID-19, the community got on board. We are always connected to the community. Our Innuweb allowed us to communicate with the community directly. We also have a communications network, the Société de communication Atikamekh-Montagnais, or SOCAM, and that is important. I think public safety and communications in first nations have been successful because of that.

[English]

Mr. Marc Dalton: Great. Thank you very much.

I'm wondering now about the economic impact, especially on first nations enterprises and businesses, whether they be in mining or in other fields. What has the economic impact been on the business side of things, specifically with their businesses but also perhaps even stores and other venues, outlets or services offered in the community?

If you could respond to that, Ms. Meawasige, it would be appreciated.

Ms. Amanda Meawasige: There is obviously an impact with rising costs and the new way of doing business with respect to flying and different restrictions. It is costing more to run these stores. I think there's really good compliance with respect to social distancing guidelines and such. Yes, in terms of cost, food is expensive, and bringing in the equipment is expensive. It is definitely having a negative impact on communities.

As mentioned, though, we don't want to put economic interests above first nations security at any point. There are ways to resolve this, given the strong collaboration and communication amongst partners.

Mr. Marc Dalton: Thank you.

Chief Mckenzie—

The Chair: Thanks. I'm sorry to interrupt. We're right at the end time for the entire meeting.

I would like to thank our witnesses. It's been a bit of a struggle today with technology. Lightning blew things out for one of our clerks for a while, and I believe Ms. Gazan had some connection problems as well.

It's been a bit of a struggle, but we did get some remarkable evidence and testimony from our witnesses. One of the things we all take from this, I think, is that the discussion on COVID is far from over. We'll take that as direction and thank Amanda Meawasige, director of intergovernmental relations; Chief Mike Mckenzie; Jean-Claude Therrien; and Dr. Stanley Vollant.

Thank you, all. I declare this meeting adjourned.

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