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Chair: Mr. Bob Bratina



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• (1405)

[English]

The Chair (Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.)): I will call this meeting to order. Welcome to meeting number 10 of the House of Commons Standing Committee on Indigenous and Northern Affairs.

I will start by acknowledging that I am joining you today from the traditional territory of the Haudenosaunee, Anishinabe and Chonnonnton 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 the 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 will outline a few rules.

Interpretation in this video conference will work very much like in a regular committee meeting. You have the choice at the bottom of your screen of either floor, English or French. In order to resolve the sound issues raised in recent virtual committee meetings and ensure clear audio transmission, we ask those who wish to speak during meetings to set their interpretation language as follows: if you're speaking in English, please ensure that you are on the English channel; if speaking in French, please ensure that you are on the French channel.

As you are speaking, if you plan to alternate from one language to the other, you will also need to switch the interpretation channel so that it aligns with the language you are speaking. You might want to allow for a short pause when switching languages.

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 while you are speaking. When you release the bar, the mike will mute itself, just like a walkie-talkie.

As a reminder, 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 activate 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 of the screen. A list will pop up and you will see next to your name that you can click "raise hand." I'll try to keep my eye on that.

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 our interpreters. Should any technical challenges arise, such as 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 the problem. Please note that we might need to suspend during these times, as we need to ensure all members are able to participate fully.

Before we get started, can everyone click on the top right-hand corner of their screen and ensure they are on "gallery view"? With this view, you should be able to see all the participants in a grid. It will ensure that all video participants can see one another.

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

I will now welcome the witnesses in our first panel.

We have with us today, from the Assembly of First Nations Quebec-Labrador, Chief Ghislain Picard; from the First Nations of Quebec and Labrador Health and Social Services Commission, Marjolaine Sioui, director general; and from the Northern Inter-Tribal Health Authority, Tara Campbell, executive director.

Ms. Sioui and Chief Picard, I'm told you'll be sharing your presentation. I'll be fairly strict on timing. You'll have five minutes, and I'll give you a one-minute warning. Similarly with questions, we'll try to stay very tight because of our time constraints.

Ms. Sioui and Chief Picard, you may now have five minutes for your opening statement. Please go ahead.

Chief Ghislain Picard (Assembly of First Nations Quebec-Labrador): Thank you very much, Mr. Chair. My greetings to all the members of the standing committee. Thank you for this opportunity.

We will be making our presentation in French.

[*Translation*]

I would like to thank the members of the committee for inviting us to present a status report on the situation of the First Nations of Quebec following the government's response to the COVID-19 pandemic.

The COVID-19 pandemic has raised, and continues to raise, major public health issues. Extraordinary measures were put in place. It is important to highlight these collective efforts, but also these results.

We will never stop saying it: First Nations are among the most vulnerable populations, given the risk factors that are prevalent in First Nations populations. For many communities, the preventive measures and preparations required to provide essential services and care have fallen short of what they should have been. The gradual return to what we describe as the “new normal” will be difficult for many of them, and it will be at a different pace than for the Canadian population.

With respect to what we might call the first wave, we recently conducted a new assessment of our relationships with other governments in the context of the pandemic. So this is an assessment...

• (1410)

[*English*]

Ms. Mumilaaq Qaqqaq (Nunavut, NDP): My apologies, Chair, but I have a point of order.

It seems the interpretation is around the same volume as the English, so it's hard to understand the English.

The Chair: Mr. Picard, are you on the French, English or floor channel?

Put it on the French channel since you'll be speaking in French.

Chief Ghislain Picard: Okay.

[*Translation*]

In terms of assessment, we consulted our chiefs and grand chiefs as well as the heads of our commissions and regional organizations in Quebec.

It goes without saying that we have found that this exceptional context, by putting pressure on the public apparatus, brings out the challenges that existed before the pandemic. In this extraordinary situation, the federal government's response was perceived by our authorities as ordinary, in that the administrations maintained their approaches, whether good or bad. Upgrading the federal bureaucracy's response to First Nations issues is one of the improvements that are required and that must be addressed quickly.

A formal coordination mechanism including all departments and agencies dealing with First Nations would have been most useful. In the absence of such a mechanism, First Nations authorities had to repeat the same steps with numerous federal stakeholders in order to meet the needs of their population.

I'd like to talk about reconciliation and the current state of affairs. While the commitments of the Prime Minister to reconciliation are

clear, the results are a little less clear. We must commend the fact that several landmark pieces of legislation and policies have been or are in the process of being implemented. The implementation of the United Nations Declaration on the Rights of Indigenous Peoples is more than ever a priority, and the federal machinery will have to comply with it even though the challenges are considerable.

It is also important to highlight another major component of reconciliation in the Canadian political system, namely the involvement and commitment of the provinces, which involvement and commitment are essential conditions for any progress in relations with first nations. The provinces, particularly Quebec, will have to go beyond their traditional reflex of systematically redirecting their responsibility to the federal government as soon as an issue that concerns first nations arises.

In conclusion, a clear plan is an excellent goal, but it also requires an excellent starting point. We do request that this plan be co-developed with first nations governments and institutions. It will be essential that the means be in place to support First Nations in the development and implementation of measures that will enable them to adequately prepare for a second wave, to strengthen their self-determination, to address the problems that persist and to build on their strengths and on the lessons learned since the beginning of the pandemic.

[*English*]

The Chair: Thank you, Mr. Picard.

Ms. Sioui, were you going to add anything? You have less than a minute.

[*Translation*]

Ms. Marjolaine Sioui (Director General, First Nations of Quebec and Labrador Health and Social Services Commission): *Kwe*.

In Quebec, as of May 20, there were 45,495 confirmed cases of COVID-19 and 3,800 deaths. You all know that the province of Quebec has been the hardest hit in terms of deaths.

Of course, this has implications for first nations communities. To date, the communities have been very well organized and have all put in place an emergency measures plan, which has made it possible to limit, in the case of Quebec, the number of cases to 35 and the number of deaths to two.

Monitoring health status and its determinants is one of the major challenges in public health. Currently, there are no formal protocols. Normally, this is the responsibility of the province, but this has not been solidified by concrete agreements so that first nations communities can have accurate caseload and surveillance data, particularly in their care homes. We know that there are still a lot of people—

• (1415)

[*English*]

The Chair: Ms. Sioui, we're beyond our time. I'm sorry to interrupt. We'll have time to pick up further comments later but right now we'll go to our next five-minute presentation.

I'd like to welcome once again to our committee the Northern Inter-Tribal Health Authority representative, the executive director, Tara Campbell.

Ms. Campbell, you have five minutes. Please go ahead.

Ms. Tara Campbell (Executive Director, Northern Inter-Tribal Health Authority Inc.): *Tansi*, good afternoon, Mr. Chair, and committee members.

Thank you for the opportunity to participate in this process. I would like to begin by acknowledging that I am presenting today from Treaty Six territory, the traditional territory of the Cree and homelands of the Métis.

My name is Tara Campbell. I am Swampy Cree from Treaty Five territory in Manitoba. I am the executive director of the Northern Inter-Tribal Health Authority, often referred to as NITHA.

Since 1998 NITHA has provided third-level support functions that serve to strengthen the first nations health service delivery model and contribute to the improved health status of first nations communities.

NITHA is governed by a board of chiefs representing the Cree, Dene and Dakota of our four partners: the Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation and the Lac La Ronge Indian Band. Combined, they represent 33 first nations communities in northern Saskatchewan, with a population exceeding 55,000. Thirteen communities provide primary care services, and the remaining provide community health. The four partners have functioned under their own respective health transfer agreements for over 20 years.

NITHA services include medical health officer, disease surveillance and health status monitoring, communicable disease control, infection prevention, research, policy development and training. We also provide specialized program support in areas including mental health, environmental health and nursing.

Over the years communities have been impacted by wildfires, floods and interruptions to critical infrastructure such as potable water. Such events remind us that increased adequate support is crucial to our communities as emergency management efforts often sustain major financial and personnel limitations.

Due to remoteness and single-road access, our communities are at an increased level of vulnerability and inability to respond. Given factors such as overcrowding and limited access to quality health care, food security and potable drinking water, our communities are more susceptible to COVID-19.

One impact during this pandemic has been a lack of consultation with first nations in provincial planning and response, specifically in regard to reopening. The province is moving forward with reopening plans despite the number of cases rising in the north. We are often overlooked or are an afterthought in planning.

Food security issues result from travel restrictions, road closures and/or remoteness.

Communication issues are linked to language barriers. Adequate resources are needed to support translations.

There is a shortage of supplies, including PPE for health care workers and cleaning supplies. There continues to be a demand for access to thermometers for clients for the purpose of isolating and screening.

Testing supplies are not readily available. We continue to experience difficulties in obtaining testing swabs through the province, despite having 16 designated testing sites throughout the NITHA communities.

We have delays in accessing PPE. On-reserve populations' PPE in Saskatchewan are distributed by the province, and unfulfilled requests are then forwarded to the national emergency stockpile.

Nursing capacity continues to remain a critical issue, as does medical transportation. Workers and clients who are transporting for out-of-community appointments are put at risk of exposure to COVID-19.

Regarding mental health and addictions, ensuring services are available for those in need is an issue.

We have mitigated some impacts. Partners have distributed essential supplies to their on- and off-reserve members, and are supporting their communities with surge capacity and food security.

NITHA provides translation of public health orders in both Cree and Dene.

• (1420)

The Chair: You have one minute.

Ms. Tara Campbell: We provide third-level nursing staff. We're deployed to communities to support the implementation of voluntary mass testing as part of active case finding and to support shortages in nursing.

While there are many areas that need improvement, it is important to note that some positive steps have occurred. We maintain a good relationship with our ISC regional office. As well, we have signed a data-sharing agreement with the province to increase the efficiency of the contact investigation process.

In closing, it is absolutely critical. A path forward is needed to address the realities of overcrowding and the historic underfunding of health services and access. It is our hope that this pandemic will elevate these realities and result in more collaboration and support from government, ensuring a seamless health service delivery for indigenous people.

Thank you.

The Chair: Thank you so much. You're exactly on time.

Now we'll go to a six-minute round of questioning.

In my first round of questioners, I have Mr. Vidal, Mr. Powlowski, Madam Bérubé and Mumilaq Qaqaq.

We'll start with Mr. Vidal for six minutes.

Mr. Gary Vidal (Desnethé—Missinippi—Churchill River, CPC): Good afternoon, everybody.

I want to thank our witnesses for coming today, for sharing their information with us and for being willing to participate in this committee proceeding.

Most of my questions are going to be for Ms. Campbell. As probably most of you are aware, she comes from northern Saskatchewan, as she identified, which is actually my riding as well, so I'm going to focus most of my questions in this round on Ms. Campbell.

Ms. Campbell, you talked about the data collection right at the end of your remarks. You talked about sharing data and data collection. This has been an issue that we have been talking about for a few weeks. We were able to talk about it with the national chief—I think it was a couple of weeks ago—and with some of the national leaders of the Métis people and whatnot. I understand that there's been some progress, and I heard that from your comments as well.

Can you maybe elaborate a little on the importance of improving that data collection and the need for that sharing of data so that the decisions are being made with accurate information? Some of those silos and some of those challenges that we find jurisdictionally are overcome a little bit when the data is shared, and you can better make decisions on structuring supports and staging that support appropriately.

Ms. Tara Campbell: The data-sharing agreement that we signed with the province is just so that we are able to find contacts faster. As you know, those on reserve and the province don't always communicate with one another. Our systems are often different.

Yes, we do have difficulties with data sharing with regard to knowing where positive cases are and when we also provide information as to where they are in our communities. We often have issues with trying to protect privacy. That's a lot of the issues that we have because the moment we say which community it's in, as you know, that obviously will cause issues in any community.

I don't know if I've answered—

Mr. Gary Vidal: No, that's totally fine. Thank you.

I was just getting at the idea that ISC focuses on the data just on reserve and that this idea of having data and numbers for indigenous people both on and off reserve in order to structure supports appropriately seems to be a bit of a challenge. That's totally fair.

Here's a little bit of a shout-out to your organization. We've looked at some of the work that you've done, and you've done an excellent job of promoting healthy and positive health outcomes for children through some different contests and activities. I think you did a physically active bingo campaign, and there are some initiatives that you've done that look like they were very effective—and maybe a lot of fun at the same time—as you reached out to children and whatnot.

One of the discussions that we've had over the last few weeks in talking to leadership, especially in northwest Saskatchewan, is the fact of getting the message across to certain groups of people that it's so important to follow the advice of the public health officials on washing hands, social distancing and taking this seriously so that we don't increase the risk to elders and vulnerable people in our communities in these areas where there is a higher risk.

Can you speak to any plans that you've had within your organization that are helping to get the message out to the people that it's so important to take this seriously to protect our elders and the vulnerable people in these communities?

• (1425)

Ms. Tara Campbell: That's a good question.

Right now we're in the process of starting to do it. We have communities that do promote, for instance, elders saying “We are vulnerable, and think about us when you go out” and whatnot, so we are hoping to do the same for all of the partnership to be able to provide that type of messaging together.

As you mentioned, we have been trying to target youth to try to let them know this is a serious issue. What happens if those with health issues contract COVID-19? I guess it's following public health measures, and just by doing that, we can reduce the transmission altogether.

The Chair: You have one minute.

Mr. Gary Vidal: Obviously you're well into the journey through this first phase of this pandemic. I mean, you're right in the midst of it, dealing with it on the ground. Maybe just briefly you could touch on some of the lessons. You did a little bit in your presentation, but you could touch on some of the lessons that have been learned from this first wave as we potentially prepare for a second wave of COVID. Are there some things you've learned as an organization that you would definitely put into practice as we face a potential second wave at some point?

The Chair: You have just 20 seconds. Go ahead.

Ms. Tara Campbell: One thing that has been working for our communities is restricting access into their communities. Like I mentioned earlier, we have 33 communities. During the height of this, we had 27 of them that restricted road access coming in, so just that alone helped with stopping transmission.

The Chair: Thank you very much, Ms. Campbell.

Mr. Powlowski, you have six minutes. Please go ahead.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Hello to all of the witnesses. All of you can take it easy, other than Chief Picard and Ms. Sioui, because I'm going to grill you two. No, I'm not really.

Chief Picard, am I wrong in saying that there are only two Innu communities in the world; one of them is your community, and the other one is Davis Inlet?

[Translation]

Chief Ghislain Picard: Indeed, there are two Innu communities in Labrador, Natuashish and Tshishe-shastshit, and nine Innu communities in Quebec. So we are on both sides of the border.

[English]

Mr. Marcus Powlowski: Can I ask you some specifics about Davis Inlet? I worked there out of Nain for three months, so that was one of the communities I looked after.

In these kinds of meetings and in Parliament we talk a lot about generalities, but the devil is always in the details. Do you know much as to what's happening in Davis Inlet? Can I ask you specifics or should I keep my questions more general?

[Translation]

Chief Ghislain Picard: There are 43 communities in total in Quebec and Labrador. Having said that, I am well aware, according to the most recent information I have received on the two Innu communities in Labrador, that the situation, as elsewhere in Quebec and in the country, is relatively under control. Road checkpoints, such as those established between Happy Valley-Goose Bay and Sheshatshiu, are producing extremely positive results and preventing the spread of the virus in these communities. When we compare the situation proportionally, including Labrador and obviously Quebec, the situation is relatively much more positive in our communities than elsewhere in Quebec.

[English]

Mr. Marcus Powlowski: Davis Inlet is a fly-in community. I am familiar with NAN communities because I'm in Thunder Bay, and there are a lot of NAN people in Thunder Bay, so I've been in touch with Chief Fiddler as to what they're doing with their communities. One thing they did early on was really to try to, as much as possible, stop all non-essential travel back and forth to the communities.

Is that the same thing that they've done in your communities?

• (1430)

[Translation]

Chief Ghislain Picard: The approach taken by the Labrador Innu nation was to cease all operations at the Goose Bay Airport to prevent cases from entering the Innu community. At the same time, on the Quebec side, some 30 isolated communities accessible only by air or boat, if not more, established checkpoints to prevent people from coming and going into the communities.

[English]

Mr. Marcus Powlowski: Has a problem as a result of this been—and this isn't just in indigenous communities but all across Canada—that now people aren't getting medical services? People who have cancer, heart disease and other major killers aren't having their problems addressed because nobody wants to go to the hospital because of COVID-19? Everything is shut down.

Having worked in Nain, looking after Davis Inlet, I know these places had a lot of medical problems beforehand, never mind COVID-19. Are these medical problems still adequately being addressed, given the fact that everything is shut down?

[Translation]

Chief Ghislain Picard: I will let Ms. Sioui answer your question.

Ms. Marjolaine Sioui: As you pointed out, people have certainly been afraid to go to the doctors in hospitals. On the other hand, the majority of communities in Quebec have a health centre or nursing station open 24 hours a day, seven days a week, where they can receive some care. However, the most serious cases are certainly found among people who are on dialysis. They have often had to stay out of the community to continue their treatment.

For other cases, such as people waiting for surgery or those with cancer, we followed the current plan of the Quebec health care system. Surgeries resumed last week. Before that, only the most urgent cases were treated. So some care has been maintained in this regard, and now care will gradually resume for everyone.

[English]

The Chair: That's all of our time for that round. Thanks, Mr. Powlowski. Thank you, guests.

Now we go to Madame Bérubé, for six minutes.

[Translation]

You have the floor.

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Mr. Chair. I want to welcome all the witnesses. My question is for Mr. Picard.

Mr. Picard, this week, on Facebook, I saw an interesting image shared by a first nations activist. It was an embroidery piece on which one could read that the coronavirus had not broken the system, but rather revealed a broken system. That pretty much sums up the problem. In terms of housing, we are facing a systematic problem that can be very dangerous in terms of the transmission of the virus.

Can you tell us about the housing needs of the first nations of Quebec, the epidemiological challenges posed by the lack of housing, and what can be done by the federal government to correct this situation?

Chief Ghislain Picard: Thank you very much for your question.

That has always been the case. It's not the first time we've talked about it. Let us say that the crisis has amplified the situation and the problems that communities are experiencing. We hear almost contradictory messages. On the one hand, they are promoting guidelines, such as physical distance and washing your hands for 20 seconds, and on the other hand, there is overcrowding. It is therefore extremely difficult to take the guidelines into account and apply them in the circumstances we are aware of.

Simply put, tomorrow morning, 8,000 new housing units would have to be built in Quebec alone to make the situation comparable to that elsewhere. We have been talking about this for 20 years. Since 2000, the communities in our region have been saying that the housing situation is in crisis, and we have been advocating for change for 20 years. In the context of the current crisis, the determinants of health become even more important and, indeed, access to shelter or housing is at the heart of these conditions.

• (1435)

Ms. Sylvie Bérubé: Thank you, Mr. Picard.

The federal government also announced \$24,882,000 for the first nations of Quebec. Commenting on the \$215 million that amount came from, Chief Perry Bellegarde said that it was a first step. This implies that a second one will be needed.

Regarding the Indigenous Community Support Fund, several questions come to mind. Is this money being paid out quickly enough for communities to meet urgent expenses?

Chief Ghislain Picard: I'm not avoiding the question, but I'll let Ms. Sioui answer it.

Ms. Marjolaine Sioui: In terms of the investments that have been made, this is certainly a first phase. However, when we look at the current needs, we cannot talk about housing without talking about the necessary infrastructure. In Quebec, we do have 14 seniors' residences. Most of the other seniors live with their families. So, this has caused great problems in terms of the measures needed to combat COVID-19, such as isolation and confinement.

On the other hand, there are jurisdictional conflicts, particularly when it comes to investments that were announced, whether provincial or federal. For Quebec, it is a great challenge to demystify all this. We also know that the communities have expressed great concern regarding temporary accommodation.

It is therefore certain that it is a good thing to have a first phase, but it will be necessary to look at much more specific issues and make a complete assessment in order to rectify the current situation.

Ms. Sylvie Bérubé: Have you faced any administrative hurdles, Ms. Sioui?

Ms. Marjolaine Sioui: Yes. There's the division of powers. As always, there's the question of who has what responsibility. As far as public health is concerned, we know very well that Quebec's Public Health Act applies. The provincial government therefore has its share of responsibility.

[*English*]

The Chair: You have one minute.

[*Translation*]

Ms. Marjolaine Sioui: It's sad to see that in circumstances like these, people's health is put at risk because of jurisdictional issues.

Ms. Sylvie Bérubé: Yes.

Do you need an additional amount of money on top of the initial amount? If so, how much is needed?

Ms. Marjolaine Sioui: I couldn't give you a number today. There is no doubt that the sums invested to date are insufficient for

many communities, for the simple reason that there are other measures to be taken. I'll give you an example.

This morning, a federal investment was confirmed. Quebec had announced wage increases, first because its system is flawed, that is, it does not pay front-line and essential services workers well enough.

[*English*]

The Chair: We are at six minutes.

[*Translation*]

Ms. Marjolaine Sioui: As for the announcements that have been made, this will come under federal funding, as was the case today for people who work in seniors' residences or who provide assisted living services. On the other hand, anything that affects resources, such as police officers, nurses and other skilled trades—

• (1440)

[*English*]

The Chair: We're at time right there. We'll pick that up later.

Thank you very much.

We'll go now to Ms. Qaqqaq for a six-minute round.

Please go ahead.

Ms. Mumilaaq Qaqqaq: Thank you, Chair.

I'll be splitting my time with my colleague, Niki Ashton.

Just a quick shout-out to the IT team and the translators. I know trying to keep up with everything that's going on is a lot of work.

Thank you so much, of course, to all the witnesses for sharing your wonderful knowledge and your perspectives.

Ms. Campbell, can you speak more on the availability of testing and care in the communities that you support? I know there is some concern about how data is being collected in some communities.

How much testing is being done? Could you talk to some of these concerns and on how discrimination seems to play a significant part in these decisions?

Ms. Tara Campbell: One of the things we have learned is that testing is key. Testing is key to determining, obviously, the cases that are out in the community. By being able to test and get results sooner, we are able to isolate individuals to make sure that the transmission is minimal.

We do a lot of testing with respect to the outbreak that was in the La Loche-Clearwater area. We had a total of 30 cases there, and right now we only have nine active cases. We've tested 147 people there, again going door to door and testing individuals.

We aren't able to do this in every community, obviously, because testing supplies are limited. We do have a hard time getting these supplies from the province, as I mentioned earlier. The number of tests that we've done doesn't give an accurate reflection of the number of tests that have been done on our people in total, just because some of the testing is done off reserve, so again there is that gap with data sharing that we often come across, as well as in notifying individuals of their test results. We've come into snags with that as well, with negative results not being submitted back to either us or to the communities in a timely manner, so we're working to address that issue as well.

Ms. Mumilaaq Qaqqaq: Thank you so much, Ms. Campbell.

I'm going to pass it off to Niki Ashton.

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Thank you very much, and welcome, everybody.

I am looking forward to later on in this meeting discussing an important motion that is looking at how procurement is taking place for indigenous communities. I'm very concerned that a community here in our region, Mathias Colomb Cree Nation, was told that it would be receiving tents that nobody ever asked for. I think this motion is critical in terms of getting to the bottom of what happened. We know that this has already led to a resignation from the procurement council. It's clear to me that people in the community that I represent deserve answers and that all communities across the country, as we've heard today, require access to much-needed infrastructure that they are asking for right now.

I'd like to shift my question and direct it to both Ms. Campbell and Monsieur Picard.

You were both talking about vulnerable northern regions, and we know that a number of our regions also involve work camps. We know that the outbreak in La Loche started from somebody who came back from the Kears Lake work camp.

Here in our region, there are four first nations that are standing up against the ramping up of production at the Keeyask Manitoba Hydro work camp. They've done everything possible to keep COVID-19 out, but knowing what's happened elsewhere, we know work camps can be a vector in the spread of COVID-19 to the most vulnerable communities.

Do you share the concerns coming out of first nations that work camps can continue to put first nations at risk during this pandemic?

• (1445)

The Chair: You have one minute. Go ahead.

Ms. Tara Campbell: I do share those concerns, just because, as you mentioned, the outbreak in the La Loche area did start with somebody coming from a work camp. I think more has to be done with respect even to limiting travel between the provinces. If individuals work outside—for instance, in an Alberta work camp—they should be given considerations with respect to not attending work or whatnot. Cameco, in the northern part of the province, does have camps, but it is on minimal staff right now, so I know leaders have taken precautions to try to minimize transmission. As well, they've

provided supports to communities to help combat COVID-19. I know there is stuff being done.

The Chair: That's our time right there.

Thanks, Ms. Campbell.

We're going now to a five-minute round.

The speakers on my list are Mr. Viersen, Mr. Battiste, Mr. Zimmer and Mr. van Koeverden.

Mr. Viersen, you have five minutes. Please go ahead.

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

Thank you very much to all our guests for appearing with us today. It's much appreciated.

I'm going to start with Ms. Campbell.

Given the fact that everyone is at home right now, everyone is spending a lot more time online. We know that our children in particular have been spending a lot more time online. This is increasing the risk of sexual exploitation.

Has your organization put any measures in place—I heard about the bingo thing a little bit earlier—to help educate our children to stay safe online?

Ms. Tara Campbell: We haven't really talked about the online presence of children specifically, but we do promote using social media, even despite some of our communities not having the greatest Internet to begin with. We try to spread messages through Facebook or our website to try to get to as many people as we can.

The other thing we use is radio ads to promote things by other than electronic means to get them out into the community.

Mr. Arnold Viersen: That reduces screen time.

Have there been any initiatives coming from the federal government around this?

Ms. Tara Campbell: There are none that I'm aware of at this moment.

Mr. Arnold Viersen: I'll pursue the same line of questioning with the First Nations of Quebec and Labrador Health and Social Services Commission.

Ms. Sioui.

Ms. Marjolaine Sioui: I would say that we're very fortunate in Quebec that we have those regional organizations that are in support of the communities. A lot of those initiatives came from the communities themselves. Also, at a regional level, we have the First Nations Education Council that works with the schools. We also have, in our own organization, the whole support that comes for the educators in day care. It's the same with the Institut Tshakapesh, which is supporting the Innu communities. Those organizations have been working very closely with all of the communities in Quebec in providing activities live on Facebook, work activities that people can do, parent activities. We also set up a website specifically on COVID-19, on which all of the organizations are creating tools and links and some webinars. Many good initiatives have been put in place.

We also created on our website a forum through which each community has its place so it can share with other communities all of the good things and good practices that are in place.

We do have a network with first-line services, prevention services. We are in contact with those workers at the community level on a constant basis. I think everybody is working together and making it safer for those families and children.

• (1450)

Mr. Arnold Viersen: Thank you.

Chief Picard, I'm sure it's similar in your neck of the woods. Where I'm from, most of the first nations communities have blockaded the roads in and out. That seems to have worked. However, there are some concerns with inconsistencies in terms of who may travel in and who may travel out.

Have you heard anything on that? How have your communities managed maintaining the blockades on the roads so that only those who should be coming in and going out have been coming in and going out?

The Chair: You have one minute.

[*Translation*]

Chief Ghislain Picard: Excuse me, Mr. Chair.

In a way, we are guided in part by public health authorities in Quebec. As for the chiefs, they have been extremely proactive and they have come up with their own directives.

At the height of the crisis two weeks ago, at least 30 communities out of 43 really controlled access to the community, if not completely closed off access to the community. That is what's working, that is what's preventing the spread of the virus. In fact, anyone who has followed the news knows that the community of Kanestake, located about 40 minutes from Montreal, has taken the same action in Oka Provincial Park and that the objectives in relation to vulnerable populations were the same.

[*English*]

The Chair: We're at time. Thank you very much. I'm sorry to interrupt, but we need to stay as close as possible to our time.

We have another five-minute question round with Mr. Battiste.

Go ahead, please, for five minutes.

Mr. Arnold Viersen: You're still on mute, Jaime.

The Chair: There's something that sounds like a tuning guitar. Does anyone hear that?

I'll start your time again, but there's something strange happening. And you're not tuning your guitar, so—

Mr. Jaime Battiste (Sydney—Victoria, Lib.): I'm not playing my guitar. They're in the other room, Mr. Chair. I've been consistent with not playing my guitar while on committee, thank you very much.

The Chair: I hear birds as well.

Go ahead for five minutes.

Mr. Jaime Battiste: I would like to give Ghislain the opportunity to answer the question from my colleague, Mr. Viersen.

We're noticing that communities are taking jurisdiction to keep their communities safe through the bylaws that are within the Indian Act.

How are they able to enforce that? Continue your thought process, please.

[*Translation*]

Chief Ghislain Picard: At the risk of repeating myself, I think that we have a reality that is not the same as that of other Quebecers or other Canadians.

Mr. Battiste, Ms. Campbell and I understand each other in this regard. We're familiar with these situations.

I think that in this case the chiefs found themselves in situations where they had no choice but to make extremely radical decisions to control access to their community in order to prevent the spread of the virus.

Ms. Sioui gave us some numbers earlier. With about 30 cases and two deaths in Quebec, if we compare our situation to the situation elsewhere in Quebec, proportionally speaking, we get much better results, with extremely limited means. Imagine what we could do if we had both the structural and financial means.

[*English*]

Mr. Jaime Battiste: Thank you, Ghislain.

You also spoke about government and first nations working together to solve some of these problems. I'm wondering about best practices. I also want to reflect on the fact that two days ago, Lenore Zann and I were part of an MPs and chiefs discussion to collaborate and work together. In this new reality of Zoom, are the Quebec chiefs also meeting through Zoom?

Are all communities able to access the Internet and Zoom or web conferencing to help make these discussions...? Everyone used to travel. Now we're able to arrange an hour's video conference.

Is this an effective way of communicating? Do you find it's getting the job done in Quebec?

• (1455)

[*Translation*]

Chief Ghislain Picard: In 10 days' time, on June 2 and 4, we will hold our first official chiefs' meeting by Zoom. It's the new way of doing things, it's the new reality. That's the direction we're going in. No one, you or I, can predict how long this will last. All we know is that we have to prepare for the long term. As we discussed earlier, the Assembly of First Nations Annual General Assembly will not take place in July. The North American Indigenous Games will not take place in July in Halifax. That is unfortunate, but that is the situation we are facing. It forces us to give ourselves new ways of doing things, because there are always challenges. Housing is one of them and there are many others. Our engagement with governments is also framed by this new reality.

[*English*]

Mr. Jaime Battiste: How much time do I have, Mr. Chair?

The Chair: You have one minute.

Mr. Jaime Battiste: I wonder if you could speak a little about some of the mental health challenges going on in Quebec. We know that mental health is an issue in indigenous communities during regular times, but how about during COVID? Have you seen an increase in the need for mental health services?

[*Translation*]

Chief Ghislain Picard: I will let Ms. Sioui answer that question, if you don't mind.

[*English*]

Ms. Marjolaine Sioui: Thank you.

So far, things are going fairly well, I would say, although we did see two murders over the most recent weeks, unfortunately, and a couple of suicides as well. That is always unfortunate.

I would say that most communities have access to mental wellness teams and to intervenors and workers. We do have a network in support of those resources. Of course, everybody is tired right now, because it's been going on for quite a while, but the work is about keeping an eye on that and making sure there is a safety net for communities.

In terms of violence, many people said that we could expect an increase, but we don't necessarily have the numbers right now—

The Chair: I'm sorry to interrupt, but we're well past time.

We have to suspend our meeting now in order to prepare for the next panel. I also need to get these musical instruments out of my headset.

To all our witnesses, thank you so much for the testimony that you brought. It was captured by our analysts and will appear in our report.

Without my gavel, I'll temporarily suspend this meeting to prepare for the next round.

Thank you.

• (1455)

(Pause)

• (1500)

The Chair: Okay, folks. My very strange audio problem seems to have been resolved.

We can now turn to our guests. From the First Nations Health Authority, the speakers will be Richard Jock, the interim chief executive officer, and Dr. Shannon McDonald, the acting deputy chief medical officer. From the First Nations Health Council, Chief Charlene Belleau will join us.

Mr. Jock or Dr. McDonald, please go ahead with your five-minute presentation.

Mr. Richard Jock (Interim Chief Executive Officer, First Nations Health Authority): Thank you for the opportunity to speak to you today.

We will provide a brief summary of the document we have provided which will give you greater context. We are, of course, very interested in questions.

One of the things I want to focus on is that our response to the pandemic is characterized by our partnership with both the federal government and provincial government. Further, there are additional partnerships that exist with each of the five regional health authorities within the province of B.C. This, I would say, is a unique situation in Canada for first nations, and our response and our ability to respond have benefited from those partnerships and relationships.

One of the things I would use as an illustration is that as we have moved into the COVID response, one of the innovations that has been developed is the first nations virtual doctor of the day. This was done by working with the rural and remote coordinating committee, which is a subcommittee of physicians in B.C., with our First Nations Health Authority staff in partnership, and then working with the Ministry of Health in terms of using primary care resources to carry out this important innovation.

This has enabled us to provide primary care services in contexts where no longer have physicians been able to travel into rural and remote communities. This is an example of how we've pivoted our services in the midst of COVID response. Similarly, we are doing mental health services, even including traditional healers and other cultural supports through this mechanism.

I would use as a further example that we have developed partnerships with groups, like the Red Cross, which are also part of our readiness and ability to deploy resources such as volunteers to meet our anticipated surges.

These are some of our partners.

One of the challenges we have worked through in our tripartite approach are the PPE issues. Obviously, this is a global issue, but we've been able to address and develop mechanisms for distribution so that we are covering some of the basic needs. However, I would say that there is much to do on that.

There is point-of-care testing, which is evolving under the first nations context, again to make sure we're covering the gaps.

There are also discussions with emergency management. Our response is based also on the relationship to overall emergency management, with a specialization in pandemic response on our part.

I just wanted to make some of those general comments and then pass it over to Shannon to talk about our circumstances and our data.

• (1505)

Dr. Shannon McDonald (Acting Deputy Chief Medical Officer, First Nations Health Authority): Thanks, Richard.

We've been really lucky in our relationship with the provincial health officer in being a full participant in the B.C. response to COVID. Our province is sitting at 2,467 cases, as of yesterday, and 149 deaths.

For first nations in B.C., the story is actually better. So far we have had a total of 81 first nations cases in the province. Of those cases, 41 are residents on reserve, and a significant number of those 41 have occurred in two cases of wide community transmission. We have had only nine of over 200 first nations communities that have had a positive case of COVID in the community.

We are also able to monitor the non-resident first nations people through a first nations client file. The first nations client file was created initially in 2010 and allows us to combine the Indian registry plus the provincial registration and premium billing system so that we have a dataset that identifies all resident first nations people in B.C. and links them to their provincial health number. We can use that dataset to link to a number of provincial datasets that we have. However, in this case, we were able to link to the dataset from the Provincial Health Services Authority that registers all the positive COVID cases in the province.

• (1510)

The Chair: Dr. McDonald, we're at time right there. Please keep those further thoughts on hand, and I'm sure we'll come back to them.

We have, from the First Nations Health Council, Chief Charlene Belleau.

Please go ahead for five minutes.

Chief Charlene Belleau (Chair, First Nations Health Council): Thank you.

My name is Charlene Belleau. I'm chair of the First Nations Health Council. The Health Council is a representative body with 15 appointed members from the five health regions throughout the province. Our mandate is to advocate on behalf of B.C. first nations in the area of health and to make progress on the social determinants of health.

The First Nations Health Council supports the first nations health authority in this work through advocacy with partners. We've established tables with federal and provincial deputy ministers. As chair, I advocate through direct phone calls and meetings with the Premier of B.C., various ministers, and the regional director general of Indigenous Services Canada. We also have coordinated our respec-

tive COVID-19 efforts with the First Nations Leadership Council in B.C.

Through our advocacy work, we've elevated several issues to the attention of B.C. and Canada. These include the following challenges that leaders identified.

There were challenges around engaging and informing chiefs of positive cases in their community so that they could mitigate and manage further spread of COVID-19 impacting elders and citizens. One example of this is that of a federal inmate who was released, tested positive and made contact with families and communities.

As the First Nations Health Council representatives and chair, we successfully advocated for the First Nations Health Authority to work with key provincial partners, such as the provincial health officer Dr. Bonnie Henry, for changes relating to COVID-19 processes of notification to include chief health director and regional First Nations Health Authority officials. The First Nations Health Authority, Correctional Services Canada and the Province of B.C. developed a notification pathway after this incident. We need to ensure that first nations' interests are addressed in the development of these agreements.

First nations and their communities do not have access to adequate Indigenous Services Canada financial resources for security costs associated with mitigating the spread of COVID-19. First nations have been referred back and forth between ISC and Emergency Management BC. It hasn't been clear who is responsible for these additional costs. ISC cannot rely on first nations to use their own resource revenue as a means of protecting their communities. The federal and provincial governments need to address issues and concerns identified following the 2017 wildfires and previous flooding incidents so that we are not constantly responding from a position of crisis.

During the pandemic, when communication and connection are so critical, many of our first nations do not have connectivity. This issue must be addressed as a priority.

A key principle is that no one is left behind, especially during this time of crisis. We have been strong advocates for our family members living off reserve. We have advocated that any available off-reserve resources be provided directly to our nations. We know where our members are and can support them.

The Health Council made a presentation to the National Inquiry Into Missing and Murdered Indigenous Women and Girls and provided recommendations that would greatly assist during this pandemic. Violence against indigenous women is on the rise, and women continue to go missing during the pandemic. Our communities already suffer from a lack of resources for those fleeing violence and we need infrastructure to provide support. We especially need second-stage transition houses near our communities where women can stay for as long as they need to in a safe and permanent place. Transition housing will save lives.

Our indigenous children and youth are impacted by COVID-19. Timely and definite access to funding under Jordan's principle is critical.

COVID-19 has had devastating impacts on the mental health of our youth, families and communities. We have initiated and provided culturally appropriate funeral protocols, traditional wellness and many return-to-the-land activities to address these mental health needs. It's crucial to have adequate supports in place in the event of a second wave.

In 2018, the Health Council signed a tripartite MOU on mental health. The MOU pilots a new community-driven nation-based model of funding mental health services. It supports a broad range of measures to improve mental health and clinical support. The MOU on mental health and the social determinants of health focuses on more than short-term improvements. It commits Canada and B.C. to develop a 10-year strategy on the social determinants of health. It also sets the foundation for a more transformative conversation on nation building and empowering B.C. first nations to design and deliver services that work for them.

Throughout our work, we have noted that self-determination is a critical determinant of the overall health of our people. When our people have their authority and autonomy recognized and supported with adequate resources by Canada and B.C., our health improves.

● (1515)

The knowledge exists within our communities. Supporting nation-based health governance will improve the resilience of B.C. first nations, support an empowered response to COVID-19 and better health outcomes for all.

Thank you again for the opportunity to speak today. I am happy to answer any questions.

The Chair: Thank you very much, Chief.

Now we will go to a six-minute round, starting with Mr. Zimmer.

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

Thank you, everybody, for coming on the call today.

Chief Belleau, I was through your community just this week. I drove to Vancouver. I had some very important meetings down there. I always like going through Williams Lake. I have family there still. It's a great city.

My role is critic, or shadow minister, for northern affairs and the Canadian Northern Economic Development Agency, so my ques-

tions are going to be posed around the economic side of where we are with COVID and the situation we're in.

Many have asked—and I'll even speak to my local community here where the Blueberry River First Nations are. They were struck with a few cases of COVID with a huge lack of PPE during that crisis. They were left scrambling to places like Walmart to find hand sanitizer, masks and all kinds of supplies to address those cases in their community. It goes against what has been said about the availability of PPE for our indigenous communities.

Chief Belleau, has PPE been readily available for your communities, broadly speaking, in the Williams Lake area and in the indigenous communities that you know of?

Chief Charlene Belleau: I know that PPE is an issue for sure, whether it's within our own region here in Williams Lake but throughout the province as well, but we also recognize the limitations across the country.

We are constantly advocating for PPE not only for our health care providers but also for our people who are providing security on the lines or band offices.

Mr. Bob Zimmer: Chief Belleau, you were saying there are issues for PPE for your front-line workers especially and other members of the community who are part of the infrastructure. These are folks who have to deal with the public and also are lacking PPE.

We've heard from members in this very committee who have said that all PPE is readily available to indigenous communities. We have seen the opposite.

Chief, we had also heard concerns from the previous panel about what this is going to look like in the future. Until today, we have had what's behind us, and we can only correct what's in front of us.

As I stated, my concern is about the economic effects and how we can come out of this whereby communities are getting back to work but doing it safely. For community members who are working at the administrative building and band council workers and all the community members who need this PPE, how does that look going forward? How can we get to where we need to be?

Where do you think we need to be to get our economy going again?

● (1520)

Chief Charlene Belleau: I think there are several things that we can do where I feel that our communities may be more prepared. I

am grateful that in the province of B.C. we have at least 145 band offices that were closed during the pandemic and there are 90 first nations emergency operations centres operating. We have 53 local states of emergency. We have 87 communities that self-isolated and went into lockdown. To me, the communities are well aware of what COVID-19 is and how it could impact our communities. It hasn't, thank goodness, and Dr. McDonald's report helps us to prepare for the next round, I think, through lifting it to open to help the economy.

Of course, we're a little afraid for the safety and wellness of our communities, but again, I think the First Nations Health Authority has done what it needs to do to make sure that we have the PPE, that equipment, available to our communities.

Mr. Bob Zimmer: Great. Thank you for that, Chief.

I'd like to go to Mr. Jock from the First Nations Health Authority.

I have a question that is similar to what I asked the chief about the PPE and the access to it. Are you seeing access to the needed and available PPE? We hear about this provincial-federal jurisdiction and who's in charge of what. It's a federal responsibility to provide PPE to the indigenous communities. It was supposed to be established that way. We're seeing and hearing of shortages across the board across Canada.

Have you seen that shortage? We don't need to get into the politics of it, I guess, but if there is one, what needs to be done to re-establish this? I think there's a national emergency strategic stockpile that's supposed to provide access to this equipment across Canada. What needs to be done in the future to make that accessibility to the PPE better?

The Chair: You have 30 seconds. Go ahead, please.

Mr. Richard Jock: Thank you for your question. I would say two things.

One, as Charlene has said, is that we have made sure there's a few weeks' supply of PPE. What we've done is develop a system of distribution and we make sure that we can replenish those supplies, but I would not want to say that there's a stockpile or an accumulated surplus. I think part of what does need to happen is that each region needs to stockpile.

In our case, what we're saying is that each of our sub-regions within B.C. also has to have its stockpiles and, as you pointed out, that it is available to provide supplies to schools, commercial ventures and other aspects of the everyday operation of communities. We are developing that, but I think there's a long way to go, no question.

The Chair: Thank you very much.

We move to Mr. van Koeverden now for six minutes .

Mr. Adam van Koeverden (Milton, Lib.): Hi, everybody. Thank you so much for your testimony, your words of wisdom and your contributions today. We really appreciate it. It enables us to do our work so much better.

I have a general question, and I'll allow you, Mr. Jock, Dr. McDonald and Chief Belleau, to answer as you see fit.

Chief Belleau, you've already touched on the subject a bit, so if you'd like to elaborate a bit, that's fine. Perhaps your colleagues will go first so that you can hear their take on it as well.

My question is specific to women, children and mental health. I'm hoping that you can identify specifically what factors are negatively impacting women and kids and putting them in an incrementally vulnerable position.

I applaud and support your advocacy for nation-based health and education, governance and self-determination. I think the evidence is very clear that we get better results from the delivery of these programs. I'd like to hear more about culturally appropriate delivery and maybe identify some partnerships. I know about the indigenous guardians program. I've seen what they do, and I think they do an incredible job of ensuring that our relationship with the land is strong.

Basically, what can we do better for these vulnerable populations? How can we mitigate the impacts specifically on women and kids in the context of mental health, but certainly in terms of any other health, economic or sociological concern that your communities or any communities within your jurisdictions might have?

I'll ask Mr. Jock to start.

• (1525)

Mr. Richard Jock: Thank you.

One of the things we observed and identified early on was that there was an important gap, particularly in terms of youth. I would say that as we look at adolescents and young adults, there's a real area of challenge, especially in a context where social distancing is important. We've observed that this is a really challenging group within our target audience and we've heard that from communities.

What we have done is pivot our mental health programs into virtual approaches. We have cultural supports and other kinds of supports that are provided now over Zoom and telephone platforms, but there is much more to do. Part of what our physician group has been focused on has been tips and comments on parenting and some guidance on how to work with children while they're being home-schooled. We have done a lot of social marketing, but I'll turn to Shannon for some additional comment.

Dr. Shannon McDonald: Thank you, Richard.

I think what we have to recognize in any discussion about issues with women and children and family violence is that these didn't start with COVID-19. Many of the circumstances, the social determinants of health—issues of poverty, problematic substance use, lack of opportunity—have all gathered together, and just as the rest of the country is coming to the point of experiencing things like isolation and lack of services and financial challenges, those are situations that our communities have been experiencing for a long time. When the stress of COVID-19 is added on top of those, it's not surprising—it's sad but not surprising—that some of those behaviours have come to the fore.

It's very challenging, of course, in this circumstance to have staff travel to communities to provide supports. The virtual supports that are made available have had a really positive response from community. We also encourage communities to do the work themselves and to use their time on the land and their traditional practices to support individuals, families and the community in moving forward in a time of crisis.

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

Chief Belleau, can I ask if you have any partnerships that we could consider? I'm the parliamentary secretary for youth, among other things, so I get to sit with the Prime Minister's Youth Council often. We hear from indigenous youth across the country on that council, but I'd like to hear from you on potential partnerships that we could be fostering to provide better services.

The Chair: Chief, before you answer, we're still struggling with some technical things. The translation's not getting through. IT has asked if you'd let the microphone go on your headset and then just speak like that and see if that solves the problem. There was an issue with translation.

Go ahead with your answer to Mr. van Koeverden.

Chief Charlene Belleau: Thank you.

I think there are several partnerships we can consider. Within the province we're able to do various activities with interior health. With the Province of B.C., we have a memorandum of understanding whereby we work with the province on various programs and services. The ones we find a lot of success with are the ones that provide resources for on-the-land programming and services to our youth.

Some of the positive things that have come out of COVID, if they could be positive, are that we've been able to strengthen our families and our communities by returning to gardening and returning to drumming and our ceremonies as well as bringing our families back together and keeping them at home, away from the addictions and the challenges with drugs. We've been able to partner.

• (1530)

The Chair: Chief, that worked.

Chief Charlene Belleau: Good. Thank you.

The Chair: You can use the same solution next time.

We have either Ms. Bérubé or Ms. Gill next. I'm not sure who's speaking for the Bloc.

[*Translation*]

Ms. Sylvie Bérubé: I'll speak, Mr. Chair.

[*English*]

The Chair: Go ahead.

[*Translation*]

Ms. Sylvie Bérubé: My question is for Ms. Belleau.

We talked about the situation of indigenous women and youth. I would like to hear your views on the fact that they are more vulnerable to the health, financial and social effects of the pandemic.

What should the government do to mitigate the effects of the pandemic on aboriginal women?

[*English*]

Chief Charlene Belleau: I can't get the translation. There were challenges with it earlier.

The Chair: I believe the translation has been working.

Chief Charlene Belleau: I didn't understand her question, though.

The Chair: Did you not get the translation clearly?

Chief Charlene Belleau: No. It didn't come through.

The Clerk of the Committee (Ms. Evelyn Lukyniuk): Ms. Belleau, may I ask you to look at the bottom of your screen? You'll see a "Participants" button and then an "Interpretation" button. If you click on the "Interpretation" button—it looks like a globe—you'll see "English" and "French". Please select "English". Then you'll be able to hear the interpretation.

Chief Charlene Belleau: Okay. There we go. I pushed "English".

The Chair: You have interpretation again.

Ms. Gill, just restate your question, please.

[*Translation*]

Mrs. Marilène Gill (Manicouagan, BQ): It was Ms. Bérubé.

Ms. Sylvie Bérubé: I'll repeat my question.

Indigenous women are known to be more vulnerable to the health, financial and social effects of the pandemic.

What do you think the government should do to mitigate the effects of the pandemic on indigenous women?

[English]

Chief Charlene Belleau: For us, having the opportunity to be able to manage our own health within the province of B.C. means that we've been able to make sure that our first nation communities and our nations provide the kind of support that women need within our homes. I think access to appropriate mental health supports and access to other opportunities for sure have been important for the women within our communities, but our matriarchs are also very strong. They provide a lot of leadership in a lot of ways to our communities during COVID-19.

[Translation]

Ms. Sylvie Bérubé: Ms. Belleau, I also wanted to ask you how federal, provincial, territorial and indigenous governments can ensure the protection of vulnerable people as the restrictions associated with COVID-19 are relaxed?

Also, are you being consulted?

[English]

Chief Charlene Belleau: Here in B.C., it's been important for us to partner with the Province of B.C. when it comes to a lot of the Downtown Eastside and vulnerable people who are in the urban centres. We've partnered with them, and they've provided supports to many of our off-reserve members who may be in the urban areas. To me, that has been really important for community members.

In terms of continuing to protect them, I think we need to be vigilant as families and as communities, and as chiefs of our communities, to know where people are and to be able to meet them and respond to their needs right in the community, instead of depending on somebody from outside of the community.

[Translation]

Ms. Sylvie Bérubé: Thank you.

My next question is for you, Dr. McDonald. In your opinion, do first nations communities have the necessary resources to develop and implement their pandemic plans?

• (1535)

Dr. Shannon McDonald: Thank you, Ms. Bérubé.

[English]

Communities have had pandemic plans for some time. Since H1N1, communities, as part of their contribution agreements, were expected to have a plan to respond to a communicable disease emergency. Unfortunately, because there hasn't been urgency over the last few years, that was often not followed up on and communities were found with an empty basket. Things they had stored away to stockpile had been utilized in other ways. Individuals who had skills or knowledge had moved on or gotten older. It has been an exercise in building in-community capacity and supporting community-led nursing staff, for example, health directors, leadership and others, to better understand what they were up against, what the battle was and the decisions they had to make.

They're self-determining nations. My job is to give them the best clinical information to support those decisions and, in my partnership with provincial and regional staff, to make sure there were supports available from the clinical community to make sure that if

there was a need, it could be satisfied. We have a very unique situation with our tripartite agreements, which have been in place for some time now, and having the First Nations Health Authority to centralize those resources has been very important.

The Chair: Thank you very much, Dr. McDonald.

Our next speaker, for six minutes, is Ms. Qaqqaq. Please go ahead.

Ms. Mumilaaq Qaqqaq: Thank you, Chair.

This is another shout-out to the IT team and translation. I know it can be difficult to get us all back on the same page, so a shout-out to everyone.

Thank you to all the witnesses for coming and sharing your wonderful knowledge and participating.

Mr. Chair, like everyone else on the committee, I'm very eager to hear from our witnesses today and very thankful. However, we do have one item that I would like to talk to, which I think would be appropriate for us to consider today.

During our last meeting I gave a notice of motion, which I'm hoping to move and vote on today. With the permission of the committee, I'd like to move my motion for debate and ask that we have a quick vote so that we can move along with our questions. Because I didn't have the opportunity to finish stating my motion at the last meeting, Mr. Chair, I would like to do that before we proceed.

The Chair: Please go ahead.

Ms. Mumilaaq Qaqqaq: Thank you.

I move that given the recent resignation of Cathy Bennett from the federal government's COVID-19 Supply Council due to a conflict of interest since she is chair of the board of Dynamic Air Shelters, a company that currently has a contract with Indigenous Services Canada; the continued lack of transparency for predominantly indigenous communities with respect to the delivery of supplies and resources from this federal government; the recent procurement of medical tents that were not requested by first nations; and the presence of corporate lobbyists on the COVID-19 supply council, that the committee invite the Minister of Indigenous Services and the Minister of Public Services and Procurement to provide testimony about how the federal government will work to improve indigenous communities' COVID-19 response.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I wish to thank Ms. Qaqqaq for her motion. While our side disagrees somewhat with the framing, we strongly agree with the premise and with the importance of transparency for indigenous communities and for all Canadians.

With that, in an effort to ensure expediency here, but also to ensure that indigenous peoples receive everything they need and are entitled to, we support Ms. Qaqqaq's motion in principle and will support the motion to invite the Minister of Public Services and Procurement Canada and the Minister of Indigenous Services Canada to provide testimony to this committee.

The Chair: Committee, we have the motion. Could I ask if we're all in favour of the motion?

I believe we have unanimity.

(Motion agreed to)

The Chair: That's passed. Thank you very much.

You have three more minutes, Ms. Qaqqaq.

• (1540)

Ms. Mumilaq Qaqqaq: That's fantastic. Thank you so much, everyone.

Chief Belleau, can you talk to us more about the issues around transparency for services being delivered into communities? Do you feel the federal government is being up front with the resources and services they are able to provide?

Chief Charlene Belleau: I think we could always want more transparency. We should especially have transparency during a crisis, because the uncertainty creates a lot of challenges for our leaders.

In terms of federal resources, I know that currently, at least in British Columbia, we've heard from our chiefs that because we've been really proactive to protect our communities and our elders, resources around security have not been available or we didn't have the resources needed to properly protect our communities.

Food security for sure is another issue. I think again we could do a lot more with federal government support around food security.

There is also an issue of connectivity. Our communities need access to timely and accurate information during COVID-19. A lot of our communities don't even have access to the Internet to allow them to have access the benefits available to them.

I think the federal government could improve on a lot of different things so that our communities are not at risk. That includes the recent release of a federal inmate without a proper process in place to protect the communities and our elders.

The Chair: You have one minute.

Ms. Mumilaq Qaqqaq: Thank you so much for that.

Dr. Jock, can you talk a little about the access to mental health and culturally appropriate mental health services? Can you tell us about some of the barriers and challenges you see in your position?

The Chair: You have 30 seconds.

Mr. Richard Jock: Thank you very much. It's "Mr." Jock, but thank you.

Generally through our tripartite arrangement, we have developed more mental health services and mental health action teams that are put in place across the province. We took over a system from the

federal government that had many gaps, particularly between the federal and provincial systems.

We have developed a lot of the tools to address the gaps.

The Chair: We're at time there, Mr. Jock. I'm sorry. We're trying to rush along to get all our questions in before the round is finished.

We'll go now to a five-minute round. I have Mr. Schmale, Ms. Zann, Mr. Vidal and Ms. Damoff.

Mr. Schmale, you have five minutes. Please go ahead.

Mr. Jamie Schmale (Haliburton—Kawartha Lakes—Brock, CPC): Thank you very much.

I appreciate the testimony from our witnesses today.

I can open up to whoever wants to respond. A few weeks ago, we had AFN National Chief Bellegarde at this committee. He mentioned that right now, having policing services on indigenous communities isn't essential. I think he was referring to a 2019 report by the Council of Canadian Academics, which stated that "Jurisdictional ambiguity between federal, provincial/territorial and Indigenous governments has resulted in the development of a "programming and funding" approach to policing that neglects to treat policing as an essential service on reserves as it is in non-Indigenous communities across Canada."

My first question is with respect to protecting indigenous communities and enforcing public health measures. From a lesson-learned perspective, what value would a local policing authority have on preventing the spread of COVID-19, if any?

• (1545)

Chief Charlene Belleau: The RCMP or any police service is really important for our communities during COVID-19, but we've also seen the challenges they face and the lack of their ability to respond to keep our communities safe.

Jurisdiction is another issue. Through our chiefs and front-line workers we have been able to set up security checkpoints within our province to keep our community safe.

The RCMP will come around and be a part of what's happening, but that's not good enough. We know they could play a bigger role. Again, we need to work on this issue going forward. It's not just the security issues; we also need them to respond to the ongoing issue of violence against women.

Again, I'm almost afraid that the RCMP is going to pull off our first nations officers to other duties instead of responding to our communities. We definitely could do with an improved service from the RCMP or from police services within our respective provinces. It would be really helpful for us.

Mr. Richard Jock: The only thing I would add is that many of the public health measures are enforced by bylaw officers. I would say that's also something that is not typically in place for first nations. There is a kind of double gap there. I wanted to add that to Charlene's comments.

Shannon, do you have anything?

Dr. Shannon McDonald: Yes.

It's a legislative gap, provincially. Enforcing action under the Public Health Act is not something that police are required to do or are mandated to do. As Richard said, in many places, bylaw officers, or even environmental health officers, end up being the enforcers of those needs.

The legislative gaps in mandate really get in the way of the police taking specific action on public health issues.

Mr. Jamie Schmale: That's a good point. I want to follow up on that.

Are there any data or experiences with those communities that have an indigenous police service, as opposed to the RCMP, enforcing those public health measures?

As was just mentioned, sometimes they are doing the public health service's job. Are there any stories or anything you can provide to the committee about the difference between one that has an indigenous police service and one that doesn't?

The Chair: You have 30 seconds, please. Thank you.

Chief Charlene Belleau: I would think that other provinces may have different jurisdictions. I know that in B.C., we don't have very many police services owned and operated by first nations. We're serviced mostly by the RCMP.

Mr. Richard Jock: You'd have to go to other provinces where they have their own police forces for that. I have seen that some of them are quite effective, but it's not really our context here in B.C.

The Chair: Thank you very much.

We have Ms. Zann now, for five minutes.

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

I'd like to share my time with Pam Damoff, because we might be running out of time.

First of all, I'd like to say thank you so much to all of the witnesses. It has been very, very interesting testimony.

I'd like to ask Chief Belleau a question.

I would like to acknowledge your important advocacy work for residential school survivors. Here in Nova Scotia, in the land of the Mi'kmaq, it has been a big problem, as you probably know. I want to say thank you, *Wela'lin*, from the bottom of my heart for all your work on that terrible issue.

Also mentioning that domestic violence against women is rising is so important. I don't have time to ask about it, but I do want to ask about addictions and substance abuse. We know they aren't going to disappear overnight just because COVID-19 has come on our

horizon. It's a problem for many Canadians, not just first nations people.

What is the First Nations Health Council doing in conjunction with the Government of British Columbia to address this issue during COVID-19?

• (1550)

Chief Charlene Belleau: I know that through our tripartite agreement, our mental health MOU agreement, we have joint partnerships with the Province of B.C. to do work on addiction and mental health issues. Richard would have more detail on the administration of it and implementation of that agreement for some of the specific programs and services.

For sure, the issue of addiction and substance abuse, separate from what happens in the urban areas and away-from-home community members, has been a challenge for our community members as we've gone into lockdown. You heard me say earlier that at least 87 of our communities went into lockdown. In those communities, if there are alcohol problems or drug addiction, there have been some withdrawals. Richard is familiar with some communities where doctors worked closely with the communities to help with safe withdrawals.

I think all of those are important while we go through COVID-19. It's something we've learned and something that we need to continue to build on before there is a second wave.

Again, thank you for the acknowledgement on the residential school work. There is that background in history, the lack of trust, but it's also knowing that we've been able to come together through a settlement agreement to truth and reconciliation. It's that hope for reconciliation that brings us to today. It makes it easier for us to have a level of trust that together we'll get through COVID-19.

The Chair: You have less than two minutes, Ms. Zann. Do you want to go to Ms. Damoff?

Ms. Lenore Zann: Yes, please. Madam Damoff can take the next one.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thanks, Lenore.

Welcome. I'm asking questions from the traditional territory of the Mississaugas of the Credit First Nation. Thank you for joining us.

You talked a lot about your tripartite agreement, which is unique in our country. I had the privilege of meeting you. You are doing incredible things. Could you maybe explain to us why you are unique, how that has been an advantage during the pandemic especially, and how it could serve as a model to be used across the country?

Mr. Richard Jock: Thank you. I can start, and then I would offer the other witnesses the opportunity to comment as well.

I think part of the opportunity is to make sure that first nations aren't caught in the jurisdictional gaps. I would say that's a big change. Actually, we're fully ingrained in both the federal and provincial processes. I was on daily calls with the CEOs and DMs. Shannon was on the calls with the PHO and on the federal calls. Sonia Isaac-Mann was on the daily ISC calls.

Part of the benefit is that we don't get caught in the same sorts of gaps that exist. We've been able to leverage our opportunities to create new services, such as primary care and some of the mental health support I talked about, and also land-based treatment, with significant investment from the province. In the midst of all of this, we're in an opioid crisis and have been in a mental health crisis, I would say, for many years.

There are many benefits to this agreement and to our approach. I just wanted to summarize them and give our other witnesses a chance to comment.

The Chair: That is our time. Thanks, Mr. Jock.

Mr. Vidal, you will conclude the five-minute round. Please go ahead.

Mr. Gary Vidal: Thanks, Mr. Chair.

Mr. Jock, I'll allow you to carry on with that thought, because I think Ms. Damoff stole my thunder with that question. Early on in your presentation, I picked up on the tripartite partnerships as the successful model that you talked about, and about how it's resulted in collaboration and data sharing.

To change the direction of the question a little bit from where you just went in response to Ms. Damoff, maybe you could talk a bit about how this tripartite agreement came about. You're ending up with great results, by the sounds of it. What could other jurisdictions learn to address the things you talked about by tearing down some of those jurisdictional silos and whatnot? What was successful in getting you there?

Mr. Richard Jock: I think it was really tremendous leadership on the part of all three jurisdictions. In the case of the first nations leadership, the first key element was the unity of purpose. The organizations in B.C. came together and all agreed upon a certain approach. That unity was really vital to further the pursuit. I would say that the federal government was brought into the picture after Premier Campbell made a sincere and really big push to reduce the gap in health status. Then it just became a tripartite partnership.

Really, various other parties have led at different times and made their contributions, but I would say that it was done incrementally, through successive agreements that were developed carefully throughout the process.

• (1555)

Mr. Gary Vidal: Is there a particular time in history when you would identify that this began? I'm trying to get the time frame.

Mr. Richard Jock: It would be pre-Kelowna Accord. There was a lot of work done at the federal-provincial level. Leading up to that, there was a lot of work done by the AFN to bring together those opportunities. These relationships developed from there. Out of that Kelowna Accord, the relationship agreement that was done

by the leadership in B.C. set the table for this enterprise. It was basically a 10-year developmental period.

As I said, it was done carefully and without haste, developing the trust that Charlene was talking about.

Mr. Gary Vidal: Thank you. I appreciate that perspective.

Before I run out of time, I will move on to another question. I'll open it up to all three of our witnesses.

There's been quite a bit of discussion about pandemic planning and about communities that had plans in place relative to communities that didn't have plans in place. I'll frame my question in two parts. One, how would you rate the success of those communities that had pandemic plans ready to enact? I know that sometimes it resulted in the plans having to be dusted off a little and maybe pulled off the shelves, but they were there. How would you rate that kind of comparison? Two, what lessons can we learn to make sure that if we ever face something like this again, we have effective plans in place for the future?

Chief Charlene Belleau: Do you want to go ahead, Richard?

Mr. Richard Jock: Yes. I think one of the approaches would be much more regionalized support for pandemic planning, getting closer to communities and having this as a continuous focus.

The other thing that's really important is that pandemic planning is also based on effective emergency planning; it's not independent from it. Having an effective emergency plan, with then the layering of pandemic plans, is really key to success. I would say that we would need to develop capacity, as we mentioned before, in stock-piling and preparation and in making sure that we're ready for whatever comes, because these seem to come about every nine to 10 years.

I would say that generally every one of our communities, through their agreements, has some form of plan, but obviously every pandemic and every circumstance is different, and even if you have the plan, you have to adjust it.

Chief Charlene Belleau: I want to add to Richard's comment around the pandemic planing. It's been really good over the past few months—and certainly over the period of time since we've taken over health—for our leaders to make health a priority. In the province of B.C., where our leaders are engaged and really involved in health, it's been really important to this COVID-19 response by the health authority. They know the needs, they express their concerns and they work closely with the health authorities so that their community concerns are addressed.

Again, I think it's about our leaders making health a priority, but that comes from a lot of previous work in dealing with residential schools and being willing to be in charge of our own lives; it's self-determination and how we want to be healthier. It's been really important, I think, for our leaders to be front and centre in a lot of that work and to have the First Nations Health Authority working closely with the provincial health authorities, in conjunction with our communities and our leaders, for those plans to be successful.

Within the different regions that the health authority is working in, I think we do have a lot of success stories from the pandemic that we can share with one another, as well as the challenges.

• (1600)

The Chair: Thank you, Chief, and thanks, Dr. McDonald and Mr. Jock.

I can't finish this meeting without telling you this in regard to your comment on how good emergency planning is good planning. When 9/11 happened in New York, the hospitals in Hamilton had

been preparing, by pre-arranged agreement, to take burn victims. Sadly, there weren't that many, because so many perished on the site, but this can be done.

I'm very impressed with all of our witnesses today and with our committee. I think we gave a lot of good information for our analysts to analyze and put into a report.

With that, I'll tell you that our next meeting is on Tuesday, May 26, from 5 to 7 p.m., and this meeting is adjourned.

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