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• (1835)

[English]

The Chair (Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.)): Pursuant to Standing Order 108(2) and the motion adopted by the committee earlier today, the committee is holding its first meeting for its study of support for indigenous communities through a second wave of COVID-19.

In a moment, I will introduce you to our special guests. Before that, I would like to start by acknowledging that I am joining you today from the traditional territory of the Haudenosaunee, Anishinabe and Chonnonton first nations. Behind me, you'll see a picture of the statuary near my office in Stoney Creek in commemoration of the co-operation of all Canadians and first nations in the war of 1812. The themes address healing and reconciliation with the words “nations”, “allies”, “friendship” and “well-being”. I'm very proud to have that piece of artwork in our riding here in Hamilton.

Now I'd like to welcome our ministers and officials. We have with us the Honourable Marc Miller, Minister of Indigenous Services; the Honourable Carolyn Bennett, Minister of Crown-Indigenous Relations; and the Honourable Dan Vandal, Minister of Northern Affairs.

Mr. Miller, I have you as our first speaker. Once again, we have six-minute rounds. I'll try to be as careful as I can to stay to the time in order to get all of our question rounds in.

Mr. Miller, the floor is yours for six minutes. Please go ahead.

[Translation]

Hon. Marc Miller (Minister of Indigenous Services): Good evening. *Ulaakut*.

[English]

I'm speaking to you this evening from the traditional territory of the Algonquin people here in Ottawa.

Mr. Chair and members of the committee, I'm pleased to join you today, at least virtually, alongside my colleagues Minister Bennett and Minister Vandal. I also want to note the presence of Christiane Fox, deputy minister; Valerie Gideon, associate deputy minister; and Dr. Tom Wong, chief medical officer of public health, first nations and Inuit health branch.

Members, as of October 26, we are aware of 362 active cases of COVID-19 in first nations communities. Since the beginning of this pandemic, we've recorded 1,254 confirmed cases in first nations communities, with 877 recoveries and, tragically, 15 deaths. This number of active cases represents the highest number of active cas-

es to date. In addition, I can report 28 confirmed positive cases of COVID-19 among Inuit in Nunavik, Quebec, and all have recovered.

In recent days and weeks, there has been an alarming rise in the number of active COVID-19 cases across the country, including in indigenous communities. We took a number of measures to support indigenous communities at the onset of this pandemic, and as we face the second wave of this pandemic, we are taking stock of what we've learned and applying those lessons rapidly.

We know that when local indigenous leadership is given the necessary resources, they are best placed to successfully respond to a crisis with immediate, innovative and proactive measures to ensure the safety of their members. The low case numbers experienced by first nations communities in the first wave was evidence of this. What is clear now, however, is that the second wave has impacted indigenous communities much harder than the first.

As in the first wave, we've put together and put into place...and ensured that the health and safety of indigenous peoples is my and the Government of Canada's utmost priority.

• (1840)

[Translation]

As the pandemic continues and continues to evolve, we are making sure to prioritize sustainable access to mental health services and continue to support indigenous communities. As such, we have invested new funding of \$82.5 million, in addition to the \$425 million in existing funding annually for community-based services that address the mental wellness needs of indigenous peoples.

These services comply with public health measures available, and, because of the pandemic, with many telehealth or virtual options, such as the Hope for Wellness Help Line.

We continue to work in partnership with indigenous organizations and communities to support the adaptation of mental health resources and services managed by indigenous communities, and will continue to do so throughout the pandemic and beyond it.

To support the unique challenges faced by indigenous businesses and economies, on June 11, we announced \$117 million, plus a \$16 million stimulus development fund to support the indigenous tourism industry. This funding builds on the \$306.8 million previously announced to help indigenous small and medium-sized businesses.

The Government of Canada is also helping elementary and high school students by providing \$112 million to support a safe return to first nations schools on reserve, in addition to the \$2 billion being provided to the provinces and territories. And we are working to ensure the security and well-being of indigenous women and children by supporting and expanding a network of family violence prevention shelters for first nations communities across the country, and in the territories.

We continue to promote public health and safety measures and have, in collaboration with provincial and territorial governments, been actively evaluating and acquiring approved point-of-care tests to meet the needs of indigenous communities, especially those in rural, remote and isolated areas.

As of October 19, 70 GeneXpert instruments had been deployed to enable access to rapid point-of-care testing by indigenous communities across the country.

[English]

I'd like to take a moment to thank the health professionals, in particular Indigenous Services Canada nurses, who are supporting indigenous communities across the country by providing quality and culturally appropriate care, testing, contact tracing, prevention and treatment during this pandemic.

I would be remiss if I did not mention an emergency in Neskantaga that has been front and centre in the last few days. The recent shutdown of Neskantaga's water distribution system is indeed alarming. My officials are working directly with the leadership of Neskantaga First Nation, alongside partners such as Nishnawbe Aski Nation and Matawa First Nations Management, to mitigate the situation and ensure that the community has the support they need until water can be fully restored. Yesterday, Indigenous Services Canada's lead engineer accompanied the Matawa technical team to inspect the community's water infrastructure and continue water sampling.

Funding will be provided for immediate repairs as necessary, and efforts have been redoubled to address the issues with the distribution system and to support the community's new water system to completion. This funding is in addition to the recent \$4 million of funding increase towards the project that aims to lift the long-term boil water advisory in that community, bringing the total investment to over \$16.4 million. The construction of the community's water treatment plant is in its final stages, and we are optimistic that it will be up and running soon. We will continue to work with the community leadership to find immediate and long-term solutions to this health emergency.

With that, I look forward to taking your questions.

Meegwetch. Nakurmiik. Marsi cho.

• (1845)

The Chair: Thank you very much.

Our next six-minute presenter is the Honourable Carolyn Bennett.

Please go ahead, Minister Bennett.

[Translation]

Hon. Carolyn Bennett (Minister of Crown-Indigenous Relations): Thank you.

Kwe. Good evening.

Mr. Chair, I am honoured to appear virtually before this committee today to address the issues related to the second wave of the COVID-19 pandemic.

Today, I am joining you from the traditional and unceded territory of the Algonquin people. I would also like to recognize the traditional territories from which all of you are participating.

We are joined here today by the Deputy Minister of CIRNAC, Daniel Quan-Watson, and Assistant Deputy Minister of Northern Affairs Serge Beaudoin, as well as by Mr. Joe Wild, Ms. Annie Boudreau, Mr. Martin Reiher, Ms. Valerie Gideon and Dr. Tom Wong.

[English]

First, I want to thank Dr. Wong and Dr. Gideon, who have briefed all three ministers almost every day since March. That has been, I think, making us all feel better about how well we have worked together on this.

I want to begin by honouring the memory of Joyce Echaquan, as we work together to eliminate the racism that still persists in all our institutions. I know that, as members of this very important committee, you are all working in every way you can to eliminate racism and ensure that all first nations, Inuit and Métis people are able to receive quality health care in dignity and cultural safety.

From the beginning of the pandemic, our priority has been to ensure that communities were able to keep their people safe and had the supports they needed to be able to limit the spread of COVID-19. Long-standing social and economic inequities meant that indigenous communities would be more vulnerable and could be disproportionately affected by COVID-19.

Indigenous communities rapidly went to work to protect their people, especially their elders. They updated their pandemic plans and they executed them with truly impressive results. Indigenous leaders, as Minister Miller said, have demonstrated their incredible resilience, innovation and leadership. During the first wave, as we've heard, the first nation communities reported a COVID case rate that was about a third of the Canadian rate. As we face the realities of the second wave and increasing infection rates in indigenous populations, we will continue to work with indigenous partners to ensure they have the resources and the support they need.

I particularly remember the call with Dene National Chief Norm Yakeleya, who championed and created traditional on-the-land initiatives to keep his community safe. The program supported many families who would not otherwise be able to be on the land because of the financial burden of acquiring the necessary provisions. Other communities needed support to increase the security measures to enforce their bylaws and be able to protect their communities from the risk of outsiders.

Effective leadership, collaboration and coordination is how we have been approaching this pandemic with indigenous partners and how we are committed to moving forward.

My department has had the responsibility of responding to the needs of the modern treaty and self-governing nations. Part of this collaboration with modern treaty and self-governing nations is through the indigenous community support fund. Our department was able to contribute \$20 million in March to support the pandemic priorities in these nations, and we've since added an additional \$10 million in August to make sure they have the resources to keep their people safe as we go into the second wave.

Our government also responded to the devastating economic impacts that COVID-19 has had on indigenous businesses and communities through Minister Miller's department, Indigenous Services Canada, and through the other government departments. Our department also collaborates with the First Nations Financial Management Board, the First Nations Tax Commission, and the First Nations Finance Authority on additional measures to support indigenous businesses and communities.

• (1850)

We committed \$17.1 million to provide interest payment relief for first nations with loans through the First Nations Finance Authority and will continue to work in close partnership with these institutions on their specific proposals and with a broad range of indigenous organizations to ensure that we can build back better—environmentally, economically and socially—together.

It was also important for leadership that they wanted to make sure their members understood how to access supports like the Canada emergency response benefit, the emergency wage subsidy, the employment insurance system and the Canada recovery benefit.

In closing, I can assure you that the top priority of our government during this difficult time remains the safety and the physical and mental health of all Canadians, including first nations, Inuit, Métis and their communities.

I look forward to your questions.

Meegwetch. Marsi. Nakurmiik.

The Chair: That was perfect, but that'll have to do. It was six minutes exactly.

Thank you so much, Minister Bennett.

I have Minister Vandal as our third speaker before questions.

Hon. Dan Vandal (Minister of Northern Affairs): Thank you, Mr. Chair.

Kwe. Tawnshi. Greetings.

I want to begin by acknowledging that I am speaking to you from my office in Saint Boniface-Saint Vital, Treaty 1 territory, the traditional territory of the Anishinabe, Cree, Oji-Cree, Dakota, Dene and of course the homeland of the Métis nation, and a city that is now home to many Inuit.

[*Translation*]

Mr. Chair, I'm pleased to appear before this committee today with my colleagues, to give an update on the situation of the second wave of COVID-19 in the north and to contextualize what the Government of Canada is doing to assist indigenous communities and all northerners during the COVID-19 pandemic.

[*English*]

I have been in regular contact with territorial premiers and first nation, Inuit and Métis partners across the north. With the resurgence of COVID-19 we've seen in recent weeks, we are continuing to work with all partners to ensure the health and safety of all northerners, including taking necessary measures to respond to COVID-19.

The number of cases of COVID-19 in the north has been very limited, and that's not by accident. I commend the leadership and the hard work of the territorial governments and the indigenous leaders, who are keeping their communities safe during this pandemic.

We recognize that remote, isolated and northern communities have unique needs, and we continue to work in collaboration with territorial governments to respond to and prevent COVID-19.

In April, we provided the territories with more than \$130 million of funding to address the immediate health, economic and transportation priorities related to the pandemic. From access to health services and supporting businesses and individuals to the continuation of the supply chains through air support and greater subsidies on essential items, we are taking actions to help northerners when they need it the most.

Earlier this summer, our government announced new measures to support essential air access to remote communities through bilateral agreements to ensure continuity of service for at least six months. This included establishing a \$75-million funding program for our federal contribution for the first six months, which takes us to the end of the year, and maintaining these essential air services through an investment of up to \$174 million over 18 months, if needed. We sincerely hope it's not needed. I commend Minister Garneau for his leadership on this initiative.

We also recognize the increased costs of many essential goods in the north and the increased financial pressures that many families are facing. That's why we provided an additional investment of \$25 million to nutrition north Canada to increase the federal subsidy rate for essential items like food and personal hygiene products. We also expanded the subsidy list for all 116 northern communities eligible for nutrition north Canada, which also included cleaning products for personal hygiene that are necessary to keep people safe.

We also implemented the harvesters support grant, co-developed with indigenous partners, which helps with the high cost of traditional hunting and harvesting and helps to provide more traditional country food. We are also providing funding to community-led programs through food banks, breakfast clubs and the surplus food program. We recognize that the pandemic has had an impact on food security for families, and we are taking measures to support them.

We know that this pandemic has disproportionately affected some Canadians, and that's why we've rolled out a comprehensive support measure so that every Canadian gets the support they need. This includes enhancements to the Canada child benefit, direct financial support payments and investments to community organizations and mental health services.

For workers, we introduced the Canada emergency response benefit, which provided temporary financial support for Canadians who stopped working because of COVID. For businesses, we provided \$15 million in emergency funding through CanNor to meet their challenges, as well as an additional \$34 million dedicated through the regional relief and recovery fund, through CanNor, assisting businesses across all industries in the north, including the medical, hospitality and national resource industry. So far, these investments have helped to support more than 450 businesses across the north.

We also recognize the need to increase access to high-speed broadband in rural and remote communities. We are committed to accelerating the connectivity timelines and ambitions of the universal broadband fund.

We know this is a difficult time. We will continue to support Canadians who need help during this pandemic.

Meegwetch. Marsi. Nakurmiik.

● (1855)

[*Translation*]

Thank you.

[*English*]

The Chair: I'll have to learn how to say "You're welcome" in all of those. Thank you very much for your presentation.

As we go now to a round of questioning, normally there's a much lengthier preamble, but I think everyone here has been on Zoom meetings before, so you know about microphones and gallery views. I would just point out to the questioners to perhaps direct the questions to specific individuals to maximize their use of time. Also, you should be aware of the "raise hand" function, which is

found at the bottom of the screen, under "participants". I'll keep an eye on that, should another witness wish to weigh in on a topic.

As it stands now, we're going to go to the first round of questioning, which is for six minutes. For my first round I have—and I hope this is correct—Vidal, Battiste, Bérubé, and Blaney.

Gary Vidal, you have six minutes to start. Please go ahead.

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

I just want to take a moment to quickly thank all of the ministers and officials for taking time to be at our committee tonight. We know you're very busy people at this time. We do appreciate your time.

I want to address a few questions to Minister Miller, to begin with.

Minister, I want to talk about the boil water advisory issue for a few minutes. I think you're well aware, and I would acknowledge, that this is a long-standing issue. It's not necessarily a partisan issue. All Canadians agree that this is unacceptable and that we need to find solutions. Canadians are also frustrated when they keep hearing about how the relationship with indigenous people is the most important relationship to the Prime Minister and your government, but at the same time targets are being walked back and goals are not being met.

It appears to me that we're witnessing a crisis management approach from your department on this issue. I think that's frustrating for Canadians. What we need is a truly proactive and collaborative strategy.

My question is actually quite simple. What are the steps that you, as the minister, are taking to bring a more proactive strategy to end this issue for indigenous Canadians?

● (1900)

Hon. Marc Miller: Thank you, MP Vidal, for that critical question, which indeed is key for all Canadians and indigenous peoples living in Canada. It is no surprise to anyone—in particular the issue I mentioned in Neskantaga, which has been an entirely unacceptable situation for 25 years—that this is the result of massive undercapitalization of, specifically, indigenous communities, specifically with respect to resources that, in most communities in Canada, we all take for granted. Indeed, if those were removed from us, we would be crying bloody murder.

It is unacceptable that indigenous communities have been in this situation, yet that has been the case, and we must acknowledge it as a country. The shame lies in not doing anything about it.

From the very get-go, and as we traced the arc of the commitment that was made by the Prime Minister as early as the prior election, we realized quite early that the commitment needed to be doubled, in terms of the number of long-term water advisories that we were covering. This posed, obviously, a logistical problem. It's something in which we invested additional sums. We put billions of dollars into that commitment. My officials—and it's too bad I don't have the water team here—have been working relentlessly to address this in a systematic fashion.

Being the former mayor of Meadow Lake, you would appreciate the challenges with water, water infrastructure and wastewater. For every community these are complex issues. Some we have been able to resolve quickly. Indeed, over the course of our commitment, we've lifted 90 long-term water advisories and prevented a far greater number of short-term water advisories from becoming long-term water advisories. It's important to realize that.

Now, you take the unacceptable trajectory—

Mr. Gary Vidal: Can I interject on that, right there, if you don't mind?

Hon. Marc Miller: Feel free. This is your time.

Mr. Gary Vidal: You talk about lifting the 90 long-term drinking water advisories. When I look at the information on the website where you provide that information, you like to talk a lot. I don't mean that derogatorily, sir, but lots of times you talk about lifting the 90 long-term drinking water advisories, but the number of advisories has not been reduced by that many. If you do the math—and sir, I was an accountant for 30 years—there are over 50 that have been added or have been re-added.

Out of the additions, can you tell me how many of the ones that have been added are ones that are advertised as having been lifted and that are now back on? The overall number has not decreased by 90, with all due respect.

Hon. Marc Miller: Quite clearly on this, MP Vidal, some that were short and have become long are actually less problematic in terms of lifting. There are some with longer builds—the case at hand being Neskantaga—that have taken some time and are quite complex. I would put to you without generalizing, because it's very important not to generalize, that the ones that have been added to the number—and at some point we should take some time to walk through this, and perhaps the time allotted is not enough—are ones that we are cautiously optimistic will be lifted in relatively short order.

You talked about the website not being updated. Clearly there have been some challenges as communities have locked down—rightly so, to protect their people—and some infrastructure challenges in getting things built. We have been able to do so, and the long-term lifts are a testament to that, but there have been challenges.

We expect to be updating that web page shortly to reflect more detailed information as to where the challenges lie and where the numbers lie, as well, but COVID has placed a challenge on the ability of contractors to get into communities and do all the things we need in order for communities to lift long-term water advisories. Let me stress, it is community—

Mr. Gary Vidal: Mr. Miller, I don't want to be rude, but I do want to get one more question in, if I can, and my time is running short.

Hon. Marc Miller: No, no, please. I want to talk about this, but I do respect the fact that it's your time, Gary.

The Chair: You have one minute. Go ahead.

Mr. Gary Vidal: We live in a world where technology and advancements are happening all the time, and I guess just one last quick question is around the approach the department is taking to solving the boil water advisory issue in first nations communities or indigenous communities. Can you identify any kind of new technology or any kind of investigations that are being done in new approaches? In my time as SaskWater chair, there were all kinds of new technologies happening all the time. Could you identify any specific things in that manner that your department is doing to advance this cause?

The Chair: Answer very quickly, Minister.

Hon. Marc Miller: We always work with communities on any solutions and we work in partnership with them for the needs in their communities. Some of these plants are state of the art and reflect the highest technology that is available. Obviously, that requires training and a long-term commitment.

I think what I was getting at the end of my point is that we need to be with indigenous communities for the long run, and that's what we will be. It goes way past any deadline in spring 2021, but for a much longer time to come. Communities as a matter of trust are asking us to do that, and we will be there for them, hence the statement in the Speech from the Throne from the Governor General.

● (1905)

The Chair: Thank you, Minister.

Now for our next six-minute questioner, we have Mr. Battiste.

Jaime, please go ahead.

Mr. Jaime Battiste (Sydney—Victoria, Lib.): I think that was an important topic, and I want to give Minister Miller enough time to finish his comments around water, because as a Mi'kmaq person who lives on a Mi'kmaq reserve, I woke up this summer without water, and I know that this has an extreme effect. I've been under boil water advisories and not known, unfortunately, until my son reminded me. I just wanted to give you the chance, before I get into my question, to finish off that piece that you were, unfortunately, rushed through in the last questioning.

Hon. Marc Miller: I guess my point, to conclude, MP Battiste, is that communities have asked us—and it's a matter of trust building and confidence building that is always in question—to be with them in the long run, and the Speech from the Throne underlined not only the critical infrastructure deficit that COVID has laid bare in indigenous communities, but also the need to build that trust and to be with them in partnership in the long run, far past any deadline that the government has fixed.

You and I participated in a great announcement for the Atlantic water board—the name escapes me, and I apologize—

Mr. Jaime Battiste: It's the First Nations Water Authority.

Hon. Marc Miller: —the First Nations Water Authority this summer, which is really groundbreaking in the way that the authority itself is transferred to a first nations-led authority to dictate on their terms what goes on with respect to water in the communities that participated. I think that is key to the way forward, and it is key to addressing a number of the issues that MP Vidal raised in terms of how these plants are built.

Mr. Jaime Battiste: I would just echo that I agree that the best approaches usually are when the first nations are able to come up with their own solutions and take those solutions back to the government.

I want to pivot now to a little bit about COVID. During the first wave, we were very successful in the Atlantic at keeping it away from the Mi'kmaq and Maliseet communities that we have, and I want to thank the ministers for their work on that. We're looking at the second wave, and while it has slowly progressed towards the Atlantic bubble that has been successful, I was really saddened to hear that the Mi'kmaq community of Listuguj now has its second confirmed case. With the interactions between families in the Mi'kmaq and Maliseet throughout the over 35 communities in the Atlantic, I'm wondering how the government is working with communities right now to flatten the curve, and what individuals can do on their part in these communities to stay safe during this second wave.

Hon. Marc Miller: That's an excellent question.

The reason I raised the alarm with respect to the number of active cases is that we have seen a resurgence in indigenous communities, and it's following in lockstep with the second wave that's happening all over Canada. What we have seen is a drop in vigilance. It's understandable, as economies open up and as we take a more surgical approach to how we deal with COVID. We've learned about how this virus acts and reacts, but we don't know everything yet.

What we do know is that when we trust indigenous communities, trust in their decision-making and accompany them every step of the way, the things they do.... The indigenous communities take pandemics very seriously. They've been through many of them, with fewer advantages than we all take for granted in non-indigenous communities. That has worked. There is basic “shutting down” of communities, taking the public health authority, lifting up the doctors and nurses in the community and letting them dictate public policy, which is so key—as we've done at the federal level—to making sure people comply. It's showing leadership.

Across the board, this has shown incredible results, including in nations with alarming spread at the onset, where communities have stepped up. Basic hygiene messages have been enforced and reinforced, as well as testing, tracking and isolating, even in conditions that would be unacceptable in non-indigenous communities, in situations of overcrowding, which we all know well as a committee, including in jurisdictional challenges like La Loche.

We do know, however, that we have seen alarming spread where people let their guard down, at emotional events like weddings, funerals and religious ceremonies. The key here is not to judge, to ensure we are getting all the information we can, to work in lockstep with communities and make sure that crucial aspect of tracking and isolating is done without judgment and effectively, so as to isolate, separate and eventually completely stamp out COVID. This works. It is proven to work, and indigenous communities have shown the way. That leadership is incredible and key in ensuring that this has been stamped out. It causes a lot of fear and apprehension.

Also, as I mentioned in the French portion of my remarks, the hidden face of this pandemic is the mental health crisis, the worst iterations of which are the opioid use and abuse, suicide and ideation. These are all big challenges we will face going forward, and indeed we won't know the effects for some time to come. It's why we will keep mobilizing targeted envelopes and trusting communities to do what they know best to protect their people.

• (1910)

Mr. Jaime Battiste: Thank you.

What time do I have, Mr. Chair?

The Chair: You have 30 seconds.

Mr. Jaime Battiste: I'd like you to comment a little on the education funding that was rolled out in the fall, how it has been received as it rolled out, and whether the first nations communities that are under sectoral self-government authorities, like MK, are getting that as well.

The Chair: You have just five seconds. I'm sorry.

Mr. Jaime Battiste: It's okay.

Hon. Marc Miller: It doesn't paint the complete portrait of indigenous education in Canada. Obviously, there's some interweaving with the provinces and territories. However, the announcement that the Prime Minister made was targeted specifically to institutions on reserve, with some exceptions.

Again, I want to make this point, that ISC stands ready to help kids in indigenous communities with their needs, as we trace the course of the pandemic. Feel free to reach out.

The Chair: Thank you, Minister.

Madame Bérubé, you have six minutes.

[Translation]

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

I am on the traditional territory of the Algonquin, Anishnabe and Cree.

Minister Vandal, in your speech you said that last April you provided the territories with over \$130 million in funding to address immediate health, economic and transportation priorities related to COVID-19. However, there have been restrictions. Mandatory travel and quarantines have forced many northern air carriers to reduce or even discontinue their services, leaving them with little or no revenue to cover their significant operating expenses.

What steps, if any, does the government plan to take to assist northern carriers now that the three-month emergency funding period is over?

[English]

Ms. Rachel Blaney (North Island—Powell River, NDP): You need to unmute, Minister.

[Translation]

Hon. Dan Vandal: I'm sorry, Madam Chair.

That is a very good question. In April, we announced at least \$130 million for the north and the territories. That included \$17 million for air services. We knew it was a good start, but we knew it wasn't enough. So, together with Minister Garneau's office, we announced an additional \$75 million to support the air industry through the end of this year. This includes all airlines serving northern Ontario, northern Manitoba and northern Saskatchewan. I believe it includes northern Quebec as well, but I'm not sure.

At the end of the year, we will do an assessment, and if necessary, we will make an additional \$75 million available for the next six months. That will take us to the end of June. Again, at that time, we will do an assessment to see where we are on COVID-19, and I believe there will be additional funding for another six months if it is needed.

This initiative is sponsored by Minister Garneau. I am working closely with him. It's very important because it allows us to ensure that supply chains are not broken and that people have access to medicine and food. If there is a disruption in the supply chains, we know it will be difficult to restore them. So we are working closely with industry, communities, provinces and territories.

• (1915)

Ms. Sylvie Bérubé: This has an impact on the reduction in air transportation services and the cost of food and other essential goods. It is well known that costs in the north are constantly rising.

What can you do about it?

Hon. Dan Vandal: That's the main reason we support the airline industry. We want to prevent supply chains from collapsing. We want to make sure they're strong to maintain essential services.

We also have programs, such as nutrition north Canada, that aim to support food security in isolated communities through grants. It's a popular program with isolated communities, and we want to continue to support that. In April, we enhanced the nutrition north Canada program with an additional \$25 million.

We also created the harvesters support grant to ensure that Inuit and indigenous nations can continue to hunt for their traditional food. We are working closely with communities and the public service on this.

Ms. Sylvie Bérubé: Thank you, Minister.

[English]

The Chair: You have one minute.

[Translation]

Ms. Sylvie Bérubé: My next question is for Minister Miller.

Minister, earlier you talked about health care providers in indigenous communities, outreach, prevention, and quality of treatment.

Have you heard about what has happened in Quebec's Far North and elsewhere in Canada?

Hon. Marc Miller: Are you referring to Nunavik?

Ms. Sylvie Bérubé: Yes.

Hon. Marc Miller: I would ask Ms. Valerie Gideon to answer the question, if possible.

Ms. Sylvie Bérubé: Thank you.

[English]

The Chair: We just have 10 seconds. Please go as quickly as you can.

[Translation]

Ms. Valerie Gideon (Associate Deputy Minister, Department of Indigenous Services): As far as Nunavik is concerned, we are in regular contact with its representatives through the Inuit Public Health Task Group. If they have needs, we are able to meet them. At the beginning of the pandemic, we sent personal protective equipment to Nunavik, for example, when the need arose. We continue to respond to their requests.

[English]

The Chair: Perhaps we can pick up on that later in our questioning.

Right now I have six minutes with Ms. Blaney.

Ms. Rachel Blaney: Thank you, Chair.

I want to thank all the ministers and staff who are here with us today to answer these very important questions.

One of the chiefs in my riding recently said to me, "It is only our communities that are having incremental justice, a little bit at a time, a spoon at a time, but never the full meal that we need to step ahead." I want to start with that and say that I think in the history of this country this has been the story of our country, and it continues to be the story of our country today: incremental justice and incremental human rights.

My first question is about housing. We know that a lot of northern and indigenous communities have housing conditions that are atrocious and there is overcrowding. This of course was an issue long before the pandemic became an issue, but now that we've added the pandemic to this, we know that people are in situations where they cannot self-isolate if they come down with COVID-19 symptoms or are exposed to someone who has tested positive.

The government's response was tents and some other temporary structures. I see some action that has happened, but I'm just wondering, when are these communities going to finally see the necessary investments for a permanent housing solution?

• (1920)

Hon. Marc Miller: I suspect the question is for me.

Ms. Rachel Blaney: That would be great.

Hon. Marc Miller: Thank you, MP Blaney, for the question.

We know that those infrastructure gaps, particularly in respect of housing, are unacceptable and were part of the reason for and the driver of communities being in a lesser position for poorer health outcomes with respect to COVID. We know, particularly in Inuit communities, how close and unacceptable housing conditions are a vector of tuberculosis, for example. This is, as you mentioned, absolutely nothing new.

Clearly, as we looked at what was in front of us as we faced a historic pandemic, it was that fact. I note that you mentioned tents. I would insert a word of caution there because these are highly specialized movable structures that are intended to isolate. They are used in some cases for testing. They are adaptable for the winter up to -40°C. They have been a critical resource for some communities in terms of their COVID response, along with the repurposing that we've done of certain buildings in response to their pandemic plan needs.

Now, I do agree with you that these are unacceptable conditions that first nations, Inuit and, for that matter, Métis communities face. This has been laid bare by COVID once again. That is why the Governor General mentioned as much in the throne speech in 2020, which was focused on the inequities that were laid bare by the COVID pandemic.

We are in a response-to-COVID mode, so clearly the safety of people and communities and their priorities need to be met. I am fully aware of this. We have an undertaking in government to close that gap by 2030. The question that I think we all need to pose to ourselves is, should we be doing that much more quickly? I would answer that, for my own purposes, in the affirmative.

Ms. Rachel Blaney: Thank you for that. Again, I'll just mention that timeline in incremental justice.

My next question is for Minister Miller and Minister Bennett. I've had two serious outbreaks in my riding in indigenous communities, one in Tla'amin, which is treaty, and one in 'Namgis, which is non-treaty. I want to do a big recognition of the amazing work of former *hegus* Clint Williams and Chief Don Svanvik, who work so hard in their communities to address those issues, and I want of course to recognize that we did lose one elder.

I'm just wondering, from your perspective, what were the lessons learned from those communities? Also, how are we going to move forward in addressing this when those types of communities across Canada are hit, knowing that one is treaty and one is non-treaty?

Hon. Marc Miller: Perhaps I can take the small moment afforded to me to speak to the excellent work done by the First Nations Health Authority, which really is an example for all of Canada. It exists only in B.C., but they've really done some amazing work to ensure that the resources we have at our disposal are deployed and mobilized, in conjunction with the Government of British Columbia, to ensure that communities stay safe but also to respect the cultural sensitivity and the lens that needs to be applied to this—and it actually saves lives.

The loss of any person, particularly an elder, is a tragedy, but the work that's been done in those communities has really been an example not only to other indigenous communities but to all communities in Canada. I think that if we looked at some of the measures taken and the seriousness with which those communities have responded, we might, I propose, have a better approach nationally. I actually am inspired by some of the work that's been done, and particularly by the leadership shown by the FNHA.

Minister Bennett.

The Chair: You have just 15 seconds.

Hon. Carolyn Bennett: Thanks for that. As we were communicating with the modern treaty and self-governing nations right from the beginning, it was clear that they had their own priorities and their own way of doing things. It was up to us to provide them with the resources that they needed to respond.

In the Friday calls that have gone on since March, they've been sharing best practices, wise practices, with one another, but our job is to get them what they need. That's what we've been doing.

The Chair: Thanks very much for that round of questions.

Now to reset, we were about nine minutes late with the audio-technical issues. I'm going to ask the witnesses if they're able to stay so that we can complete the second round of questioning, which should take 25 minutes. Is there any problem with ministers Bennett, Vandal and Miller continuing on with the questioning? I know that our time schedule said 7:30, but we were unfortunately late getting started due to technical reasons.

Can we press on with the second round? Okay, good.

In the second round of questioning, I have five minutes with the Conservative and Liberal members; two-and-a-half-minute questions with the Bloc and the NDP; and five minutes with the Conservatives and Liberals.

My list is Melillo, Zann, Bérubé, Blaney, McLeod and van Koverden.

Eric, would you like to start now for five minutes?

• (1925)

Mr. Eric Melillo (Kenora, CPC): Thank you very much, Mr. Chair.

I thank our witnesses and the ministers for being here. I trust you and your families are doing well and are healthy during this time.

I would like to direct my questions to Minister Vandal. As the minister knows and as the minister noted, tourism is a large part of the northern economy, whether it's the northern provinces like my riding or across the three northern territories as well. Tourism is also a catalyst for other economic activity, whether it supports the retail stores or restaurants and many other aspects.

I was disheartened when many seasonal operators and tourist operators had trouble qualifying for a lot of the business support that was announced, because of the rigid criteria. I'm wondering if there was any sort of consultation or consideration of seasonal businesses when these programs were designed. If so, why was it not reflected in the programming?

Hon. Dan Vandal: Thank you, MP Melillo. That's an excellent question.

When I talk to the MPs from the north—Bagnell, McLeod and Qaqqaq—it's often mentioned that tourism is something that has really taken a hit in the north. That's a natural by-product of keeping borders closed. Especially, the big operators who go on the excursions to remote areas have been hit very hard.

I know that through CanNor, which is in Minister Joly's portfolio, we've provided \$15 million for emergency funding to meet their regional challenges, as well as an additional \$34 million through the RRRF, the regional relief and recovery fund, to help businesses of all industries across the north, including the medical, hospitality and natural resource industries. I know that in spite of this, the tourism industry is in deep distress. Consultations and discussions are ongoing—

Mr. Eric Melillo: Thank you.

Hon. Dan Vandal: —with the deputy minister of CanNor, who—

Mr. Eric Melillo: Thank you very much, Minister.

I want to ask another question with my five minutes.

Hon. Dan Vandal: Yes.

Mr. Eric Melillo: I wonder if you—or your department potentially—have a sense or an estimate of how many businesses in the north were not eligible for the programming that they applied for.

Hon. Dan Vandal: I don't have that answer right now.

Perhaps Deputy Minister Watson has some information on that.

Mr. Daniel Quan-Watson (Deputy Minister, Department of Crown-Indigenous Relations and Northern Affairs): No, Mr. Chair.

I have not managed that program. That information is with CanNor. We don't have direct access to it.

Mr. Eric Melillo: Okay, thank you very much, Minister.

I recognize that obviously these programs had to be rolled out quite quickly and there wasn't the potential to have as broad-based a consultation as I'm sure you would have liked, but all opposition parties and many government MPs as well actually brought forward many proposals to change programming and flag issues, whether these relate to a business that didn't use a business account, indigenous businesses that were tax-exempt on reserve or many different aspects. There are many reasons that they weren't able to qualify for the supports.

I'm wondering, Minister, if you could provide some insight into why it took so long for some of these changes to the programs to occur.

• (1930)

Hon. Dan Vandal: First of all, I think it's important to understand that from the beginning, from early March, our government has been consumed with trying to take care of the needs of Canadians, individuals and businesses, throughout this pandemic. Public servants have literally designed programs worth tens of billions of dollars and rolled them out very quickly.

By and large, I think the majority of the programs landed well, and for those that didn't, our government has shown a willingness to make them better. Having said all that, it's still not perfect. There is still a lot of work to do. There are still gaps, and it's incumbent on our government, through the ministers, to continue to talk to Canadians, to talk to business owners and to see how we can make those programs even better.

There are many uncertainties in the world today. One certainty we do have is that our government will be there for Canadians throughout the pandemic.

The Chair: Thanks, Minister. That's the time.

Our next speaker is Lenore Zann, for five minutes.

Please go ahead, Ms. Zann.

Ms. Lenore Zann (Cumberland—Colchester, Lib.): Well, thank you very much, *wela'lin*. I am on the unceded territory of the Mi'kmaq, "the people of the dawn", here in Nova Scotia. Thank you very much for recognizing the importance of the terrible residential schools that were so burdensome to so many first nations people. This summer, the former Shubenacadie school was made a national site so that we do not forget what happened there. I have to say that so many Mi'kmaq people suffered, and it becomes then, of course, generational trauma and suffering that goes through all the families. I think this is a very important step towards truth and reconciliation in coming together to accept and take responsibility for what the Crown has done in the past and what we don't want to do in the future.

I'm curious as to when in fact we will be introducing, for instance, the United Nations Declaration on the Rights of Indigenous Peoples. I believe that this will reconfirm our commitment to ensuring self-determination for the first nations, the Inuit and the Métis, and how central that is to our nation-to-nation, Inuit-Crown and government-to-government relationship.

Minister Bennett, would you like to address that issue?

Hon. Carolyn Bennett: I really do believe that the tabling of the UN Declaration on the Rights of Indigenous Peoples.... The legislation that is on the floor, the bill that has passed through the House of Commons, Romeo Saganash's bill, unfortunately got held up in the Senate. I hope that we will be able to table that this fall. Minister Lametti is just finishing the engagements that are necessary to do that in the technical advisory committee, and we look forward to doing that.

As you know, the UN declaration was part of Bill C-91 on languages, part of Bill C-92 on child and family. We are already acknowledging how important that declaration is for us to be able to move forward, and to explain to people that the UN declaration is not scary; this is the way forward for certainty.

Ms. Lenore Zann: I really appreciate hearing that, Minister. I think it's so important. In my discussions with Mi'kmaq people here, we are all very keen to see that happen. We believe it is the right way to go.

Here in Nova Scotia and throughout the Atlantic, I believe the first nations have proven time and time again the power of partnership through initiatives. I'm thinking about the Atlantic first nations health partnership, for instance. I am very encouraged by the strong first nation engagement in this co-management structure that's enabling them to improve their community's health.

One issue that I do find keeps coming up, though, is mental health and people who are struggling with mental health. Of course, this will also involve things like addiction, but it also involves depression, anxiety, suicide, cutting and these kinds of things. I keep hearing from a number of people in my community that when they go to the hospital, sometimes they're just sent home, no matter how many times they cry out for help. One young man was sent home with some sleeping pills a couple of years ago. He committed suicide. He hung himself. It was so sad. He was a first nations firefighter. He was also a champion kickboxer.

What can we do to help, and what are we doing to help, with mental health issues and supports for indigenous peoples across Canada?

Who would like to answer that?

• (1935)

Hon. Marc Miller: I'd be happy to, but I would like to take much more time than a minute to do this question service. As I mentioned in the introduction, this is the hidden face of this pandemic, and it is something that existed well before. It is why our department has invested \$425 million annually for community-based and community-led services to address the needs of first nations and Inuit, while recognizing as well that COVID has laid bare this hidden face of the pandemic.

If you look at B.C. and the overdoses, a disproportionate number of which have affected indigenous communities, we know that there is something that needs to be addressed. This is in partnership with provinces, obviously, particularly with those that are shying away from harm reduction models, which is extremely alarming. It is why, obviously, in August we announced another \$82.5 million to address this over the next six months of the pandemic, and we will be there every step of the way if more support is needed. We will not be able to quantify the impact of this for a very long time, as you know, as it manifests itself over time.

I do appreciate this important question and your advocacy on this, Lenore.

The Chair: Thank you, Minister and Lenore.

For our two-and-a-half-minute round, you're first up, Madame Bérubé.

[Translation]

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

I'm asking myself a serious question.

Mr. Miller, how do you keep track of the epidemic in the north, considering that indigenous communities are currently living in places where there are no Internet connections or cell phone coverage?

Hon. Marc Miller: We stay in touch with community health networks, nursing stations and local leadership. The general issue you raise is that lack of connectivity is a barrier to the effective deployment of our resources. This is even more the case with respect to transportation sustainability, which you mentioned in your question to the Minister of Northern Affairs. These are huge challenges, but not insurmountable.

Certainly, more investment in infrastructure is needed. It is difficult to do major construction in times of pandemic, but this is one of the issues that constantly comes up, not only in remote areas, but also in communities near Toronto and Brantford, such as Six Nations, which do not have the same Internet access as a neighbouring community.

So it's a problem that's pretty much across the country. This very often means that it is a problem experienced by indigenous communities.

Ms. Sylvie Bérubé: Let me go back to Internet access again.

You are well aware that municipalities, and even cities in regions, such as those in the Abitibi-Baie-James-Nunavik-Eeyou region, have problems with Internet access. Imagine the situation in the Far North of Quebec and in Nunavik. We are told that funds are given to the communities, among other things. However, there is still this problem of Internet access.

What do you plan to do in the second wave of the pandemic?

Hon. Marc Miller: We recognize that students learning at home must use electronic equipment. They certainly cannot do so without access to the Internet. It's a challenge even in the most modern homes, so imagine what it's like in the scenario you just mentioned.

With respect to Nunavik, we need to talk about the commitment we have in common with the Quebec government. It is a shared responsibility.

[English]

The Chair: We're out of time.

[Translation]

Hon. Marc Miller: It is a challenge, but it is not insurmountable.

[English]

The Chair: Thank you very much.

Ms. Blaney, you have two and a half minutes. Please go ahead.

Ms. Rachel Blaney: Thank you, Chair.

My question is for Minister Miller. Minister Bennett, if you have anything to add afterwards, that would be fantastic.

I have a question about stockpiles and delivery of PPE for indigenous communities. In the very beginning, of course, that was a bit of a problem across the country. I'm just wondering at this point if every indigenous community has what they need to manage the current reality and to be prepared for an outbreak if one happens.

● (1940)

Hon. Marc Miller: I would say that, when it comes to British Columbia, this work is done principally through FNHA, but as for the general question, we have been moving in real time in terms of our stockpile to a turnaround time of 24 hours. Now FNIHB and the resources that we have at our disposal serve essentially the health care and the essential service community inside indigenous communities. Our response time has improved to a 24-hour turnaround.

Clearly at the beginning, we saw some confusion across Canada with respect to how, when and where PPE was being used and deployed, and conversations as to need. Obviously, the clear message to us that we had to take action on was that we had to increase our communication with communities to see, first and foremost, what the protocol was for PPE. Very simple things become quite complex and intricate, particularly in a northern remote scenario, like donning and doffing, which has become a commonplace expression

now. There was also proper use of PPE and how and when it's used in conjunction with testing.

I would leave the remaining portion of this question to Dr. Gideon.

Could you just add a bit, Val?

Ms. Valerie Gideon: As the minister said, it was about clarifying where provinces were unable to provide supply, because the provinces and territories are still the primary provider of PPE for all health care workers in a province. However, some provinces experienced shortages early on, so we were able to step in. We have not had a shortage in terms of the supply that's been available to us. We continue to message out and encourage people to submit requests and plan in advance, and we will ship three months' supply, for instance, to remote and isolated communities, not one month's supply. We have an online management system for all of our PPE, which has expedited the process of ordering and confirming receipt of PPE even at a community level. Those are some of the measures we've put in place.

We expanded the reach of our PPE supply, noting some of the shortages to treatment centres and friendship centres. We have also negotiated some collaborative agreements with some provinces, like Ontario, where we have agreed that we will provide PPE in certain cases, and the Ontario government will provide it in others, just to make sure that that clarification is there.

The Chair: Thank you.

Ms. Valerie Gideon: We've also provided funding to communities so they can purchase their own PPE for other workers in the communities who they would like to ensure are protected.

The Chair: Thanks so much.

We go to a five-minute round now.

Cathy McLeod, you're up for five minutes. Please go ahead.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you.

I have a number of questions, both for Minister Bennett and Minister Miller. Thank you all for coming here tonight as we kick off this COVID study in the new session of Parliament, which I think is certainly very important.

These are quick questions, and I'm hoping to get in a number of them.

We talk about 70 of the GeneXpert machines having been deployed. Are there more on order, or is that the limit of the machines that we have?

Hon. Marc Miller: I believe there are more, but Val can answer that.

Ms. Valerie Gideon: Yes, that's correct. We're continuing to work with the National Microbiology Laboratory of the Public Health Agency of Canada to continue to deploy GeneXpert machines near or in indigenous communities and northern communities, as well as other methods of rapid testing or point-of-care testing that become available.

Mrs. Cathy McLeod: I would really appreciate it if we could have a list of where they're deployed currently and how many have been ordered.

My next question is for Minister Bennett.

You are responsible, as you indicated in your comments, in terms of the COVID response in modern treaty and self-governing first nations. Are there any barriers in terms of the deployment of these particular machines to the communities that you're supporting in their response? Has the focus really been on the ones that Indigenous Services is supporting?

Hon. Carolyn Bennett: We have, in terms of the stockpiles, all the things that actually have been managed by the provinces that.... To be truthful, Cathy, at the beginning, some of the self-governing nations, modern treaty nations, didn't really know where to go, and that was what we had to clear up right at the beginning. They could go to the province, and if the province didn't have it, we would back that up—as we will with vaccines. That will be the same thing. But in terms of—

• (1945)

Mrs. Cathy McLeod: Some of these GeneXpert machines might be deployed right now in those communities that you're focusing on.

Hon. Carolyn Bennett: We will look at the list, but certainly in terms of some of the land claims, like Nunavut or the people we consider part of modern treaties and self-governing nations, yes, we will.... Again, where there was a need, the machine was sent.

Mrs. Cathy McLeod: We all know that staff tend to often fly into these communities, and I can give you a real-life example. I keep in contact with former staff. They have their tests when they go in, and they take care of their communities. Sometimes they're allowed to see patients, but they're self-isolating, with the exception of seeing patients. It is now taking 14 days—or it has, in the past, been taking 14 days—for them to even get a response.

My first question is, has there been transmission from health care workers flying into communities, who are quasi-taking care of patients but quarantining? Certainly, as you might imagine, waiting 14 days for a result is not best practice in terms of a health care worker going into a vulnerable community. I'll leave you with that.

Hon. Marc Miller: Just as an update to your prior question, MP McLeod, we actually have 77 GeneXpert machines that are deployed.

What I would say is that one of the lessons we learned from H1N1 is that we didn't want nursing staff or people going in and out on an emergency basis from communities. They themselves become vectors, particularly in situations where they're obviously in there to care and to help. This is why we have quite an elaborate protocol, whether it is isolating before they go in or other methods, to accommodate any specific scenarios. This has been a huge logistical challenge, which has included charters as well. We're conscious of this.

In terms of specific examples of nurses themselves becoming vectors, I suspect you mean that they were not themselves infected solely and then prevented...but were infected and then spread.... I would defer to Val or Dr. Wong to answer that, but, based on all the briefings I've received, it has been exceedingly rare.

Dr. Tom Wong (Chief Medical Officer of Public Health, First Nations and Inuit Health Branch, Department of Indigenous Services): There have been no such cases at all in terms of nurses flying into the communities, because of the very intensive, elaborate procedures that they have to go through.

Mrs. Cathy McLeod: Is it still the case...? Again, I know of some very specific examples in the north where staff have a test when they fly in, and then provide care and wait weeks for the results of that particular test. Is that something you're aware of that is still happening frequently?

The Chair: Answer very briefly.

Hon. Marc Miller: I can't speak to your examples without seeing the specific facts, MP McLeod.

The Chair: We'll leave it at that. Perhaps there could be a reprise on the question from staff later.

Right now, the final question for the ministers goes to Mr. van Koeverden, for five minutes.

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

Thank you to the ministers for joining us today. Thank you to a couple of people who subbed in as well for this extraordinarily late meeting this evening. I'm grateful to say that I am joining you from the sacred territory of the Mississaugas of the Credit First Nation, and I'm grateful, again, to be re-engaging in this important work.

My question is regarding friendship centres and how we are caring for indigenous people in urban and suburban settings. I know that my colleague and friend MP Pam Damoff has recently engaged with a local group in Halton to discuss this. There are implications for COVID, and beyond COVID, I think, but the more services we can provide to indigenous people in urban and suburban settings, the better.

I suppose that's a question for Minister Miller, and potentially Minister Bennett, but I'd love to hear about the progress.

Hon. Marc Miller: Thank you so much for that important question, because it is a testament to the challenges we faced and the strict policy and legal authorities we all faced within our departments and how we've all had to think a bit outside the box in order to address where the vulnerabilities are expressing themselves, and that includes the 50% or more indigenous population that lives "off reserve". More often, the typical iteration of that is large urban centres like Montreal, Toronto, Ottawa, Vancouver, Calgary and Edmonton, but it is also the reality in places like La Loche, where we saw one of the largest outbreaks. This is something that's near and dear to MP Vidal's heart, because I know of his engagement in ensuring that proper resources were deployed in those communities.

We have acknowledged that challenge, because those vulnerabilities exist, but when you're talking about intricate overlapping jurisdictions, obviously there's an execution challenge in the delivery of health care, which is primarily and exclusively, in those cases, the jurisdiction of the provincial or territorial governments. This has been a challenge within the strict authorities of the funds that we appropriated.

We knew from the very beginning that \$15 million dedicated to "urban supports" was wildly insufficient, which is why we procured \$75 million to distribute across a wide network of organizations and grassroots-based organizations that are really doing some of the key work in keeping people safe, whether that's food security, cultural supports, or keeping doors open. I think of the Native Women's Shelter of Montreal, which is doing incredible work in keeping people safe, alive and well surrounded during this pandemic. I look at some of the mobile supports in downtown Toronto, which I think Pam was instrumental in announcing and pushing for. This is the result of advocacy across parties. There isn't a single party that didn't approach me to say, you have to do more for indigenous communities that are in urban settings. It has yielded results in areas that I mentioned previously, in supporting harm reduction models in various forms, whether it's a wet shelter or other supports for people who are perhaps not getting a safe supply, or the food security I mentioned earlier.

These are all elements where we see what I call a "jurisdictional hole", where the federal government has not been present, and provincial and territorial supports, for whatever reason, have not been there. COVID doesn't check the Constitution before it infects someone, and where we've seen it, it goes after those who are most vulnerable. The indigenous communities that came together, the Métis, Dene.... La Loche is an incredible example of a very alarming spread at the outset of COVID, where 200 people were infected in a community that has had its challenges, but they rallied together with an emergency response team. We supported it with financial supports, and they were able to stamp it out, and that's amazing work.

In part, it is the federal government's response to a very tricky jurisdictional question where we could not close our eyes to it, but also because of the advocacy of voices that go across party lines. I think we need to keep going together in lockstep on this issue, because we're not out of the woods on COVID specifically, and there are needs that are, we must acknowledge, unmet, and we are not meeting them currently, whether we look at ourselves or at the provincial governments.

Thank you, Adam, in particular, for your advocacy, because I know how you've interacted with our.... This isn't a throwaway thank you; this is a real thank you and I mean it, in every single thing you do, because I know you've been passionate about this.

• (1950)

The Chair: Thank you for bringing us exactly to time.

I want to thank ministers Miller, Bennett and Vandal. Your honours, thank you for joining us tonight.

We have to suspend briefly. We have a couple of audio connections to make. Don't leave the screen; don't do anything except wait to resume.

Once again, to the ministers, thank you so much. This was quite a meeting.

• (1950)

(Pause)

• (1955)

The Chair: We will resume our meeting now.

We have our witnesses in place, and we will have time for one six-minute round with our opening speaker, Mr. Arnold Viersen, who I believe is in the House.

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

Yes, I am in Ottawa today. I'm trying this out in person. I thought I'd keep the clerk company, although we are still sitting far apart from each other.

Minister Miller is responsible for the First Nations Financial Transparency Act. The good work of people like Travis Gladue-Beaugard and Charmaine Stick is not going unnoticed. I just want to thank the minister and his department for their forensic audit that's taking place on the Saddle Lake first nation. I know that many members have been working hard to get that to happen, and I want to thank the minister for that.

People like Denise from my riding are continually concerned about where the funds are being spent and where the special COVID funding that's coming to their particular band is going. They're also concerned about the fact that they may live off reserve, and how does that...? They complain to me that their head is counted when the band approaches the government for funding, and yet when they approach the band for services, they are deemed to be aliens to the band. Services are not provided.

That is an ongoing concern. That is something that we as Canadians have to work on. The Indian Act is something that we are concerned about. All of us are working to repeal the Indian Act. One of those things has been for the government to divide the department into two. I'm glad to see that the division seems to be under way now, even though, when I was looking for the Financial Transparency Act, it still says "northern and indigenous services" on the Internet. I'm not exactly sure when that will be fixed. We're hoping it will be fixed soon.

I'm not exactly sure.... I know that it's Minister Miller's department that's responsible for that. I'm just wondering how it's going with the enforcement of the Financial Transparency Act.

• (2000)

Ms. Christiane Fox (Deputy Minister, Department of Indigenous Services): I appreciate the question. It is in fact Indigenous Services Canada.

I guess I would start off by saying that we want to work, obviously, in lockstep with first nations government to support transparency and accountability. This is very much the approach the department has taken in order to work with communities across the country. This was, of course, a recommendation in the new fiscal relationship report that was developed by the Assembly of First Nations.

I think the approach we're trying to take is really not a top-down approach but very much in building community capacity and governance in order to really start investing to close the very unacceptable socio-economic gaps that do exist in these communities. I think it's important to state that the majority of first nations have effective governments and they are partners with Indigenous Services Canada. When challenges do arise, we want to work with communities. We want to think about solutions and we want to empower them in order to manage that.

I will turn to Philippe Thompson to see if there's anything he would like to add based on my response today.

Thank you.

Mr. Philippe Thompson (Chief Finances, Results and Delivery Officer, Department of Indigenous Services): Thank you very much, Deputy. I echo everything you are saying.

We have put a lot of effort over the last few years into building the capacity and investing with communities. A lot of them have adopted financial laws as well. They are putting in place an accountability regime. That's part of the requirement to have access to the 10-year grant in the new fiscal relationship.

I think there's a balance to strike between reporting and accountability. I think we're on the right path and working in the right direction. We're making sure that we are meeting the accountability requirements and that the capacity is being built. The first nations are accountable to their citizens. They want to be transparent. They want to provide the information. We are committed to continuing that work with the first nation communities.

The Chair: You have one minute.

Mr. Arnold Viersen: At the beginning of COVID back in May, there was a news story about Dynamic Air Shelters. Then Parlia-

ment was shut down and we prorogued Parliament. We never really got any clear answers on how that first nations community had come to be on the list for receiving these Dynamic Air Shelters and what the process was in order to facilitate getting those air shelters. I was just wondering if we have any clarity on the Dynamic Air Shelters situation.

The Chair: You have 30 seconds.

Ms. Christiane Fox: I'll turn it over to Val very quickly to answer that one.

Ms. Valerie Gideon: Sure. Early on in the pandemic—early in March—we started working with every remote and isolated community, going down a list of communities to see what their option would be for isolation spaces. In that context, we also felt the need to stockpile some of these temporary structures so that we could deploy them quickly as needed.

We did that with a partnership with Norway House Cree Nation, for example, and we've also stockpiled some in Sioux Lookout. We did a mix of funding communities or funding first nations partners to procure and also did some direct procurement. We procured from a number of companies, not only Dynamic Air Shelters. Of course, that was done through Public Services and Procurement Canada. We have about seven companies...that were procured with PSPC to make sure we are able to deploy some of these structures.

As of mid-October, we had 104 community spaces that had been retooled and 170 temporary mobile structures that were also funded. It was a combination of the community determining the option and our being ready to deploy if they had not had an opportunity to do that.

• (2005)

Mr. Arnold Viersen: Mr. Chair—

The Chair: I'm sorry. We're way over time on that.

Thank you, Mr. Viersen.

I have Ms. Zann for six minutes, for the Liberal Party.

Go ahead, please.

Ms. Lenore Zann: Thank you very much.

I have a question. I believe probably Deputy Minister Quan-Watson might be best to answer this.

As you know, Deputy Minister, 20 years ago the Marshall decision here in Nova Scotia reaffirmed the treaty right of the Mi'kmaq people to fish in pursuit of a moderate livelihood. The dialogue has been part of how we are working towards its implementation, and we need to continue this dialogue, which I believe is now ongoing with the chiefs and the Minister of Fisheries and the Minister of Crown-Indigenous Relations. Our government has made a commitment to redefine the relationship between the Crown and indigenous peoples, and we underscored that in our Speech from the Throne.

How do you feel we can best move forward with this to reaffirm the Supreme Court of Canada decision and try to implement this in the quickest and best way possible for the Mi'kmaq people of Nova Scotia?

Mr. Daniel Quan-Watson: Thank you very much for the question, and I'll—

Mrs. Cathy McLeod: I have a point of order, Mr. Chair.

The Chair: Yes, what is your point of order?

Mrs. Cathy McLeod: Chair, this is a study on COVID. I know the ministers are going to be coming back for estimates, which is a more flexible subject.

Ms. Lenore Zann: On a point of order, Mr. Chair—

Mrs. Cathy McLeod: I would just ask about the relevance of the treaty to the issue of COVID. Thank you.

Ms. Lenore Zann: I have a point of order.

The Chair: We can't interrupt a point of order that's being spoken to.

Ms. Lenore Zann: Okay.

The Chair: Now you can address the matter.

Ms. Lenore Zann: Actually, I wasn't quite finished. I was going to ask him this and then continue with my questioning. This is very important for Nova Scotia right now. We are in a pandemic, and people are gathering as we speak.

Mr. Chair, I would like to continue with this question and have the deputy minister answer so I can continue.

Thank you very much.

The Chair: Okay, Ms. Zann, I take—

Mrs. Cathy McLeod: And as my—

The Chair: I'm sorry. I take the point on relevance, but I'll let you continue, because we're running very late into our time and we need to respect our witnesses.

Go ahead.

Mr. Daniel Quan-Watson: Mr. Chair, would you like me to answer that question?

The Chair: Please go ahead.

Mr. Daniel Quan-Watson: First of all, it is a 21-year-old Supreme Court decision. Obviously, the rule of law requires that we respect decisions of the Supreme Court. The Supreme Court has also said in the past that we're all here to stay, and I think those relationships are incredibly important. We develop those relationships by having conversations and by understanding each other. Canada has a very long history of taking on very challenging and difficult questions.

I think this is another instance where we require all of those skill sets; we require all of that patience and we require all of that goodwill to make good on finding a solution for yet another challenging circumstance. We can lead through talking, we can lead through listening and we can lead through acting.

Ms. Lenore Zann: Thank you very much for that.

My next question is about the health of the people here in Nova Scotia. We've done very well in our bubble. I'm wondering why cases are rising in indigenous communities in other parts of Canada. What are we doing differently here in Atlantic Canada? Would anyone like to try to respond to that? What is something that's working?

Ms. Christiane Fox: I'll start, and then I'll turn it over to Dr. Wong.

Obviously, we are paying very close attention to what's happening with the rise in cases. I think that the nimbleness and the outreach that was done at the early onset of COVID and the constant communications with communities put us in a good position to be able to respond, to be nimble as a department and really think about the unique and innovative ways we can help communities. I think that, obviously, the Atlantic bubble has contained the case count to a certain extent. We are seeing numbers rise, as you noted—

The Chair: Could I ask you to just lower your mike a little bit? There is a bit of raspiness to it.

Ms. Christiane Fox: Is that better? Okay, thank you.

I'll turn it over to Dr. Wong to talk a little more about the state of affairs in Atlantic Canada.

• (2010)

Ms. Lenore Zann: Thank you.

Dr. Tom Wong: Thank you so much, Deputy.

Yes, indeed. When we looked at the Atlantic bubble, the ability of the communities to maintain physical distancing, avoid crowds, wear non-medical masks when distancing was not possible, practise hand hygiene and respiratory hygiene, and stay home when they are sick, all of those things are examples of what Atlantic first nations communities are able to do.

When we look at some of the recent examples, both in non-indigenous and indigenous communities—first nations, Métis and Inuit—we see that when some individuals let their guards down and participate in gatherings of 300 people, rallies for example, without wearing masks and with no physical distancing, that's when you get those viruses, unfortunately.

Thank you.

Ms. Lenore Zann: Thank you very much for that.

The Chair: Thanks, Ms. Zann.

We'll go to Madame Bérubé for six minutes now.

[*Translation*]

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

We're talking about health care, and it's also important in the case of seniors' residences in indigenous communities. Indigenous Services Canada has guidelines for long-term health care facilities and seniors' residences in indigenous communities. However, in the committee's December 2018 report, some witnesses were concerned about the lack of staff in long-term care facilities in indigenous communities. This has had a serious impact on patients.

How have indigenous people and communities contributed to the development of the guidelines?

What steps have been taken to ensure that these guidelines are adapted to the conditions particular to indigenous communities?

Ms. Christiane Fox: Thank you for the question.

Regarding guidelines, we have worked closely with Health Canada, not only to protect indigenous communities, indigenous elders, but also to ensure that it is done in a culturally appropriate, culturally sensitive way. We have tried to include the perspective of indigenous communities in the work that is being done at the national level.

I will now give the floor to Dr. Wong.

[*English*]

Dr. Tom Wong: Thank you very much.

For the guidelines we've been supporting in collaboration with indigenous partners, one of the things we have seen with those guidelines is the successes in first nations communities during wave one. Up to now, there are no outbreaks of COVID in long-term care facilities. A lot of that has to do with the strict adherence to those guidelines and supporting and protecting the elders. We look forward to communities supporting communities to use those guidelines to make sure they protect the elders in long-term care facilities in the north—unlike what's been happening in the south—and to continue the successes in the north.

Thank you.

The Chair: Madame Bérubé.

[*Translation*]

Ms. Sylvie Bérubé: Do employees in long-term care facilities and nursing homes in indigenous communities have access to a sufficient amount of personal protective equipment?

Ms. Christiane Fox: Thank you for the question.

I would say yes. We work with communities to ensure that they have the personal protective equipment necessary to support their work, so that they can work in healthy conditions, protect themselves and protect patients. To do this, we have deployed 130 nurses and 34 ambulance attendants. There are people on site and they have the personal protective equipment they need to do their jobs.

In addition, we work closely with the Public Health Agency of Canada to ensure that communities have what they need. So we need to maintain an ongoing dialogue. As Minister Miller indicated earlier in response to a question, we had 24 hours to make arrangements to ensure that people had the equipment quickly.

• (2015)

[*English*]

The Chair: I hope Madame Bérubé heard the French audio, because we weren't getting the English. There was a technical sound issue.

Madame Bérubé, you have two more minutes.

[*Translation*]

Ms. Sylvie Bérubé: Thank you.

The COVID-19 pandemic is also impacting the provision of culturally appropriate care in long-term care facilities serving indigenous people.

We lived through the first wave, but for the second wave, in terms of accountability, could more emphasis be put on the needs of indigenous communities?

Ms. Christiane Fox: I will ask Ms. Gideon to answer that question.

Ms. Valerie Gideon: In long-term care facilities in indigenous communities, we immediately saw that environments that truly support the well-being of their residents had been created. We saw in social media that campaigns were being run to connect seniors with families in the communities. We could follow them on Facebook. It was very dynamic and lively. You could see that they didn't have the same concern or insecurity about being isolated and about the support of their community or their families. They did not have the same concern in indigenous settings.

Therefore, we continued to communicate directly with all homes and centres located in indigenous communities to ensure that strategies were in place. The public health funding envelope allows these people to access additional funding. They can apply for funding to meet additional needs, whether it is for staff, training, plexiglass shields, equipment, medical supplies or any other such needs. We contact them regularly to ensure that their needs are taken into account.

[*English*]

The Chair: Thank you very much.

We're down to our final six-minute questioner.

Ms. Blaney, please go ahead.

Ms. Rachel Blaney: Thank you, Chair.

Thank you again for being with us this evening.

One of the questions I have is this. You know, a large part of the response for indigenous people living off reserve, or further from their communities, is to rely on urban indigenous organizations to deliver services. Most of the time, of course, those are friendship centres across Canada, but there are some other organizations. There are communities in my riding, and in other areas across the country, where there isn't any kind of infrastructure for that.

What solutions have you created to really focus on serving those indigenous communities that are off reserve, where there isn't really infrastructure in the community to get those culturally appropriate services?

That question is for whoever is the appropriate person to answer it, please.

The Chair: Who would like to answer it?

Ms. Christiane Fox: I'll start, and then I'll turn it over to Mary Kapelus. She has been doing a lot of work in this area.

I think, as the minister noted, you're absolutely correct—

The Chair: I'm sorry, Ms. Fox, but you need to bring down your mike a little bit again.

There you go.

Ms. Christiane Fox: I'm sorry.

As the minister noted in terms of urban and off reserve... The first thing I would note is that when we did our initial tranche of \$15 million, we received a number of applications. That was kind of based on friendship centres and other organizations. As you note, it was people we had worked with who had a presence in the various areas of the community. It didn't meet the need. We had to actually increase the funding and go with a second envelope of \$75 million.

The reality is that the needs go much beyond that. Part of our work has to be outreach to those communities that would not be represented by a friendship centre in order to determine the need and be able to find the appropriate way to respond to the current situation in that particular part of the country.

With that, I'll turn it over to Mary.

Ms. Mary-Luisa Kapelus (Assistant Deputy Minister, Education and Social Development Programs and Partnerships Sector, Department of Indigenous Services): Thank you, Deputy.

Yes, you are correct. In the first wave, we discovered that there were a number of organizations and communities that didn't have that friendship centre sort of support, but through the different waves, and all the proposals that came in, we discovered that there were other organizations in those areas, in some cases hamlets, municipalities and your not-so-traditional friendship centre organization. We had new partners that we had never funded before, and it was a very exciting time for us to get to meet some of these service delivery agents that we didn't even know existed. There's quite a web of them working under the radar.

The other thing we witnessed was that some of them actually partnered with friendship centres through this. We saw this particularly in Atlantic Canada, where there were cases of smaller communities that would link up with the friendship centres virtually and

get advice on how to service their members. They were receiving funds from us but working in partnership with other organizations, and we were definitely encouraging and supporting that dialogue.

● (2020)

Ms. Rachel Blaney: Thank you. That's extremely helpful.

We had 'Namgis in my riding that had a serious outbreak, and their neighbouring community, Alert Bay, had the same outbreak. They really came together and worked amazingly well. I have nothing but respect for both the mayor and the chief there, but I have heard from other indigenous communities across Canada that are close to municipalities and are trying to coordinate a response to an outbreak, and they're finding it to be a fairly significant challenge.

I'm just wondering if the ministry is looking into funding or something to help develop coordinated emergency response plans in conjunction with provincial or municipal emergency response departments.

Ms. Christiane Fox: Absolutely. I think there has been some investment in the past around emergency management and around how we can support communities, but beyond that, the department is looking at enhancing those emergency response funding agreements that we have with communities across the country. I think we have to work in partnership with municipal governments, with provincial governments and with territorial governments because they obviously all need to be utilized and deployed when a situation occurs, whether it's COVID, fires, flooding or all of these issues.

I think the answer to the question is, absolutely, we are doing that, and we are investing more into these types of programs and working with indigenous communities to develop them.

Ms. Rachel Blaney: Okay. Do you have any examples of places where there has been a challenge and you've seen success? I feel like.... I've heard from some communities, and I don't want to name them, but are there any where you're seeing some development that works best? That's what we're hearing. In my riding, as I said, they worked together seamlessly; they really were collaborative, but that is not always the case. Are there actual investments to encourage those two different groups to come together and make plans?

Ms. Christiane Fox: Yes, absolutely. The annual budget actually went from \$64.9 million.... Since budget 2019, there's actually new funding that brings the funding to \$211 million. There are investments being made and concrete steps being taken to encourage that.

Ms. Rachel Blaney: My last question is on rapid testing. I know that some communities are having a hard time working with their provincial counterparts to get the testing they need, and I'm just wondering if there has been any work done on that.

The Chair: You need a rapid answer.

Ms. Christiane Fox: Dr. Wong.

Dr. Tom Wong: Yes, there's indeed a lot of work. We're working with indigenous communities, together with the National Microbiology Lab, in order to access more and more of these rapid tests in remote and isolated communities in particular. Earlier, you heard the minister talk about the 77 GeneXpert machines being deployed. In addition to that, over the next couple of months there's new technology, including Abbott's ID NOW, as well as Panbio, and there will be many more being acquired and deployed to more indigenous communities in the north.

At this moment, we are very excited about those opportunities, not just the deployment of those machines but also the test as well as training to actually do the testing, biosafety, quality assurance and quality control.

The Chair: As chair, I would really like to thank everyone. We got off to a bit of a rough start because when the previous meeting runs over, it runs into our time. We had technical issues, which we managed to get through. Thank you for your patience and also for the volume and wealth of information that you were able to share with us. We really appreciate that and hope we'll have more opportunities in the future.

Also, thank you to those of you who were not heard from tonight, and to Ruby Sahota for sitting in and hopefully gaining something from our wonderful INAN committee.

Before I sign off, I'd like to ask the clerk what we need in order to complete our business for the next meeting, which is scheduled

for next Tuesday. I believe that means supplying witnesses for the study.

Mr. Clerk, do you have any instruction?

• (2025)

The Clerk of the Committee (Mr. Naaman Sugrue): Yes. Witness lists would be due this Friday. There was a discussion earlier about inviting some specific organizations to appear for the Tuesday meeting outside of those witness lists. That came from Mr. Anandasangaree, who is unfortunately not with us right now. I can confer with you and the analysts to make sure we know exactly what organizations were being referred to. With the agreement of the committee here and now, we can make that meeting happen so that we're not limited by our witness list deadline.

The Chair: Okay. We will circulate amongst everyone the issues that you brought forward and the potential for other witnesses so that we can safely and comfortably get our next meeting under way, which will be next Tuesday at 11 a.m. Do I have the correct information?

The Clerk: Yes, that's correct.

The Chair: With that, I will once again thank everyone for being with us.

This meeting is hereby adjourned.

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