



The Honourable Minister Carolyn Bennett
Minister, Crown-Indigenous Relations
10 Wellington Street, 21th Floor
Gatineau, Quebec K1A 0H4
Canada

By email: carolyn.bennett@canada.ca

May 2, 2020

Dear Minister Bennett:

Thank you for your time yesterday. We are grateful for your empathy and understanding.

As directed by our leadership, I respectfully submit the Treaty Ten Pandemic Response Plan.

We look forward to hearing your response.

Sincerely,

Rick Laliberte
Commander, the North West Incident Command Centre (NWICC)

cc. The Honourable Marc Miller, Minister of Indigenous Services
by email: marc.miller@canada.ca
Senator Yvonne Boyer
by email: Yvonne.Boyer@sen.parl.gc.ca
Senator Martin Klyne
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Senator Lilian Dyck
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The Treaty Ten Pandemic Response Plan

Prepared for Ministers Bennett and Miller

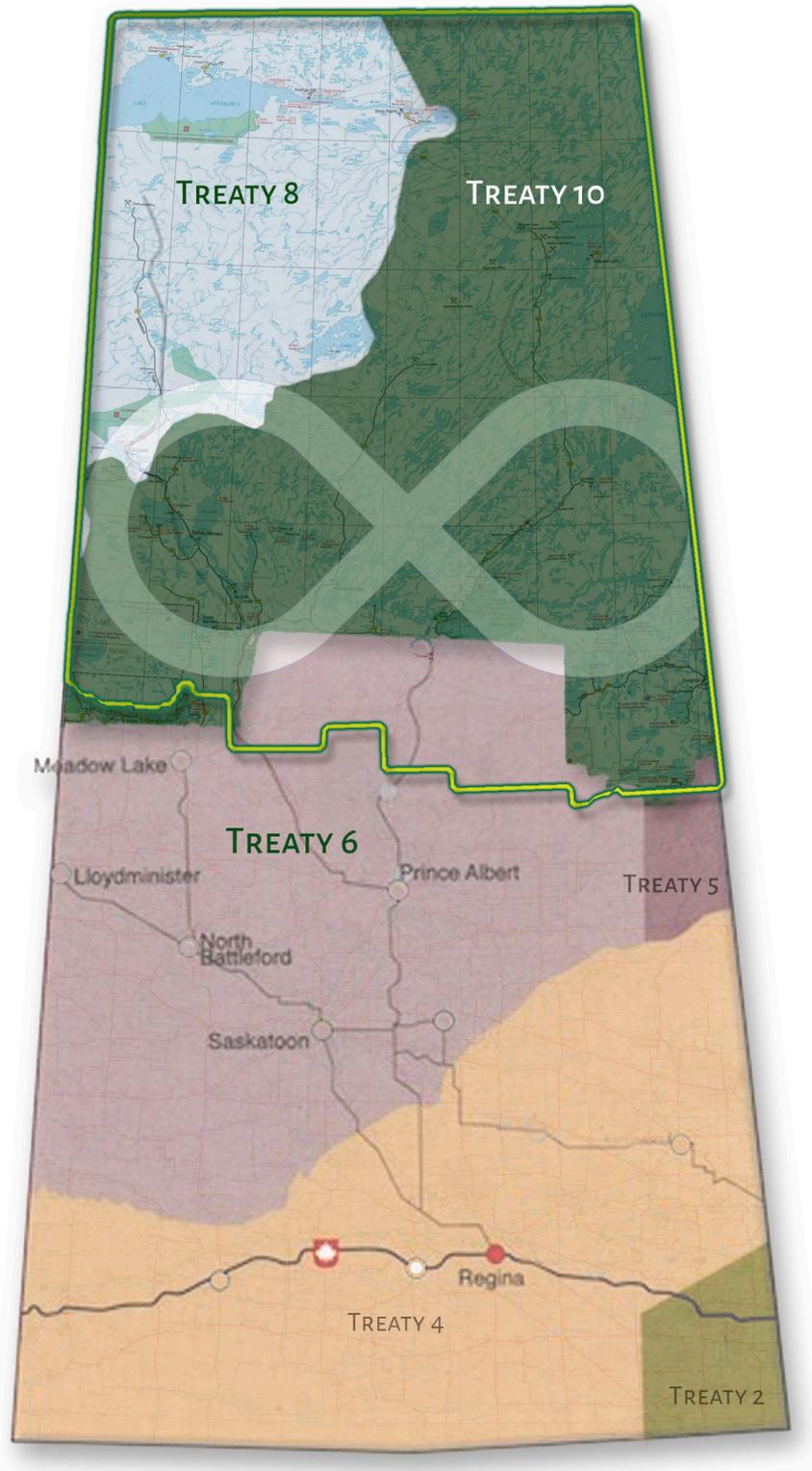
North West Communities Incident Command Centre



May 2, 2020



NORTHERN SASKATCHEWAN ADMINISTRATION DISTRICT (NSAD)





Summary

We write to you as the First Nations and Métis of North West Saskatchewan. We are Treaty People, of Treaty Ten, with roots in Treaty Eight, and Treaty Six. We live in Treaty relationship. This is the Home Land of the Métis, and the home lands of us all. We are related through bloodlines, and history, and place.

We drink the same water, we breathe the same air. We live alongside each other in our Municipalities, and often on First Nations. We shop in the same stores, travel on the same roads, and use the same medical clinics.

We have suffered the same job losses because of cut-backs in the mining sector, and the food insecurity and instability that follows. We share the same health challenges in our communities, of high rates of treatable death, comorbid conditions, and overcrowded and poor housing conditions.

We love our Elders, and long for a strong future for our youth.

COVID-19 doesn't distinguish humanity, or jurisdictions. It is among us, with its deadly presence, and we implore you to respond.

We are together, and many of us may die together if funding and resources are not urgently provided.

This proposal is for funding on top of what has been allocated to First Nations and Métis separately Saskatchewan, for these reasons:

- 1) It may have been sufficient at the time, but circumstances have changed dramatically in the North West, with the current COVID outbreak
- 2) The north which is >85% Indigenous is not part of the provincial government's priorities
- 3) Unprecedented Métis-First Nations-Municipality collaboration to face the pandemic effectively and collaboratively

La Loche, Clearwater Dene Nation, Beauval, and English River First Nation (Patuanak) have experienced outbreaks in the past ten days, and we have experienced two deaths to date. In addition, people from Pinehouse have become COVID-19 patients in Saskatoon. One of these individuals works at a local grocery store/gas station located on the highway, substantially increasing exposure to many and closure of which has led to food security issues locally and beyond.

Now, we estimate there are more cases of novel coronavirus per capita in Northwest Saskatchewan than anywhere else in Canada.



This proposal addresses essential community needs to save lives and protect communities:

- 1) safe and effective road check points
- 2) food security
- 3) isolation units
- 4) providing PPE
- 5) increased region wide testing
- 6) mental health, addictions and homelessness
- 7) supporting home care, and elder care
- 8) community response teams
- 9) sustaining regional pandemic efforts and developing legacy infrastructure to meet future challenges in the North West region

OUR REQUEST IS FOR A TOTAL OF \$10.282 MILLION TO COVER SIX MONTHS OF PANDEMIC RESPONSE
(EXCLUDING MENTAL HEALTH, ADDICTIONS AND HOMELESSNESS).



Indigenous Leaders and Communities in North West Saskatchewan

As the Chiefs of the member Nations of the Meadow Lake Tribal Council, and the Métis Nation – Saskatchewan, Métis locals, regional council representatives, as well as the Municipal Governments of the North West, we have formed an alliance to protect our communities during the COVID-19 pandemic.

This is a collaboration between the First Nation, Municipal, and Métis governments of the following communities:

Beauval, Buffalo Narrows, Canoe Lake First Nation, Eagle's Lake, Northern Hamlet of Patuanak, English River First Nation (Patuanak) and La Plonge, Ile-a-la-Crosse, Jans Bay, Cole Bay, La Loche, Black Point, St. George's Hill, Lac La Plonge Resort Village, Little Amyotte Resort Village, Clearwater Dene Nation, Buffalo River Dene Nation, Bear Creek, Pinehouse, Michel Village, Green Lake, Garson Lake, Dore Lake, Sled Lake, Birch Narrows Dene Nation, Northern Hamlet of Turnor Lake.

A map and list of communities can be found at: www.the155.ca

This cross-jurisdictional initiative is guided by a Joint Leadership Group which includes representatives from the Métis Nation - Saskatchewan, First Nations, and Municipal Governments. These people are: Meadow Lake Tribal Council Tribal Chief Richard Ben, Métis Nation – Saskatchewan Glen McCallum, and Municipal Government representative Duane Favel, Mayor of Ile-a-la-Crosse.



The Joint Leadership Group has created the North West Communities Incident Command Centre (NWCICC). The NWCICC is responsible for coordinating communication between communities and working together to seek solutions to common issues, concerns, and challenges. The NWCICC maintains effective lines of communication between leadership and healthcare professionals, governments, agencies, communities, and citizens.

The NWCICC is staffed by Commander Rick Laliberte, former Member of Parliament, Napoleon Gardiner, past CEO of former regional health authority, and a group of highly-committed volunteers and supporters.

We have created a website and social media accounts as The 155 Collective. The goal is to educate, inform, and inspire our citizens to stay healthy during the pandemic. We are empowering our people, families, and communities to deal with this deadly virus together. We are approaching this from our traditional way of approaching any issues: in collaboration with one another, respectfully and supportive of one another, the way that we have always done in the North, the way that has provided strength, resilience and survival.



Request to Ministers

The Crown has a fiduciary duty.

We live in Treaty relationship with the Crown.

It has been clear since the 2016 Supreme Court decision in *Daniels v Canada* that a fiduciary relationship exists between the Crown and all the Indigenous peoples of Canada, including status and non-status Indians, and all Métis people. The Court noted that this recognition was of particular importance to Métis and non-status Indians, who had traditionally been left to rely on the Crown's good will as opposed to any constitutional obligation. The Court specifically acknowledged this recognition's connection with the Report of the TRC, stating that "... reconciliation with all of Canada's Aboriginal peoples is Parliament's goal."

As a cross-jurisdictional initiative, the NWCICC is the embodiment of the broad community of Aboriginal people that the *Daniels* decision enfranchises under the Crown's fiduciary responsibility, and affords the Crown the opportunity to recognize this legal reality while empowering a community which has put these principles into action through its constructive and collaborative response to the pandemic.

We ask for your leadership in a collaboration that includes our provincial and municipal governments, as well as Indigenous partners, communities and governments.

We call on your response to be part of a new fiscal relationship with Indigenous peoples. In this case, a unique collaboration of First Nations and Métis Peoples. Pandemics are not predictable, but we need predictable funding to provide protective programs and services in our communities.

We ask you to lead and coordinate this proposal, as a whole-of-government response, and help us secure funding that meets the unique realities of the Indigenous Peoples in Saskatchewan's North West.



Issues

While other communities in Canada are also suffering from the novel coronavirus, we ask you to consider how this disease is disproportionately affecting people in lower socio-economic environments. Across North America, it seems to be disproportionately affecting people of colour, and particularly Indigenous people.

Dramatic layoffs in the renewable resource sector have reduced incomes in the North West; and Municipal budgets struggle with a minimal tax base at the best of times, let alone now.

Our people fall into high-risk categories for COVID-19:

- Our people suffer from extremely high rates of co-morbid conditions, with issues like diabetes, respiratory, HIV, heart conditions, and trauma-induced addictions, that put them at high risk of death from COVID-19.
- Northern Saskatchewan has close to twice the rate of avoidable mortality compared to the province and the country as a whole. The Canadian Institute of Health defines avoidable deaths as untimely deaths that should not occur in the presence of timely and effective health care (treatable deaths) or other public health practices, programs and policy interventions (preventable deaths). Between 2005 and 2014, 74% of deaths in northern Saskatchewan occurred prematurely in individuals aged 74 years and younger. Of all deaths in northern Saskatchewan, 57% were deemed avoidable. Of those, 72% were classified as preventable and 28% classified as treatable. The leading causes of treatable mortality include ischaemic heart disease, congenital malformations, complications of perinatal period, colorectal cancer, breast cancer, diabetes mellitus, pneumonia, sepsis, cerebrovascular diseases and renal failure¹.
- Our housing conditions do not allow for self-isolation. Compared with a provincial median, Northern Saskatchewan has between 2.5 and 4.3 times the proportion of dwellings requiring major repair, and between 4.8 and 11.4 times the rates of crowding².
- Many of our communities have limited access to health care, requiring travel from substantial distances over roads that are often substandard and conditions that are treacherous. We have very few consistent providers and very limited resources, further compounding our ability to respond appropriately and quickly.
- The dependency ratio in Northern Saskatchewan is the highest in all of Canada³. This has huge implications in terms of impact on families and communities should these core providers become ill. They are often caregivers and providers to the very young and the very old, and are often overwhelmed, unable to manage additional care of those who become sick.
- We are also on the cusp of forest fire season which affects all of our communities. Smoke travels throughout and can further compromise respiratory illness, making those who contract COVID during this time particularly vulnerable to negative outcomes.

1 https://populationhealthunit.ca/mrws/filedriver/Health_Indicator_reports/Health_Status_-_Mortality.pdf

2 https://populationhealthunit.ca/health_monitoring_and_research/health_monitoring.html

3 Northern Saskatchewan Health Indicators – Community Characteristics: Population Profile. August 2016.



Proposal

The close collaboration between the member Nations of the Meadow Lake Tribal Council (MLTC) and the rest of the Joint Leadership Group makes it possible for funding for this collaborative COVID-19 response to flow through MLTC's financial channels.

Following are our areas of action. Attached is a budget detailing \$10.282 million in expenses.

Because the situation is so new, and changing, these are our best estimates. We are uncertain how long this situation will last, so we are offering budgets per month and for a six month period.

1. CONTAINMENT – SAFE AND EFFECTIVE CHECK POINTS

An Elder told us “the COVID-19 virus does not move; people do.” This guidance matches the World Health Organization (WHO) recommendations: “Countries are strongly encouraged to develop and integrate containment planning into their national pandemic influenza preparedness plans⁴.”

Dr. Bruce Aylward's recent reporting on COVID-19 containment success in mainland China reinforces our certainty that limiting travel to and from our region, and among communities, is the only responsible option at this time. With COVID-19 moving quickly through our population, significant containment measures are our best defense. Self-isolation is almost too late.

We have established four perimeter check points on key roads into our region as well as community safety check points and plan to maintain them for approximately six months.

2. FOOD SECURITY

Low incomes in the region are made worse by unemployment regionally and specifically during the pandemic. Because of containment, people are not able to travel to access food as easily as before. The longer the pandemic lasts, the more difficult it will be for our people to maintain health and immune systems without food security supports.

3. ISOLATION UNITS

There are no empty homes, apartments, or buildings to create isolation units for people. Many of our families live in overcrowded homes, and we have a high percentage of homeless citizens. While self-isolation for people exposed to COVID-19 is an essential strategy, we do not have the infrastructure in place to employ this.

Five isolation units are required across the region. These are mobile units to be provided to communities in addition to the existing infrastructure.

⁴ WHO's October 2007 “Interim Protocol: Rapid Operations to Containing the Initial Emergence of Pandemic Influenza”



4. PERSONAL PROTECTION EQUIPMENT (PPE)

Our needs for PPE in the North West far exceed what is available. While many First Nations are equipped, Municipalities and Métis communities don't have sufficient PPE to offer to their first responders, essential workers, and community members.

5. INCREASED REGION-WIDE TESTING

Testing is currently increasing in our region but we still have concerns that there will be insufficient cartridges for the rapid-testing machines we recently obtained. The SHA is only now setting up a drive through testing centre in La Loche and is planning on doing house to house testing in La Loche, but as we have seen, the spread of the illness affects many of our communities. We will need to have increased access to all of the communities in order to contain this outbreak and to monitor for future outbreaks.

There is a growing body of evidence suggesting the virus is contagious in people before they develop any symptoms. While not yet peer-reviewed, Andrea Crisanti at Imperial College London and his colleagues have published their findings based on an Italian community demonstrating the high rate of community spread from asymptomatic people⁵.

6. MENTAL HEALTH, ADDICTIONS AND HOMELESSNESS

We have substantial portions of our communities that struggle with the issues of suicidality, anxiety, post-traumatic stress disorder, addictions and homelessness. All of these groups are having a great deal of difficulty in coping under the current conditions, and have limited access to services, support or even basic food and shelter.

We are assessing the costs of addressing these needs, and when this work is completed we will include this cost in our budget request.

7. HOME CARE AND ELDER CARE

In pandemic planning in Indigenous communities, it is essential that we can care for our own people. There are many people who need at-home support. The Saskatchewan Health Authority is sending symptomatic patients home to their families, without any support or training on how to isolate in a bedroom, or shed, or basement.

People are afraid – and some community services have been cut off entirely, such as home-care for our elderly and vulnerable people.

Additional supports, PPE, and training will allow our communities to support families suffering from COVID-19, as well as helping vulnerable and elderly people thrive during the pandemic, when supplies and help are difficult to obtain.

It is also important to note that our culture is strong, protective, and important as part of the healing process. Our food, our medicines, our ways are all important in protecting and in obtaining health. Taking our Elders out of this environment where language, food and culture is dramatically different has substantial negative impacts to the health of the individual, family and community.

⁵ <https://www.medrxiv.org/content/10.1101/2020.04.17.20053157v1>



8. COMMUNITY RESPONSE TEAMS

As part of an outbreak response process, three teams of four people each from our communities would respond to help a community facing a crisis of COVID-19 cases. Trained and equipped with PPE and other resources, they would help the community respond to their citizens in whatever way they need.

9. REGIONAL RESPONSE AND LEGACY INFRASTRUCTURE

Our Indigenous leaders through our governments are ultimately responsible for protecting the health, lives, and overall well-being of Indigenous citizens, both First Nations and Métis. They are under immense pressures, heavy workloads, and unexpected expenditures to face the pandemic. And to continue their daily work with sewers, roads, and water.

Our local governments run on very tight budgets and require support for salaries and equipment time to meet the challenges of the pandemic effectively.

The regional response coordinated by the North West Communities Incident Command Centre (NWCICC) is essential to our collaborative strategy. Our leaders' vision is to develop a sustained and progressive initiative far beyond COVID-19. They demand a legacy manifested through streamlined and effective organizations, formalization of collaboration(s), budgeting, and required infrastructure to lead and guide our future together.

It is well worth noting that the NWCICC does not now have any funding for salaries, equipment, expenses, and technology; essentials we will need to allow us to continue to serve our region today, and effectively into the future.

Young people are today's leaders and our living legacy. Enabling them to contribute their service will give them lessons in leadership, and in the ways of their communities and society. We need our young people to be taught, mentored, and supported so that our society can grow and progress. It is even more important now, in this chaotic day-to-day struggle with this virus, to involve our young people. We want them to learn, grasp, and sense how it is they can enlarge our vision, and influence and participate in moving our region forward.

Honarium, salary and program expenses will allow them to serve our communities and region at this crucial time.