

The Women's View of the 2017 Manitoba forest fire emergency

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Thousands of people evacuated from Manitoba First Nations during the forest fires of 2017 had to face conditions no other Canadians would accept. Trauma, stress, [confusion](#), fear and illness experienced by evacuees were a direct result of the failure of government to act quickly and organize evacuations and shelter and the inability of the Red Cross to meet the needs of evacuees. Women, children and elders were hurt the most by these failures. The impact on evacuees would have been much worse if the affected First Nations had not been there to provide services and supplies and bring concerns of evacuees to the attention of the Red Cross.

More than 7,000 people were evacuated from Manitoba First Nations during the 2017 fire season. [All of them](#) were evacuated by airplane [from isolated](#) communities that don't have road access. In Wasagamack, there isn't even an airstrip. People there were evacuated by small boats to St. Theresa Point and then by airplane from there or Garden Hill.

These evacuations were difficult for everybody. But they were especially difficult for women, who had the extra stress of looking after children or elders while staying far from home in temporary shelters.

In my work as a coordinator at the Command Centre set up by St. Theresa Point First Nation near the main Winnipeg evacuation shelter, [was to keep detailed records of all financial transactions as required by INAC and provide assistance to our members](#). I had the opportunity to hear and observe concerns dealing with all aspects of the evacuation. Our centre was open

24/7 in the Charter House Hotel during the evacuation and was continually working with people from St. Theresa Point. Other First Nations offered services to their members. Records were made of all concerns that were presented to our Command Centre during this time.

The evacuations were carried out in a hurry after the forest fires began to endanger communities. In the Island Lake area, residents of Wasagamack were the first to be evacuated. They were taken by boat across the lake to St. Theresa Point while ashes rained down on them and the flames approached their community. Many people are still concerned about the Manitoba government's efforts to fight forest fire and the fact that the government wasn't prepared for the fire to come close to the community. Frustration was worse as the RCMP detachment did not use their boat which [was best equipped](#), to help with the evacuation from Wasagamack and instead left the evacuation to local residents using their fishing boats [with flash lights](#). Evacuating under emergency conditions added greatly to the suffering and harm it caused.

One young mother miscarried immediately after being evacuated by boat from Wasagamack to St. Theresa Point. Evacuees taken to St. Theresa Point spent a night in the school there before being taken to Winnipeg. After people from Wasagamack were evacuated, those from St. Theresa Point First Nation and Garden Hill First Nation were evacuated. Elders, pregnant women and people in more fragile health were evacuated first, so in some cases families were separated and flown out on different planes or even to different locations.

When evacuees arrived in Winnipeg emergency shelters were set up by the Canadian Red Cross. The first of these was in the RBC Convention Centre in downtown Winnipeg. A second shelter was then set up in an indoor soccer complex on Leila Avenue. By the time evacuees reached the shelters, some of them had not been able to sleep for 48 hours. Once in emergency shelters, they found themselves in large, crowded spaces with no privacy and only folding cots to

sleep on. The shelters lacked areas for visiting, children's play spaces, and enough restrooms and washing facilities.

This was especially difficult for women who had to look after children. Many women arrived in the shelters after the difficult evacuation and had to stand for hours to register, holding their children, in order to get shelter, food or supplies. Registration was extremely slow as the Red Cross did not have translators on site and did not use locals who offered. Since the evacuation had been such an emergency, most of them had no belongings or supplies with them. The shelters didn't have childcare facilities, so many women had no chance to rest. They had to look after children around the clock. The shelters were noisy and cold, which made it difficult to get rest, especially for women trying to get their children to sleep. There were reports of pregnant women and elders be assigned cots far from the nearest restroom.

Given the unacceptable conditions at the RBC Convention Centre the evacuees requested hotel rooms which would have beds and showers. However, many hotels did not open their rooms for the evacuees. There is concern by many businesses in Winnipeg that they will not get reimbursed fully in a timely manner and decided to not open their rooms. This is why the we marched to the Legislature to ask for a state of emergency which would have required commercial facilities to open their rooms. This was ignored.

Supplies of basic necessities in the shelters were horribly inadequate. Many evacuees said it was cold, especially at night. The cots provided were too small and lacked any mattress, even a thin foamy, which is standard. Cribs or playpens were not provided so many held their infants and children all night to keep them warm and allow them some sleep. The caregivers were already exhausted from the evacuation and registration process. The Red Cross did not have enough blankets to provide one to each evacuee, and many evacuees needed a second blanket to

sleep comfortably. Diapers and formula were also in short supply. The Red Cross did not accept donations of supplies for the evacuees, so people who wanted to help did not have a way to do so. [Volunteers from the St. Theresa Point Command Centre](#), or to the other First Nations' Command Centres, [delivered](#) supplies that were not available in the shelter.

Many women were concerned about a lack of security in the shelters. A known sexual offender was placed in the same large shelter as hundreds of women and children. As a result, many women were afraid for their personal safety and that of their children and were afraid to sleep or to walk alone to the restroom. The women took shifts around the clock to monitor the activity of the sexual predator. [The Red Cross indicated they could not remove anyone from the shelter](#). Drug dealers were seen gathering at the shelter. In one case a child was able to get outside the shelter and make it all the way to a city bus. [One individual with a mental illness and required one-to one supervision, but was not provided, was able to get away from the shelter and get lost in the city, twice.](#)

The overcrowded conditions in the shelters may have helped to spread disease, including an outbreak of mumps in at least one of the emergency shelters. At the St. Theresa Point Command Centre, and others, drivers were kept busy taking evacuees to and from the hospital. Evacuees included people with diabetes, people with recent amputations, pregnant women and others who needed urgent medical care. Under normal conditions, the First Nations Health Branch (FNHB) would be responsible for transporting patients discharged from the hospital back home. Since they had no home to go to, FNHB simply sent them back to the emergency shelters, which were not an appropriate environment for anybody with a medical condition. Health care offered within the shelters was inadequate. Health teams were only put in place several days after the shelters opened. At St. Theresa Point's Command Centre, our own health care team looked

after patients. Two older adults were hospitalized with pneumonia during the evacuation and one woman died of complications related to diabetes after being evacuated.

Many of the problems were made worse by the fact that the Red Cross did not have enough staff to help the large number of evacuees. As well, staff at the shelters were not familiar with Indigenous cultures and communities and did not speak the language. The shortage of staff added to the delays for evacuees, especially at the beginning when planeloads were arriving. At one point, with only two staff to register new arrivals, the lines stretched around the block. St. Theresa Point First Nation workers asked if they could help to speed up the process and were told “no” at first. Eventually, when our people were allowed to register arrivals, the process went much more smoothly. In many cases, our staff knew the people they were registering and so they could go through the entry forms much more quickly.

Evacuees felt that the people staffing the shelters didn’t understand their needs and their situation. Evacuees were made to feel bad when their children were restless and when the overcrowded facilities weren’t clean. For example, staff at the shelters did not understand that in many First Nations, many homes, [40% in St Teresa](#), do not have running water. Even in homes that do have running water, people often do not flush toilet paper because their sewage treatment system may not be able to handle it. With no Indigenous people among their staff, the Red Cross failed to explain things like the restroom and washing facilities. Staff took offence when people in the shelters did not flush paper. A lack of cultural understanding was a problem throughout the evacuations. Splitting up extended families and sending them to different cities and different shelters added to the impact on the communities. Aunties and grandmothers play an important part in Indigenous families, so splitting extended families up made things harder for women and children.

There was also a lack of coordination with Child and Family Services during the evacuation. Children who were in the care of CFS were evacuated and placed in shelters along with the rest of their community. In some cases, a parent who was to have no unsupervised contact with their child would be in contact with them as a result of them all being placed in the same shelter. This was traumatizing to these children.

Although the First Nations command centres worked to move evacuees to hotel rooms as soon as possible, some people stayed for [up to 3 weeks](#) at the emergency shelters. Usually the people with the greatest health needs were transferred first from the shelters, but in one case a newborn was still staying in the shelter after three weeks. Efforts to find hotel rooms were made difficult because many hotels reported that their rooms were already booked by people coming to Winnipeg for a football game. Those who were sheltered in hotel rooms reported that hotel staff did not clean their rooms or provide clean linen.

All through this time the evacuees did not know who was responsible to help. The shelters were run by the Canadian Red Cross because the Manitoba Government does not have an agreement to provide disaster management for First Nations. Many evacuees wondered why the government failed to declare a State of Emergency and make sure that hotel rooms were made available to evacuees.

One person who helped a lot in this time was Judy Klassen, Member of the Legislative Assembly for Kewatinook. She and her staff spent long days and nights at the shelters. They helped evacuees get the supplies they needed and arrange for hotel rooms. They also drove evacuees to the hospital or to reunite with family members elsewhere in the city.

Many First Nations in Manitoba are at risk of forest fire every year. The people who live in these communities deserve to have a plan in place to keep them safe and make sure that if they

have to leave their community they can do so safely. Plans need to be made to make sure that safe, comfortable, culturally appropriate shelter exists when First Nations people need it.

Recommendations

- When evacuating an Indigenous community, the organization responsible for emergency management should hire women from that community to register evacuees, provide information and provide other services.
- If the Red Cross remains involved in emergency management in the future, they must have an Indigenous Department, with adequate staff, to ensure that staff understand the needs of evacuees and to reduce language barriers.
- Ensure adequate supplies for all evacuees.
- [Ensure evacuees are served healthy food with vegetables and fresh fruits and ensure wild food is made available for our elders, as they cannot tolerate other types of diet.](#)
- Ensure that the emergency management organization arranges hotel rooms to reduce evacuees' time in temporary shelters.
- Ensure adequate co-ordination between the affected First Nation, the organization providing emergency management, First Nations Health Branch, Child and Family Services, local Health Authorities, local police and other organizations involved in caring for evacuees.
- Ensure that First Nations are fully compensated for all expenses incurred to provide services to evacuees, including operations of Command Centres, vehicle use, supplies and staff.