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Standing Committee on Indigenous and Northern Affairs
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Please accept this brief for the Standing Committee on Indigenous and Northern Affairs study of support for Indigenous communities, businesses, and individuals through a second wave of Covid-19.

SITUATION

Since March 2020, James Smith Cree Nation (JSCN) and the Federation of Sovereign Indigenous Nations (FSIN), have made requests to Canada for funding support for a First Nations led and managed solution to address our urgent and emergency need for Personal Protective Equipment in order to ensure the safety and wellbeing of our communities in the face of COVID-19.

We have engaged exhaustive correspondence and communications about these proposals with: Rt. Hon. Justin Trudeau, Hon. Chrystia Freeland, Hon. Marc Miller, Mr. Mike Burton, Hon. Carolyn Bennett, and ISC Regional officials Jocelyn Andrews, Rob Harvey and Bonnie Rushowick.

Despite extensive consultations and discussions with the department and minister's office, we have experienced significant delays and denials from Canada to support these urgently needed and emergency proposals. This has been well documented since May, with particular reference to '*Indigenous Services Moving Goalposts on First Nations PPE*', *CBC News, September 11, 2020* (<https://www.cbc.ca/news/indigenous/first-nations-ppe-proposal-1.5721249>).

The failed funding and departmental dysfunction have resulted in significant outbreaks which are occurring across our regions. By Canada's own admission on November 29, **COVID-19 is now four times (4x) worse in First Nations, Inuit and Métis communities than during the first wave which occurred from March through May 2020.**

Our communities are experiencing multiple outbreaks and we have asked Canada for funding since March 2020 to ensure that we have essential supplies of PPE to prevent and counteract the community transmission of COVID-19. Our needs are community-wide and beyond the mandate of available PPE through the National Emergency Strategic Stockpile for healthcare and frontline workers. Since May, over 80% of our communities have had no PPE. In certain cases, what remains from the H1N1 stores are expired, mouldy and unusable.

It is undeniable that we are extremely vulnerable to COVID-19. The social determinants of health affecting us are well represented in Dr. Tam's latest report 'From risk to resilience: An equity approach

to COVID-19'. These risks include chronic overcrowding; group living conditions; experiences of marginalization, discrimination, racism, and trauma; increased mental health issues; unemployment, poverty, etc. Our overcrowded homes and lack of clean water cannot be solved or substantially alleviated during the pandemic.

It is well demonstrated that Indigenous leadership, governments and organizations are best suited to identify and address the unique challenges facing our communities and that supporting Indigenous-led services can also help address stigma and discrimination, and honour the intent of reconciliation. We have provided community led and well-researched proposals with all-encompassing support from First Nations leadership across multiple regions to attain the economy of scale, favourable pricing, and deliver value for public funds and to our communities.

We have submitted our proposals to Indigenous Services Canada and Hon. Marc Miller, Minister of Indigenous Services Canada. Our proposals have achieved significant support across multiple Treaties, Tribal Councils, and Assembly of First Nations leadership from Alberta, Saskatchewan, North West Territories, Manitoba, New Brunswick, and PEI. The cooperation and support across multiple Nations allows for PPE to be purchased at prices that are at least 50% cheaper due to the economy of scale. This saves the Government of Canada tens of millions, if not hundreds of millions, of dollars in funding. The coordination of logistics and distribution by JSCN, FSIN and regional partners ensures that PPE can reach all Nations as rapidly and efficiently as possible.

According to ISC Saskatchewan Region disclosures from October, there remains approximately \$600 million unspent and over \$200 million allocated specifically for community-led COVID-19 proposals.

By not taking meaningful and timely action, Canada has been negligent in their requirements to ensure First Nations health and department personnel have been demeaning, racist and belittling towards us. ISC Regional civil servants have made our requests a political issue. It never should have come to this. This may have cost lives.

RECCOMENDATION

We recommend that the Standing Committee on Indigenous and Northern Affairs thoroughly investigate the bureaucratic delays in funding of our COVID-19 First Nations community-led proposals during a time of emergency need.

FIRST NATIONS KEY TO EFFECTIVE EPIDEMIC CONTROL

Canada's COVID- response plan is designed for people with a Eurocentric lifestyle and proper living conditions that are afforded to them by the Government of Canada. First Nations are not able to isolate or quarantine in our homes as they are typically occupied by generational families. Enforcing central isolation is a completely unacceptable solution as it is reminiscent of the trauma of residential schools that happened in the not so distant history. Mask wearing is not currently possible as First Nations communities have not been given the resources necessary to provide PPE for their communities. Hand washing is not effective in communities where access to clean water is not readily available.

We all know that social distancing, proper PPE, and hand sanitization are the minimum requirements to stop the spread of the deadly and life-altering COVID-19. This is evidenced and backed by the World Health Organization, the United Nations and virtually all the research and government leadership for COVID-19 and pandemic response. PPE is the only solution that meets the needs of our vulnerable population in the face of COVID-19.

HISTORIC CONSIDERATIONS

The relationship between public health and public trust is a well documented one. Effectively, studies show that if there is no public trust in government, people are less likely to support and participate in public health initiatives like cooperating with contact tracers or voluntarily getting tested. Additionally, people who experience hardship during a pandemic trust government less than those who didn't, suggesting a cycle between distrust, hardship, non-compliance, and further distrust.

Canada has a long history of medical harm in a variety of settings against minority populations. Recent history saw the Government of Canada send body bags instead of health care supplies in the wake of an H1N1 outbreak. Other accounts like the symbiotic connection between Tuberculosis and residential schools that saw Indigenous people dying at a rate of 700 in 100,000 in the 1930's – 1940's *the highest death rate of any population*. Currently, unequal access to health care, the segregation of medical facilities and the social inequalities of housing, health care access, employment opportunities, wealth gaps and lack of social services that produce disproportionate health disparities by race in Canada, COVID-19, violence and racism are historically linked.

As significant steps are needed to prevent the continued spread of COVID-19, these histories make it uniquely difficult for the Canadian Government to suggest health interventions that may disrupt people's lives and anticipate that they will be met with good faith. *These histories make this current crisis of COVID-19 a problem rooted in a long history unique to the Canada*. Any health interventions must occur in a way that is in the public health interest and non-discriminatory. Additionally, it must be overwhelmingly benevolent and transparent, displaying without a shadow of a doubt the goal to compensate for and compassionately respond to the needs of the Canadian population. This is an opportunity for the Canada to truly offer reconciliation and challenge a checkered history of institutional and structural discriminatory practices and actions and move towards effective and compassionate public health responses.

COMMUNITY LED DEVELOPMENT

Considering the differences in Eurocentric lifestyle of Canadians and not only the cultural differences but the socioeconomic differences thrust on First Nations communities by the Government of Canada – the only course of action that makes sense is to utilize Community Led Development (CLD) Framework and strategies. This strategy is widely used by the UN, WHO and NGO's around the world to increase the long-term sustainability of a group, instead of a top down governance approach that is blind to the issues of the community in question. The Strategy laid out in this document is reflective and reminiscent of the manifesto for the Movement for Community Led Development; namely:

1. Voice and Agency for all Marginalized groups
2. Adequate community finance
3. Good local governance
4. Quality Public Service
5. Resilience

By creating a COVID-Response strategy led by First Nations for our peoples, we give our community the opportunity to create resilience and sustainable, long-term solutions.

FUNDING REQUESTS MADE TO-DATE

For the purposes of your study and to well document the extent of our engagement and bureaucratic run-around to-date, please find the following evidence of the dates we made our submissions, their corresponding amounts and intended application:

1. May 15, 2020 – James Smith Cree Nation Saskatchewan Regional Proposal
Amount Requested: \$120M (USD)
Program Supported: 6 Months of COVID PPE supply per capita for all Saskatchewan First Nations for immediate needs and adequate supplies for COVID second wave.
2. May 20, 2020 – Federation of Sovereign Indigenous Nations – Urban First Nation Support
Amount Requested: \$3.4M (CAD)
Program Supported: 6 Months COVID PPE supply for Urban Saskatchewan First Nations and related frontline workers.
3. May 26, 2020 – ***This was a resubmission of the May 15 JSCN proposal through FSIN as directed by Saskatchewan Region ISC.*
4. July 31, 2020 – James Smith Cree Nation Multi-Region Proposal
Amount Requested: \$1.2B (CAD)
Program Supported: 6 Months of COVID PPE supply per capita across multiple regions (Saskatchewan, Alberta, Manitoba, Northwest Territories, New Brunswick, and PEI) for urgent and immediate needs and COVID second wave.
5. August 7, 2020 – James Smith Cree Nation
Amount Requested: \$41M (CAD)
Program Supported: 3 Months COVID PPE supply for urgent and immediate needs for 70,000 individuals as directed by Minister Miller's office.
6. August 12 – James Smith Cree Nation Multi-Region Proposal
***This was a resubmission of the July 31 multi-region proposal as no response was provided to any prior funding requests and the situation became more urgent and desperate.*
7. August 22, 2020 – James Smith Cree Nation / Prince Albert Grand Council & Treaty 6 Schools and Education.
Amount Requested: \$3.2M (CAD)
Program Supported: 6 Months COVID PPE supply for urgent and immediate needs for the safe reopening of 25 schools across JSCN / PAGC and Treaty 6.
8. August 31, 2020 – Federation of Sovereign Indigenous Nations & JSCN Urban First Nations Continued Urban Pandemic Response and Relief Effort
Amount Requested: \$23M (CAD)
Program Supported: Continuation of May 20, 2020 program with a per capita equalization payment.
9. September 9, 2020 – James Smith Cree Nation / Prince Albert Grand Council & Treaty 6 Schools and Education. ***This was a resubmission of the August 22nd proposal with an*

amended funding amount due to an increase of stakeholders per capita and their requirements since August.

Amount Requested: \$5.4M (CAD)

Program Supported: 6 Months COVID PPE supply for urgent and immediate needs for the safe reopening of 25 schools across JSCN / PAGC and Treaty 6.

ABOUT JAMES SMITH CREE NATION

The James Smith Cree Nation is located 58 kilometers east of Prince Albert, Saskatchewan, and is 15,099 hectares in size. This first nation has a present population of 3,412, with the on-reserve population estimated to be at 1,892 members. The original language spoken is Cree.

The James Smith reserve was historically known as Fort-a-la-Corne. Situated near the banks of the North Saskatchewan River, Fort-a-la-Corne became a gathering place of many different First Nations. Later this area would become a gateway to the western regions of Canada. Trading posts would eventually become a common place with the Hudson Bay Company, Northwest Trading Co., as both French and English traders competed for the economic benefits of the fur trade. Along with fur trade came the inevitable settlement of the Europeans around the fertile lands we occupied. They founded their homesteads, built an infrastructure including churches, schools and supply centres trading with the surrounding Indian peoples.

ABOUT FSIN

FSIN represents 74 First Nations in Saskatchewan. The Federation is committed to honouring the spirit and intent of the Treaties, as well as the promotion, protection and implementation of the Treaty promises that were made more than a century ago.