

EVALUATION REPORT

Manitoba
First Nations
Pandemic Response
Coordination Team





Contents

Table of Contents

Introduction	5
Methodology.....	6
Manitoba First Nations Context.....	7
First Nations and Processes.....	9
Pandemic Plans.....	10
Community Responses to COVID-19.....	11
Impacts of COVID-19 in Manitoba First Nations.....	13
Partners of the Manitoba First Nations Pandemic Response Coordination Team.....	14
The Initial Stages of the Pandemic Response Coordination Team.....	17
Social Supports Area.....	20
First Nation Identifiers and Data Linkages.....	24
Community Wellness.....	28
Rapid Response Team (RRT).....	30
Medical and Human Resource Lead.....	30
Communications.....	31
Alternative Isolation Accommodation (AIA) Support.....	32
Requests for Assistance from PRCT.....	33
Challenges.....	34
Access to Public Health.....	34
Pandemic Response Plans.....	34
Incomplete Data Picture- Federally.....	34
Enforcing Health Guidelines.....	34
Rapid Response Team Issues.....	35
Transporting Members out of Community	35
Southern Communities.....	35



Isolating and Mental Health.....	36
Community Restrictions.....	36
Events.....	36
Halt of Services in Community.....	36
Environmental Factors.....	37
Internal Communication of PRCT.....	37
Elders.....	37
Internet Connection.....	38
Manitoba Hydro and Keeyask.....	38
Disconnect with Federal Government.....	39
Experience of Loss.....	39
Change.....	40
Advice.....	42
What Worked.....	43
Working together.....	43
First Nations Leadership.....	43
Jurisdiction Barriers Shambled.....	44
Early Response.....	45
Rapid Response Team.....	45
Assisting Communities Accessing Financial Resources, Food Distributions and Proposals	45
Focus on Mental Health.....	46
Vaccine Rollout.....	46
Strong Data.....	46
Communication to Communities.....	47
Recommendations.....	48
For communities.....	48
For Government.....	49
Accomplishments.....	51



Next steps.....	55
Appendices.....	56
First Nations Timeline.....	56
Facebook Lives.....	60
Province of Manitoba Timeline- COVID-19.....	66
Red Cross Supports.....	72
References.....	76



Introduction

With the start of the COVID-19 pandemic, the Provincial Territorial Organizations and the regional health entity knew the importance of leading the way. There were lessons learned from the previous experience with H1NI that First Nations are the experts. Since the start of the pandemic, the First Nations leadership, the various government and non-government partners have worked together to address the issues, challenges and logistics it fight the COVID-19 pandemic.

It has been one year since the Assembly of Manitoba Chiefs (AMC) Executive Committee declared a state of emergency due to the global pandemic and created the Manitoba First Nations Pandemic Response and Coordination Team on March 17th, 2020. Three days later, the Premier of Manitoba, Brian Pallister declared a state of emergency within Manitoba.

Grand Chief Arlen Dumas said, “By invoking the emergencies measures legislation, the province is acting proactively to ensure that the COVID-19 virus is contained while the science and research is being conducted to find a cure.

The AMC supports these emergency measures for as long as they need to be in place and as long as they don’t interfere with local First Nations decision-making; I commit the AMC Secretariat to working with the Premier, all Ministers, and provincial health professionals to contribute to a collective Manitoba process on preparedness, mitigation, and pandemic planning efforts.

To this end, the First Nations COVID-19 strategic response team, developed in partnership with our fellow regional PTOs and affiliated entities, is in constant communication with the Premier’s Office, the Manitoba Chief Provincial Public Health Officer, and all Regional Health Authorities, to ensure Manitoba First Nations are supported and that we are doing our part to minimize the spread of the virus across the region and within our individual First Nations.”

The Manitoba First Nations Pandemic Response Coordination Team was born to help combat COVID-19 in the region. Although COVID-19 was first identified in March 2020 within the Manitoba region, it did not reach our communities during this first wave. However, made a big impact the second wave with First Nations people disproportionately impacted by this virus.

The solutions and actions to fight this pandemic came from the First Nations and leadership. It is important to recognize that First Nations self-determination and community-based knowledge has been successful in protecting First Nations during this pandemic. Leadership responses to COVID-19 have kept communities safe, borders were shut down and public health measures were put in place to protect First Nations. The communities were proactive and the Manitoba First Nations Pandemic Coordination Response Team with their advocacy made a difference in the region.

This is the story of the Manitoba First Nations Pandemic Response Coordination Team in Manitoba and their fight with the COVID-19 pandemic.



Methodology

The Manitoba First Nations Pandemic Response Coordination Team (PRCT) identified the importance of documenting the approach to the pandemic. When H1N1 occurred in 2009, the response in the region was not documented.

This document was compiled through interviews with members of the PRCT, the review of minutes, media releases, social media, news articles and documents.



Manitoba First Nations Context

Manitoba is home to 63 First Nations communities which are connected to Treaty 1, Treaty 2, Treaty 3, Treaty 4, Treaty 5 and Adhesion to Treaty 5. The total population for:

- On reserve and crown land is 95, 054; and
- Off reserve is 69, 062.

Manitoba is home to 5 linguistic groups- Anishinaabe (Ojibway), Nehetho (Cree), Anishiniwak (Oji-Cree), Dene and Dakota. Geographically, the First Nations communities are spread out within the region. Twenty-three First Nations are not accessible by an all-weather road.

Manitoba is home to 7 Tribal Councils within the region. Below is a list of communities and the Tribal Council with their membership. Please note that the Independent communities listed below are not connected to the Tribal Councils.

Dakota Ojibway Tribal Council (DOTC)

Birdtail Sioux Dakota Nation
 Long Plain First Nation
 Roseau River Anishinaabe Nation
 Sandy Bay First Nation
 Swan Lake First Nation
 Waywayseecappo First Nation

God's Lake First Nation
 Manto Sipi Cree Nation
 Northlands Denesuline First Nation
 Sayisi Dene First Nation
 Shamattawa First Nation
 Tataskweyak Cree Nation
 War Lake First Nation
 York Factory First Nation

Sapotaweyak Cree Nation
 Wuskwi Sipi First Nation

West Region Tribal Council (WRTC)

Ebb and Flow First Nation
 Gambler First Nation
 Keeseekoowenin Ojibway Nation
 O-Chi-Chaka-Koi-SiPix First Nation
 Pine Creek First Nation
 Rolling River Anishinabek Nation
 Showman First Nation
 Tootinaowaziibeeng Treaty Reserve

Island Lake Tribal Council (ILTC)

St. Theresa Point First Nation
 Garden Hill First Nation
 Red Sucker Lake First Nation
 Wasagamack First Nation

Southeast Resource Development Council (SERDC)

Berens River First Nation
 Black River First Nation
 Bloodvein First Nation
 Brokenhead Ojibway Nation
 Buffalo Point First Nation
 Hollow Water First Nation
 Little Grand Rapids First Nation
 Pauingassi First Nation
 Poplar River First Nation

Independent- North

Nisichawayasihk Cree Nation
 Norway House Cree Nation
 O-Pipon-Na-Piwin Cree Nation
 Pimicikamak Cree Nation

Interlake Reserves Tribal Council (IRTC)

Dauphin River First Nation
 Kinonjeoshtegon First Nation
 Lake Manitoba First Nation
 Little Saskatchewan First Nation
 Peguis First Nation
 Pinaymootang First Nation

Swampy Cree Tribal Council (SCTC)

Chemawawin Cree Nation
 Marcel Colomb First Nation
 Mathias Colomb Cree Nation
 Misipawistik Cree Nation
 Mosakahiken Cree Nation
 Opaskwayak Cree Nation

Keewatin Tribal Council (KTC)

Barren Lands First Nation
 Bunibonabee Cree Nation
 Fox Lake Cree Nation



Independent-South

Canupawakpa Dakota First Nation

Dakota Plains Wahpeton Nation

Dakota Tipi First Nation

Fisher River Cree Nation

Lake St. Martin First Nation

Sagkeeng First Nation

Sioux Valley Dakota Nation

When looking at the impact of COVID-19 in First Nations communities it is important to keep in mind the realities, the inequities experienced, the historical context and the Social Determinants of Health. First Nations people have unique determinants of health in comparison to the rest of Manitoba.

The “Health Status and Access to Healthcare by Registered First Nations Peoples in Manitoba” report recognizes the following key determinants of health in context to First Nations people.

World Health Organization

Social Gradient

Stress

Social Exclusion

Work

Unemployment

Social Support

Early Life

Social Support Networks

Employment and Working

Conditions

Social and Physical

Environments,

Personal Health Practice

and Coping Skills

Healthy Child Development

Culture

Gender

Health Services

Biology

Genetic Endowment

Indigenous People

Cultural Continuity

Physical and Social

Environments

Self-Determination

Connectivity to Land and

Reconciliation

History of Health Issues

Racism and Marginalization

Canada

Education

Income and Social Status

Through this pandemic we have seen increasing proportion and overrepresentation of COVID-19 experienced by First Nations, which is rooted in longstanding structural factors. This includes overcrowding, inadequate housing and lack of inequitable healthcare that put First Nations people at higher risk.

The geographic location of the community also plays in a role in how response will be done. Some of the additional areas that need to be looked at in First Nations communities are:

- Sourcing of food and general supplies.
- Sourcing PPE supplies.
- First Nation as testing sites or FNs accessing testing sites in their area;
- Patient escorts.
- Housing and self-isolation;
- Possibility of isolation tents or temporary shelters;
- Testing;
- Transportation;
- Alternative Isolation Accommodation (AIA);
- Travel for supplies.



First Nations and Processes

The regional organizations recognize that communities in Manitoba are sovereign nations. The communities are mostly contacted by First Nations Inuit Health Branch however we do have 8 communities that do have provincial services within their territory.

When communities experienced a positive case of COVID-19, the process was as follows:

1. First Nations Inuit Health Branch (FNIHB) Medical Officer of Health (MOH) or Province will notify the First Nation community leadership when there are new positive case(s) in the community to support response efforts.
2. The Nurse in Charge (NIC) will notify the Health Director of new positive case(s). Health Directors and pandemic response tables need to be informed to ensure supports are in place to prevent the spread of the virus.

The information provided is community-based reporting of contact case(s) that are identified as living on-reserve. Once this is done, the pandemic response is activated by leadership and NIC.

Communities are provided the following report data fields; age, gender, pre-existing conditions, on or off reserve, and location of their diagnosis (i.e. where care was accessed), and death rate.

Daily reports are shared at the provincial and Regional Health Authority (RHA) levels, the MB First Nation (FN) Pandemic Planning and Response team, First Nation Health and Social Secretariat (FNHSSM) communications lead, First Nations, Indigenous Services Canada (ISC) First Nations Inuit Health Branch (FNIHB), and provincial incident command. Community based reporting of positive COVID-19 cases are anonymous.



Pandemic Plans

Community pandemic plans were reviewed by federal government. These plans are typically reviewed within a business week against existing guidelines and available funding options. The funding estimates may be adjusted based on other factors. The review process was ongoing and funds are assigned most often using amendments, which allows the department to notify by email.

Communities were the authors of their own pandemic plans. Many communities were able to adapt plans that made them concise. PRCT members often did not see the plans and did not check for evidence. When connecting with communities, PRCT would take note of it. Sometimes communities would share plans with members to provide support.

Currently the communities in the region are working the best they can with staff they have. In some of the First Nations, it was hit or miss in terms of the nature included in pandemic plans. Some communities were experiencing challenges.

It is important to keep in mind that communities are the experts as they know:

- What they are working with;
- What they have; and
- What will work best in their situation.

The general community should be included. When they are involved, it results in less pressure and then they are aware of the processes.

By not having general community involved, communities do not take on ownership. They are more likely not as motivated to stay home. It is important to be clear and identify what pandemic response is supposed to do.

The response to COVID-19 has been a learning experience and everyone did best that they can.

It is important to remind communities that this is their pandemic response plan, it does not need approval by government, by PRCT or by anyone. If the community requested the PRCT Team to review it, some team members did this.

Some Leadership questioned their pandemic response plans and were worried about it not being up to standard. Communities should be empowered to do this. If team members were assisting with plans, it was important to empower our people and to not take ownership of it. The messaging should include the same language when working with First Nations communities.

It is important to ensure families feel supported and that they are not alone. At a community level, it is no one's fault when a person tests positive for COVID-19. Stigma is important to be addressed as people gossiping about who has tested positive creates stigma.

Our health care system has been in place since time immemorial. We are still here. There was a pandemic here in 1919. This virus hit the children, this one is hitting the Elders. This one Elder from Ontario, talked about this child who had this virus. Parent told to take this child to ceremony, laid child on ground as part of healing. Jingle dress dance, child can hear the jingles, hear the drums. Child woke up and was dancing at end of pow wow.



Community Responses to COVID-19

State of Emergency

When COVID-19 first occurred, the First Nations communities started to implement restrictions and close their borders. Some have also declared a state of emergency (SOE).

The State of Emergencies were enacted as followed:

March 17, 2020	Assembly of Manitoba Chiefs (AMC) declared a State of Emergency on behalf of 62 FN communities
March 27, 2020	Assembly of First Nations (AFN) also declared a SOE on behalf of 643 FN communities March 23, 2002.
March 2020	Some First Nations communities have declared their own SOE.

Community of Borders and Checkpoints

Communities began to shut down their borders, only allowing access to residents of the communities. Check stops were put in place at access roads, only allowing for essential travel and deliveries of goods and services. Non-essential travel and non-residents were turned away.

A memo was sent out by the Manitoba First Nations Pandemic Response Coordination Team to assist with this which contained introductory information to help develop a Band Council Resolution (BCR). A template was provided and noted that upon declaring a state of emergency, the BCR can outline the First Nation’s orders and regulations it believes is necessary to mitigate risk associated with the COVID-19 crisis.

“Excerpt from the BCR Template:

- a) The regulation or prohibition of travel to, from or within any specified area of (insert FN) lands.*
- b) The evacuation of persons and the removal of personal property from any specified area making arrangements for the adequate care and protection of person and property;*
- c) Ensure Social Distancing practices are observed by community members to flatten curve of the spread of COVID-19. As such a postponement of community events including weddings, birthdays, funerals, church services, community feasts and any other activities where groups of people congregate until such time when risk to the community can be averted.”*

Communities asserted their own control and shut down borders so that they were not accessible to people outside of the community. Here is a breakdown of dates of closures:

By March 26, 2020	29 communities closed their borders
By April 5, 2020	45 communities closed their borders
By April 29, 2020	53 communities closed their borders



For the longest time, the majority of cases occurred in urban and rural settings because there was no way to control flow and movement. With communities, they had more control to support members as they move around. They had more supports in terms of their isolation.

In terms of community responses seen, there have been staggered lockdowns or protection days. Communities would have a certain amount of days with zero movement, then have relaxed dates so members did not have pandemic fatigue.

Restrictions

In some of the communities, restrictions were put in place after the first case was announced. Some of the restrictions included:

- Postponement of community events and gatherings;
- Closure of schools and daycares;
- Closure of access to personal care homes;
- Closure of services;
- Only essential travel allowed;
- Screening of people transporting goods and services into the community;
- Travel bans were put in place for community members, mostly to avoid urban centres;
- Some communities banned alcohol.

Communities followed the public health orders set out by the Province of Manitoba and implemented their own for additional safety exercising their sovereignty.

Curfews

Curfews were also implemented in some First Nations communities. This was to encourage that social distancing occurred and that gatherings did not happen. The communities' curfew would most often be between 10 pm to 6 am. This was to reduce risk of transmission.

Resilience and Strength

Communities in the region adapted quickly to the change. To bring spirits up, communities hosted online sessions or held drive-by parades. Contests were held to decorate homes or take part in activities from home.



Impacts of COVID-19 in Manitoba First Nations

The First Nations in Manitoba had success during the first wave by keeping COVID-19 outside of communities. This was due to the diligence and hard work of leaderships and pandemic response teams.

With the second wave of COVID-19 in Manitoba, the first case occurred in the Interlake region the beginning of September 2020. With this very first case, the person was exposed to the virus in the Winnipeg region and was asymptomatic when returning to community. Almost instantly, the two neighbouring communities had three people test positive for COVID-19. This was just the beginning.

Since then and throughout the pandemic, First Nations people continue to make up a highly disproportionate amount of new cases in Manitoba. First Nations also remain over-represented in hospitalizations and ICU admissions. The 5 day test positivity rate remains to be significantly higher than the rest of the province. While some communities have experienced being COVID free with no active cases, others continue to experience new cases or even outbreaks.

To date as of March 31, 2021, the Manitoba Region has lost 155 community members to COVID-19. Since the first COVID case, 205 days ago, there were 155 deaths overall which is 0.75 deaths per day. Our youngest community member to pass from COVID-19 is 9 years of age and the oldest is 96 years of age. The median of death has remained at 65 years of age consistently over the pandemic, in comparison to province of Manitoba's median age which is 85 years.

On behalf of the Manitoba First Nations Pandemic Response Coordination Team, condolences to the families and communities who have experienced loss during this time.



Partners of the Manitoba First Nations Pandemic Response Coordination Team

The Manitoba First Nations Pandemic Response Coordination Team (PRCT) is made up the following organizations:

Manitoba Keewatinowi Okimakanak Inc.

The Manitoba Keewatinowi Okimakanak (MKO), is a non-profit, political advocacy organization that provides a collective voice on issues of inherent, Treaty, Aboriginal and human rights for the citizens of the sovereign signatory to Treaties 4, 5, 6 and 10. MKO strengthens and promotes the interests of First Nations through autonomy and self-sufficiency in all areas that affect the lives of Northern First Nations' citizens.



MKO receives its mandate by resolution of the MKO Chiefs in General Assembly. The MKO portfolios are:

- Finance
- Administration
- Employment
- Education and Economic Development
- Child Welfare and Women
- Health
- Housing
- Roads
- Transportation and Capital
- Justice
- Land Claims
- Treaty Land Entitlement
- Self-government, Treaty and Bill C-31;
- Natural Resources
- Social Development, Youth and Recreation
- Special Projects

During this process of the PRCT, the MKO had involvement from their staff in various areas. MKO was able to leverage to hire new people with MKO and KIM and developed a pandemic coordination team. A position of the Pandemic Director was started.



Keewatinohk Inniniw Minoayawin (KIM)

Within the past year, the MKO has opened a health entity Keewatinohk Inniniw Minoayawin (KIM) Inc. KIM was established by the MKO Chiefs Task Force on Health in January 2020. The health staff transferred to the new organization.



Assembly of Manitoba Chiefs

The Assembly of Manitoba Chiefs was formed in 1988 by the Chiefs in Manitoba to advocate on issues that commonly affect First Nations in Manitoba.

AMC represents 62 of the 63 First Nations in Manitoba with a total of more than 151,000 First Nation citizens in the province. AMC represents a diversity of Anishinaabe (Ojibway), Nehetho (Cree), Anishiniwak (Oji-Cree), Dene and Dakota people and traditions.



AMC has several First Nation policy sectors including:

- Eagle's Nest
- EAGLE Urban Transition Centre
- Executive Council of Chiefs
- First Nations Family Advocate Office
- Gaming
- Grandmothers Council
- Health
- Patient Advocate Unit
- Special Needs Advocate Unit
- Treaty Relations
- First Nations Women's Council
- Jordan's Principle

The current Grand Chief is Arlen Dumas. There is a lead for the PRCT from AMC who has extensive experience in project management and pandemic planning.

In the beginning when COVID-19 occurred, the AMC team ensured to reach all communities by talking to and receiving information. The AMC team assisted communities in areas like:

- administration,
- writing proposals,
- creating budgets and
- BCRS.

Southern Chiefs Organization

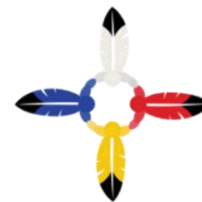
The Southern Chiefs' Organization (SCO) was involved in the beginning of the forming of the Pandemic Response Coordination Team. They then decided to focus solely on the Southern aspect and did not continue with the PRCT.

The SCO represents 34 southern First Nation communities Anishinaabe and Dakota communities. They provide a political forum to protect, preserve, promote, and enhance First Nations peoples' inherent rights, languages, customs, and traditions through the application and implementation of the spirit and intent of the Treaty-making process.



First Nations Health and Social Secretariat of Manitoba

The First Nations Health & Social Secretariat of Manitoba (FNHSSM) works to ensure that First Nations in Manitoba to have increased opportunities to participate in:



- the planning & development of a Unified Health System in Manitoba;
- the influence of regional and national health policy, health systems and program development in areas including, but not limited to,
 - health consultation,
 - maternal child health,
 - e-Health/Panorama,
 - youth suicide,
 - mental health,
 - inter-governmental health,
 - health & social determinants of health,
 - health research,
 - web-based home and community care training,
 - health governance, and
 - Infrastructure support.

FNHSSM has coordinated staff within the organization to ensure that all areas and issues that arise are being addressed. A number of staff have roles within the social support teams and have lead the way with the Data Working Group and Knowledge Translation.

The Red Cross

The Red Cross helps people and communities in Canada and around the world in times of need and supports them in strengthening their resilience.

The Red Cross came on board because of its long-standing relationship and formal agreement with the Assembly of Manitoba Chiefs, along with its many years of working with First Nations throughout the province. The main focus of the Red Cross is identifying gaps and filling those along with acting as surge capacity. The organization assisted with pandemic planning sessions with different communities and tribal councils. Over the past year, the Red Cross provided many different program areas including surge capacity around AIA site, delivering isolation supplies to First Nations on behalf of FNIHB, providing surge support for vaccinations clinics in communities and by funding different communities and organizations to help meet their needs. They provided a different perspective in discussions held at the lead group and in small working groups as well.



The Initial Stages of the Pandemic Response Coordination Team

With the first case of COVID-19 announced in March in the Manitoba region, the First Nations organizations knew something needed to be done and were unsure about what the impact of the pandemic would be.

Based on previous experiences with H1N1, it was known that First Nations in Manitoba were hit hard. The members of the Regional organizations knew that based on the previous experience with H1N1 that there was no trust with the federal government or the provincial government during that time.

The regional organizations were well placed to know how to access levers to start the pandemic response efforts. They refused to wait for provincial government and federal government to do it and knew they needed to do it first. The external systems did not understand the impact and risk of COVID-19 within the communities. The team spent a lot of time advocating and raising awareness with those different systems.

“By early mid-March, First Nations health leaders knew that they needed to ensure the federal and provincial partners had an integrated response for our communities. The concept of the Pandemic Response Coordination Team was to be that bridge between both systems and take a leadership role.”

The initial stages of the Pandemic Response Coordination Team started as a result of meetings between the Chief Public Health Officer Dr. Brett Roussin, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), the Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO) and Assembly of Manitoba Chiefs (AMC).

On March 17, 2020, the AMC Executive Council Committee (ECC) held an emergency meeting and passed a resolution to establish a regional Pandemic Response and Coordination Team (PRCT). The appointed lead was Melanie MacKinnon, who was working with AMC at the time. The team included the other Provincial Territorial Organizations (PTOs) SCO and MKO and the regional health organization FNHSSM.

“The PRCT was to make sure First Nations voice and lens were present so First Nations people not forgotten.”

The Red Cross was also extended an invite by Grand Chief Arlen Dumas to be a part of the PRCT based on their expertise. The Red Cross was to provide support to First Nations’ response to COVID-19. They were honoured to be a part of the team and recognized that they were the only non-Indigenous lead organization with PRCT.

“The Canadian Red Cross understands its role in the PRCT to provide support to First Nations when called upon. Our team fully understands that we are providing support to First Nations as they lead the way in assisting their community members during the pandemic.” – Shawn Feely, Vice-President, Manitoba and Nunavut, Canadian Red Cross

The PRCT was a new a structure brought together by regional organizations. Each of the organizations involved have various expertise and roles they can play within the team. Since its inception, it has gone through changes. However, it was structured to help meet the needs of First Nations communities and to bridge that information with governments.



This structure of the Manitoba First Nations Response Coordination Team can be found below:

The organizations	<p style="text-align: right;">Assembly of Manitoba Chiefs Southern Chiefs Organization Manitoba Keewatinowi Okimakanak First Nations Health and Social Secretariat of Manitoba Red Cross</p>		
Area	Lead	Team	Groups
Pandemic Planning & Preparedness	Lead, Melanie MacKinnon (from AMC/shared health)	Public Health Supports Training & PPE & Medical Supplies	
Social Supports	Lead, Ardell Cochrane from FNHSSM	Southern Health Teams Support	
		Social Programs Coordination	<ul style="list-style-type: none"> • Policy/Public Safety • Child & Family • Education • Telecom & IT • Financial Support/Food Security • FN Identifiers and Data Linkages
		Community Wellness	<ul style="list-style-type: none"> • Harm Reduction • Women’s Shelter’s and Domestic Violence Task Force Group
Medical and Human Resource Lead	Dr. Barry Lavallee from KIM	Medical Staff, Workforce & Virtual Care Planning	
		Critical Care & Transport Planning	



Operations Lead	Debbie Reid from AMC		<ul style="list-style-type: none">• Project Planning & Policy Development• Administrative Supports• Communications
Rapid Response Management	Lead, Guy Day Chief from Red Cross		<ul style="list-style-type: none">• Emergency Response Planning



Social Supports Area

At the beginning, an operational chart was put together by AMC and each organization had their own role that they would take on for the pandemic response. FNHSSM was tasked with providing supports within the social area. It quickly evolved as more areas were identified.

The social supports area's goal was to help communities through policy, advocacy, and support and to help facilitate but not take on services that can be provided by the community or Tribal Council.

The first groups identified included accessing financial supports, mental wellness and community wellness. Community wellness was further subdivided as concerns were expressed with addictions or other areas that needed to be looked at.

Overall, there were 8 social support areas. Over time some of these areas were taken over by other organizations such as:

- The CFS area- the team was subsequently led by the Family Advocate at AMC as they had the expertise with CFS.
- Education- the Manitoba First Nations Education Resource Centre (MFNERC) were conducting their own meetings so this was left to be led by the experts in education.

Terms of reference were either developed by the social support team themselves or by the Social Supports Team Lead. This approach provided a more procedural process way of working. A Coordinator was hired as the lead of the Social Support Teams so that efforts can be better coordinated.

Below is an explanation of each of the focus areas.

Policing and Public Safety

The policing and public safety area was formed to focus on the role of the federal or provincial enforcement bodies whether through a band council resolution or by-law in place.

The group met on a weekly basis to share updates and information regarding policing and public safety-related issues in the COVID-19 pandemic. The activities for Policing and Public Safety included:

- Documenting issues that have been identified by leadership & Health Directors related to COVID-19 RCMP support;
- Creating a COVID-19 legal terminology fact sheet;
- Supporting the Grand Chief with his meeting with the RCMP Deputy Commissioner in Manitoba to discuss how RCMP can support communities during the pandemic, particularly with enforcing by-laws, support checkpoints, and dealing with increasing domestic violence issues;
- Creating infographic on COVID-19 air travel policies to and from FN communities;
- Sharing data on COVID-19 public health guideline enforcement in First Nations; and
- MKO has been working on the recognition, respect, enforcement and prosecution of First Nation COVID-related Emergency Laws and Bylaws



Southern Support Team

The Southern Support Team was set up to support communities in the Southern region. The team mirrored what MKO did in the North through their health entity.

In the North, MKO worked with Northern First Nations communities focusing on the following:

- Community check-ins- Staff would contact each MKO Health Directors and pandemic teams weekly to see how things were going and if there was a need for supports or assistance.
- Supporting wherever they can with different organizations.
- Sharing information related to pandemic, different funding opportunities, any changes happening provincial, federal or locally.
- Have biweekly pandemic meetings to leaders that bring up topics of concern. For example, if they had experiences issues with Canada Post, Perimeter Air.

The Southern Team was set up to see if Southern communities needed assistance or support during the beginning of the pandemic. Staff connected with communities and through this process learned that Tribal Councils also connected with communities.

At this time, communities were working to have their response plans in place. Communities felt overwhelmed with planning and preparedness and might have been receiving assistance of Tribal Councils. Communities informed the team that they will reach out if help was needed.

Child & Family Services (CFS) Team

The CFS team formed and met on a bi-weekly basis to share updates and information regarding child and family service-related issues in the COVID-19 pandemic. The team was taken over and lead by the Family Advocate Office of the Assembly of Manitoba Chiefs.

Some of the items, the team worked on included:

- Anticipating COVID-19 related challenges:
 - Supporting families with an isolated/quarantined/hospitalized family member;
 - Support virtual visits & on-going communication between family and children in care; and
 - Supporting policy & procedures for safety checks that reduce risk of COVID-19 spread.
- Creating documents such as CFS Issue and Response Plans for situations in which a primary caregiver becomes ill with COVID-19 and needs to be hospitalized;
- Assisting with AIA planning and services.

The team has not been active since the summer as no pandemic-related child and family service specific issues have been brought to the attention of the PRCT.



IT/Telecommunications Team

The IT/Telecommunications Team's focus was to provide IT support during the pandemic. Communities can access support through a request. The IT/Telecommunication Team focused on the following:

- Ensuring eHealth systems would not go down during the pandemic due to issues caused by human error;
- Preparing and documenting any extra equipment for immediate deployment;
- Ensuring all parties are ready to act should eHealth/IT systems be needed outside of the health centres;
- Organizing a meeting with all eHealth partners in the province and included local IT where possible; and
- Preparing the remaining stock of PHIMs laptops for deployment in case communities needed them with a quick turnaround.

During the 1st wave of COVID-19 Funding, the following were done by the team:

- The team purchased IT equipment for Health Centres;
- Set up firewalls and switches;
- Made some Wi-Fi Improvements; and
- Server Lab environment (spare for communities).

During the 2nd wave of COVID-19 Funding, the team:

- Provided remote work adaptation, laptops were sent to health centers to use to support working from home;
- Implemented firewall upgrades, the firewalls at all FNHSSM supported health centers allowing more VPN connections at once.;
- Provided Pinaymootang First Nation IT Hardware, the equipment the site was looking for to support growing health center;
- Provided Microsoft 365 for Virtual Care. Microsoft 365 to be deployed to 5 pilot sites: Brokenhead, Canupawakpa, Cross Lake, Waywayseecappo, Pinaymootang First Nations

The IT/Telecommunications Team continues to provide ongoing IT support during pandemic, including monthly meetings with the COVID-19 IT Working Group. The teams act upon requests for support from communities.

Financial Support/Food Security

Under the PRCT, the Accessing Financial Supports and Food Security & Supplies Team has undertaken the role of facilitating and coordinating support and resources through working with agencies and institutions. The focus was to promote financial, food and supply security of First Nations communities in the face of the COVID-19 pandemic.

Some of the activities of this group included:

- Coordinating efforts to take action, plan, and make recommendations to mitigate risk in responding to COVID-19 for Manitoba First Nations;
- Responding in a consistent manner to any concerns raised by First Nation Chiefs, Health Directors, Tribal Councils and others, and direct concerns to the appropriate agencies and service providers;



- Facilitating the continuation, bolstering, or access to financial, food, and supply supports for Manitoba First Nations and their citizens throughout the duration of the COVID-19 pandemic;
- Sharing best practices and assist in instituting degrees of practice to ensure the financial, food and supply security of Manitoba First Nations and their citizens during the COVID-19 pandemic; and
- Triggering changes to policies, procedures and processes that are inhibiting the financial, food and supply security of Manitoba First Nations and their citizens.
- Communicate how to access funding that are relevant to communities for COVID-19 planning and preparation.
 - This includes consideration of income and social assistance, EI, funding for First Nations businesses, rent and mortgage support/freezing, child tax benefit, GST, care givers allowance, self-isolation allowance, etc.
 - To work with grocery store chains to ensure they are providing access to supplies needed for daily living and are putting in place policies that discourage inappropriate panic buying;
 - To work with food chains and other key suppliers to ensure they are preparing contingency plans for shortages of essential goods;
 - To support communities in accessing resources to establish community food banks and community freezers;
 - To assist in the coordination of bulk purchasing and distribution of hygiene supply kits for households;
- Supporting and advocating for policy and procedures among resource and service providers and other agencies that reduce the risk of COVID-19 spread.

During the first round, the team accessed financials for food supply. Information was also shared through communications to be posted on the website. This included any food or supplies to be coordinated and shipped to communities. For example, crutches became available at one point so communities had access to this. During the second round, communities had access to wheelchairs, the team helped to coordinate this. The team also assisted with a food supply from Winnipeg Harvest that needed to be distributed.

The team assisted other groups for distribution of food supplies or supplies in general like PPE. The team focused on ensuring that all communities were aware of all financial resources available to them, how the team can help them apply and that deadlines were met.

Personal Care Homes

Personal Care Homes (PCHs) were identified as an area of focus due to the outbreaks occurring in personal care homes across Manitoba. This area looked at prevention control assessments of PCHs. The team did a tabletop exercise for pandemic preparedness with communities and set up rapid testing devices in PCHs.

Originally the PRCT was looking at participating in the uncertified health care aide course. There was not much uptake from the PCHs. This is still in progress. A lot of work with the PCHs is advocacy for more funding.



First Nation Identifiers and Data Linkages

Based on previous experiences with H1N1, the FNHSSM Research Unit identified the urgent need to accurately identify First Nations people who contracted COVID-19 to inform pandemic responses at the regional and community level.

This work led to the creation of a First Nations (FN) Data Working Group who have been meeting on a weekly basis since May 2020. The working group includes members from:

- Health Information Research Governance Committee (HIRGC) (FN oversight and governance of data),
- FNHSSM (linkage to PRTC team and HIRGC),
- Epi and Surveillance Unit from Manitoba Health and FNHIB (analysis and data linkages),
- Ongomiizwin – U of M (public health lead Dr. Anderson) and
- KIM (public health lead Dr. Michael Rutledge)

By asserting First Nations Governance and Sovereignty over data during COVID-19 has helped inform:

- First Nations pandemic responses at various levels including the efforts of the PRCT, at the regional tables, Tribal Council, RHA and community level;
- Deployment of First Nations led rapid response teams to assist in surge capacity in the areas of testing and contact tracing;
- Where to deploy Provincial and PHAC epidemiologists to support community specific reporting;
- Asserted First Nations governance at provincial and federal decision-making tables; and
- Informed Vaccination plans to ensure First Nations were included as a priority group.

The PRCT has come together to formalize the way we collect data while it adheres to the First Nations principles of OCAP®. The First Nations OCAP principals are ownership, control, access and possession. This is to ensure that First Nations have control over processes and to control how information is shared.

Manitoba is uniquely positioned in the area of data previous to COVID-19. This was incredibly helpful as the strong working relationships around data, information and research were needed to come together in short amount of time with all parties at the table to respond to COVID-19. There was a need to understand where First Nations stood with COVID-19 as First Nations are disproportionately affected by many diseases and illnesses already. COVID-19 is another layer. The data demonstrates:

- ICU cases,
- Deaths;
- 5 day positivity rate,
- Testing numbers by Tribal Councils, Regional Health Authorities; and
- Hospitalizations.

Health Information Research Governance Committee (HIRGC) and Past Works

In Manitoba, the Health Information Research Governance Committee (HIRGC) is a Chief mandated committee. This committee provides oversight and governance over First Nations information, data and



research. HIRGC has been in existence since 1990s and was established through a Chiefs resolution by the Assembly of Manitoba Chiefs.

HIRGC has been supported by the research unit within AMC. When FNHSSM incorporated as a standalone entity in 2014, the health and research unit was transferred to FNHSSM where support was continued through ongoing governance and oversight of HIRGC. The committee is comprised of Health Directors, Academics and Knowledge Keepers.

Through approval with HIRGC, FNHSSM has worked on a project linking administrative health data with the Indian Status Registry file (ISR) to identify FNs interactions with the health care system.

“This was possible with the good relationships we had with research for such a long time. These relationships did not occur over night, they were longstanding that were supported from past 10 to 15 years, even longer with HIRGC.”

Data Sharing Agreement

The PRCT worked in partnership with HIRGC to negotiate an information sharing agreement between the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and the Province of Manitoba. This was signed on April 28th, 2020 by Chief Sheldon Kent of Black River, FNHSSM board chair. The ISA was effectively negotiated and signed within a month of the approval provided by HIRGC.

This information sharing agreement allowed FNHSSM to utilize the First Nations identifiers collected within the COVID-19 intake form and with the data linkages in the Indian Status Registry to verify First Nations cases. This is used to inform specific COVID-19 planning and response tables.

“This is a collaborative partnership with the Province that recognizes First Nations self-determination and governance of our own data and utilizes the OCAP® principles to determine the standards and parameters of how First Nations data is used for the benefit of our people.”

This information sharing agreement is unprecedented and sets the standard for future agreements with the Province of Manitoba that respects the First Nations principles Ownership, Control, Access and Possession (OCAP®) and First Nations data sovereignty.

The signed agreement focused on First Nations. However, when someone tests positive, it provides space for people to self-declare their Indigenous identifies as First Nations as status or non-status, Inuit, and Metis.

To date, the following reports were released based on data linkages to the administrative health datasets:

- “Our Children, Our Future: The Health and Well-being of First Nations Children in Manitoba released in December 2020” with guidance of our Knowledge Keepers;
- a report on Type 2 Diabetes in Manitoba released in 2020 with guidance from our Diabetes Integration Team at FNHSSM;
- the report on “The Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba released in September 2019; and
- Community Based Health Profiles sent directly to communities from 2018-2020.



“The ISA that was signed between FNHSSM and the Province is unique and one of kind across Canada as it provides the opportunity for First Nations to voluntarily declare their identity, outside of the Indian Status Registry that does not include non-status First Nations, or recognize familial connections, and kin who are often missed and not included in reports that rely solely on the linkages of the Indian Status Registry file. The ISR is based on the archaic and colonial definitions of a Status Indian that has excluded many of our women and children. “

The government is working with the other Indigenous groups in the region. FNHSSM has shared the agreement with both the Metis and Inuit nations to help support their own agreements. To date, the Manitoba Inuit Association had signed one and the Manitoba Metis Federation has still yet to negotiate and sign an agreement for province for their specific data.

As First Nations, our team has collectively come together with the Province of Manitoba, FNHIB/ISC to start collecting identifiers by offering our people the opportunity to self-declare as Status and Non-Status when they test positive for COVID-19, to count those that have been overlooked and undercounted in many datasets. This is something to be celebrated.

To complete the collection of information, a script was developed by the Province of Manitoba and Dr. Anderson to be included on the COVID-19 intake forms.

“The agreement was negotiated to ensure data accuracy to inform pandemic planning and preparedness and confirms the willingness of parties to work together at various levels to support First Nations data sovereignty.”

Data Captured

The tracking of First Nations COVID-19 positive cases based on First Nations identity are captured through the following 3 datasets:

1. Utilizing the First Nation data collected within the COVID-19 intake form where First Nations can voluntarily self-declare as First Nations Status, Non-Status, Inuit or Metis;
2. Linking to familial relations (i.e. Sibling or child) to a positive COVID-19 cases, and;
3. Linking to the First Nations Linked File that was created based on data linkages between the Indian Status Registry and the Personal Health Information Numbers held by Manitoba Health, this linkage was also based on an ISA signed between FNHSSM and the Province of Manitoba in 2017.

When the work first began, the PRCT received weekly updates of COVID-19 cases and testing numbers. Identifier data including people living outside of First Nations communities was important. Some people do not have status cards but are part of the families. The unique collection allowed an opportunity for our family members to identify outside of our community- whether Status, Non-Status, Metis or Inuit.

This was not done with testing numbers. With testing numbers, the PRCT were getting information through linkages and familial linkages. If a person was a sibling or a child of a parent who is status, they would be identified as First Nations. Manitoba Health ran reports on a weekly basis, as the cases increased they switched to every two weeks. Now the reports are provided every day, along with a weekly report which sums up the week.



Once the PRCT started receiving reports, the team started Facebook lives with the Grand Chiefs. The reports were posted online on organization websites- AMC, MKO, FNHSSM and KIM.

“We have become a promising practice across Canada, because right now no one captures data or the way we report on it.”

The PRCT are capturing familial linkage and also reporting on families living in rural and urban settings. Right now, Indigenous Services Canada federally only reports on certain data for those status First Nations who reside in First Nations communities.



Community Wellness

At the start of the PRCT, mental wellness was an area identified to focus on. The Community Wellness Team was one of the first teams formed.

The teams focused on mental health, substance use, domestic violence, family violence and prevention. It is made up of people from different organizations which include:

- Assembly of Manitoba Chiefs,
- Eagle Urban Transition Centre,
- Manitoba Keewatinowi Okimakanak,
- Southern Chiefs Organization,
- Manitoba Association of Women's Shelters,
- Spirit Health Care,
- First Nations Inuit Health Branch,
- Indigenous Services Canada.

People were identified by different knowledge areas. Each person who is part of the team has networks that can be connected to. For example, the MKO representative is connected to the mental wellness teams within the region.

The Community Wellness Team provided information sharing and communications for mental health promotion. The team worked with the Communications Lead to develop material on various topics that have come up with pandemic. Infographics and materials were designed and shared with communities.

Since its inception the team was further subdivided into two group:

- **Harm Reduction**

The Harm Reduction area was a definite need. With the restrictions within communities, people no longer had access or limited access to substances. When borders shut down, there were concerns within communities about addiction and about breaches of people bringing in illegal substances. The goal of the harm reduction team was to work with communities and to provide information on substance abuse with harm reduction focus.

Harm Reduction is still a term that some communities/individuals are not familiar with. Many people think it is easy for people with an addiction to quit. It is much more complicated. In many cases, the severity of addictions someone is going through, like alcohol, they cannot just quit.

There is a detoxification process to ensure that it is done safely. Harm reduction is a process of love and not something others would do to enable that addiction.

The Harm Reduction team has done a series of sessions utilizing NCI 105.5 radio platform. NCI is the largest radio network which can be accessed throughout Manitoba. The team hosted 15 minute programs that focused on substance abuse and harm reduction with discussions with experts.

- **Women's Shelters and Domestic Violence Task Force Group**

This group came together to help Families & Communities who are experiencing domestic violence. With COVID-19, enforced restrictions and public health orders, there were many impacts within communities. Organizations shut down and services were either not being



provided or being provided the best they could with restrictions. An area that required attention included identifying safe sites for women leaving abusive relationships.

This task force group looked at resources and identified areas that needed to be focused to ensure families had a safe place to go. Each member is connected to an organization that focuses on women's shelter and/or domestic violence. The group networked to be in a better position to provide supports and resources and also shed light on areas that needed advocacy through the PRCT.

The Women's Shelters and Domestic Violence Task Force Group is representative of:

- Provincial and First Nations' shelters,
- Federal and provincial representatives,
- PTO's (MKO, FNHSSM); and
- RCMP.



Rapid Response Team (RRT)

In the beginning stages the Rapid Response Team drafted a 6-point document focusing on:

1. Public Health response;
2. Containment;
3. Stabilization & Transport;
4. Self-Isolation & Supports;
5. Repatriation; and
6. Recovery & Evaluation.

The Rapid Response Team is set up to be situated and coordinated within federal and provincial systems, so it is not stand-alone. The Rapid Response Teams focuses on containment support and is triggered through FNIHB incident management structure when First Nations have reached threshold. The teams are deployed when public health and primary care have been extended or local workforce or community request helps. The goal is to be a support as it is not an existing mandated/legal system. The RRT is continuously evolving.

As support, the Red Cross sat on the RRT to help with planning. Their role was identified at level 4 or 5 and they would be called upon if there was a need for evacuations. Red Cross would provide logistic support, such as ordering airplanes, organizing a team to get people into Winnipeg, providing isolation sites and coordinating essential services at lodging locations. The Red Cross is already engaged with its own Alternate Isolation Accommodation in Winnipeg and providing support with transportation to that site but it also has capacity to provide transportation and accommodations for potential evacuees.

In the beginning, the team began providing virtual care for some of Ongomiizwin Health Services (OHS) communities. Each member was responsible for two communities and would take calls from members who needed advice or had COVID-19 related questions. If they needed to see doctor, the nurses would arrange for virtual visit with one of the physicians, as they stopped travelling to the communities in March 2020. The team was quiet over summer as there were no cases of COVID-19 in First Nations communities.

The nurses received training in spring and summer with the gene expert for rapid test for COVID-19 and case management. Through the OHS, FNIHB held the training in preparation for what the role would entail.

In September, the second wave started and First Nations communities began having cases of COVID-19. Requests came in from Ongomiizwin for the redeployment of nurses to communities.

Emergency Response Planning Group

In the very first structure, the Red Cross was asked to lead the emergency planning group which was to look at mass evacuations. The Red Cross pulled together a team of other agencies and First Nations representation. At this time, the region was in the flood and fire season with the context of COVID-19. They reviewed this area and prepared in case it was needed.

Medical and Human Resource Lead

Virtual Clinical Care Planning

Dr. Barry Lavallee has led the planning, developing strategies and models for remote and isolated communities. The work is done with Ongomiizwin and Northern Health Region. They are reviewing the Provincial and federal systems and their responses to COVID-19 for First Nations communities.

The models are based on data analysis which creates prediction models for First Nations communities to examine the requirements for air ambulance, phone lines, triage, etc.



Communications

Since of the start of the pandemic, the PRCT Communications Team maintained continuous communication with First Nations in Manitoba. The PRCT team provided up-to-date data, public health information and resources from the PRCT and various partners.

One of the most visible ways the PRCT has shared information is Facebook Live Video Updates. Key leads and partners have shared information directly with First Nations leadership and citizens through the Assembly of Manitoba Chiefs Facebook page.

Over 100 COVID related PRCT videos have been made and streamed on the AMC Facebook page.

As part of its communications, the following bulletins shared included:

- Daily MB First Nations COVID-19 Bulletins;
- Weekly Bulletins;
- Tribal Council Reports;
- Vaccination Reports; and
- Internal reports specific for First Nations that would be shared with their leadership and Health Directors.

Bulletins and Reports would be sent to Chiefs, Health Directors, Tribal Councils and other key community contacts.

To ensure up-to-date information, partner websites such as the First Nations Health and Social Secretariat of Manitoba COVID-19 page would keep up-to-date bulletins, reports and other resources in a centralized location for First Nations and others to easily find.

The Assembly of Manitoba Chiefs also established an AMC App that would notify subscribers of new information such as COVID-19 video updates and bulletins. Over and above, First Nations COVID-19 data and Information could be found on all PRCT partner websites.

Internally, the PRCT used a portal called Monday.com. where team members had access and could post information within their area and the initial work done.

“The websites are telling stories of what PRCT has done while creating partnerships.”

“Communications by First Nations was important that were geared towards what communities needed to have access to at that moment.”

Social media played an important role in communications. It has been a source of credible information and also misinformation. The PRCT Communications team worked diligently to ensure consistent messaging and public health information were provided to leadership to help with messaging to community members. The team has worked to support communities in battling misinformation on social media.

The Communications Team was initially comprised of AMC, SCO, MKO, FNHSSM and the Canadian Red Cross. It now consists of AMC, MKO, FNHSSM and the Red Cross.

With COVID-19, there have been internal changes with some organizations. For example, at the start of the pandemic, MKO changed their process for approvals. It was expedited so items could go out more quickly and efficiently as information was received or created. For MKO, improving their processes enhanced their communications internally and externally.

Over the course of the pandemic, guidance documents were developed by key PRCT leads to ensure Manitoba First Nations had guidance and support, primarily direction on community actions to protect community members, addressing public health issues and other concerns. Information was also shared by medical health experts (primarily from Canada and Manitoba) and by First Nations health experts would be dispersed. They were sent to First Nations and were available on the PRCT partner websites

As time went on so did the evolution of needs. The Communications team aimed to accommodate First Nations needs by looking at the gaps of information. Through these collaborative efforts and support from Manitoba, the partners have also worked together with a design firm to create campaigns geared to increase vaccination rates and encourage Indigenous people to follow public health measures. This successful branding has improved and enhanced our collaborative efforts to connect and reach First Nations citizens through #ProtectOurPeopleMB.



Alternative Isolation Accommodation (AIA) Support

One of the focus areas recently added to the PRCT is the Alternate Isolation Accommodation (AIA). The Pandemic Planning & Preparedness Group was approached to assist as there were a lack of resources provided and support from Shared Health. The pressure was on as sites were becoming full.

Since the PRCT has been doing a lot of coordination work under social supports, the AIA site has become an additional area. For AIA there has been lots of discussions based on needs of communities, wrap around services and trying to get more AIA sites. The hotels are on-board and there are spaces available. In the North there have been AIA sites and supports in place. For the South, the Lead of the Social Supports participates in discussions. There are still issues with those that fall out of criteria of AIA. There are ongoing conversations about what managed alcohol programs in AIA might look like.

The AIA site has a:

- Lead Coordinator;
- Project Manager; and
- Team Turtle:
 - Family Support Worker
 - Client Advocates
 - Cultural Coordinators
 - Communication Liaisons
 - Site Assistant
 - Administrative Assistant.

The team offers the following:

- Supplies not offered by Shared Health including: snacks & drinks, toys, books, games for kids, personal supplies (soap, shampoo, toothbrush, moon time supplies), over the counter medication, & more;
- Provides Spiritual supports (both Christian and Traditional);
- Provides Cultural supports (medicines, ceremony);
- Coordinates entertainment (iPads, Netflix, Disney +) & fun activities (virtual paint night, rattle making, other workshops);
- Provides to someone to talk to (counselling, Elder support);
- Provides family support (child minding, dispute resolution, de-escalation, & more);
- Performs wellness checks;
- Promotes communication, understanding, and respect between all partners (Shared Health, Red Cross, FNIHB, Hotel Staff & Security, Tribal Councils, FN Leadership & Community-based Staff);
- Advocates for First Nations community & client interests;
- Provides regular education sessions to clinical staff on First Nations history, culture, traditional medicines, ceremony, and more; and
- Fills service gaps wherever possible as they arise (i.e. laundry, child minding, Bear Clan Ambassadors).



Requests for Assistance from PRCT

The connection to the PRCT depends on what the community is reaching out for. There are a number of different processes that it can go through which include:

- Connecting with a PRCT member to see who would be the best person from the partner organizations to connect directly with; and or
- Go to the PRCT for discussion and then it is assigned.

For example, if a community called in regards to financial access and resources, this would go through, to the Lead of the Social Supports and the Lead of the Financial Supports and Food Security. If it had to do with women shelters, they would assign to the Community Wellness Team. If it was in regards to harm reduction, it would go to the Harm Reduction Team.



Challenges:

Some of the challenges faced during the pandemic have been included in this section.

Access to Public Health

One of our greatest challenges in the communities is access to public health as communities do not have access to Public Health Officers (PHOs). It is recognized that FNIHB and the province have PHOs. They are not keen or equipped to deal with First Nations. Governments are making decisions and guidelines with not really understanding realities of communities. The social determinants of health are not fully understood. For example, the messaging sent out, stated that everyone should wash their hands but the reality is, some of the communities do not have running water.

In order to have experience in communities, it would be great see leaders, like the Premier visit the communities to truly understand the realities.

“Those who are on decision making roles do not understand First Nations.”

The pandemic response plans are only going to be as good as the infrastructure and human resource personnel for public and primary health care. The infrastructure is not there. The combination of ignorance, racism and colonization have been going on for years. Poverty is really impacting First Nations people with province not stepping up more. The province has funding for 8 billion for Manitoba but are just not present, even in the response planning. This was also clear with H1N1 pandemic in 2009.

Pandemic Response Plans

With pandemic response plans, some had done really well and some communities did not have one.

Incomplete Data Picture- Federally

One of gaps found during the second wave, was that FNIHB was not getting the full picture of cases in the region. The provincial nursing station's data were missing from their data. There were 8 communities not being captured in data captured by FNIHB. The PRCT worked collaboratively with Manitoba Health and FNIHB to ensure the gap was filled through an exchange of information.

Enforcing Health Guidelines

In some communities, it was difficult to enforce some of the health guidelines. The federal government previously took away policing in communities. The pandemic has made them revisit this because the RCMP in some cases, did not want to go in.



Rapid Response Team Issues

The RRT had a slow uptake from communities. There was also disconnect with communication between nursing stations and ISC, as well with communities. Sometimes when the Rapid Response Team would be deployed, they would receive a call and be tasked on arrival in community but did not know where they were going to sleep.

Other issues identified include:

- No support once in community from external agencies.
- No connection with PRCT.
- Logistical issues.
- Processes were not setup when teams arrived. This would take a couple days to organize for case management.
- No leads identified in community.
- Training being done on site by doctors or provided by zoom (not thorough).
- No support for case management.
- Teams that went into community were not privy to plans.
- No update or debriefing meeting on-site.

Transporting Members out of Community

Transportation was an issue. Communities vary in their modes of travel. Some of the challenges included coordination of this.

In one community there was a federal station which had an airport. The departure of community members for AIA was seamless. In another instance a community in the same geographic area, did not have an airport. The community members needed to isolate, then take a van or bus. For the transfer community, there was no AIA spot at that time. It is important that every aspect of the transportation plan needs to be thought out.

Southern Communities

The focus of some of the assistance and messaging during the pandemic focused more on isolated and remote communities. It is important to ensure everyone in the region is receiving the same messages and are being treated the same no matter geography.

During the responses, it was found that the PRCT cannot dismiss the public health and primary caring needs of southern communities.

In some Southern communities there were no nursing station, no full-time nursing or public health professionals and no treatment area. Services to the Southern communities were overlooked. The province, FNIHB and First Nations communities underestimated that level.

The Southern communities had to leave to get tested which put members more at risk for being exposed. They did not have medical professionals or nursing professionals to help set up isolation sites, quarantine sites or to give them credible public health information.



When it comes to pandemic response, everyone needs to be treated the same across Manitoba in regards to logistic issues and the provincial health systems.

Isolating and Mental Health

One of the other challenges encountered during COVID-19 was the area of mental health. In some part this was due to issues with people isolating. As part of isolation, individuals would become upset if they had to further isolate if the date changed, based on living with someone who tested positive or being exposed to another case. Mental health was huge and community tried to support it. In one of community where isolation was happening, they were given a list of providers but the members did not connect with them. More support is needed within this area along with harm reduction.

One item that could be changed is providing more resources for members isolating in community. Many do not want to leave communities and want to be with their families. With COVID-19, families had to come out to be the near the health system.

If there were more direction and resources within this area, First Nations leadership could feel more comfortable with people isolating in community. It is also important to keep in mind, that some places might not have space to isolate. Each community is different.

Community Restrictions

Although community lockdowns were done to protect community members and to keep COVID-19 out, some members felt that the system they introduced was like the ancient pass system and it was colonial. Some members also felt that the lockdowns, in some instances, were excessive and impacted mental wellness, people with addictions and domestic violence.

When it comes to pandemic response, everyone needs to be treated the same across Manitoba in regards to logistic issues and the provincial health systems.

In some communities they did not allow people to go to trap lines or cabins. If it was distanced it would probably be one of safest areas to be on the land. Members would be away from people, isolated and able to connect with the land. It is important to remember connecting with the land is part of healing and wellness.

The elected leaders have that responsibility to make rules, however understanding that there was not enough time to do collaboration and engagement because pandemic came so fast.

Events

Despite restrictions and public health orders, people still decided to gather. In summer, there were debates about ceremonies and Powwows.

In some instances, community outbreaks were connected to funerals, weddings, celebrations or recreational events. It took a lot to convince people about the risk of gathering especially when people started to feel isolated on reserve and that the risk was not in community. Community members assumed that because their borders were closed that they were not at risk.

Halt of Services in Community

During the pandemic, there have been times when communities have become operationally paralyzed. Sometimes leadership and frontline staff were all in quarantine. If the business shut down, the governments still expected reports, applications and approval of funding. When this occurs, there is no one who can deliver those services or public service function.



A lesson learned during the pandemic was that there needs to be backup of people carrying out the work. In this instance, perhaps external organizations and services can step in at any time to do those roles.

Environmental Factors

No matter how prepared and how many table-top exercises communities participated in, things happened that are beyond control. Environmental factors are the hardest to deal with. Examples might include flying into community and then having to use a helicopter to get from the airport to community because of freeze up season or the weather conditions were unfavourable.

Internal Communication of PRCT

When it came to internal communication within PRCT, a few items noted included:

- Disconnect with teams and the main PRCT team.
- Lack of updates from teams to other teams.
- No communications between Ongomiizwin and communities when teams deployed.
- Documents being created and not used.
- Updates provided to other teams from the main PRCT.
- No direction provided from PRCT to teams.
- Planned a restructuring but was not completed.
- Not included within other tables as a member of one team.
- Duplication of work.
- Communication was not done by leads to groups.
- No discussion on compensation on use of nurses.
- Coordinator overwhelmed with duties and not able to focus on other duties.
- There was no flow chart on where each item went.
- Disconnect between members. Too many hands in one pot and conflicting personalities.
- Too many members contacting communities for one item (there were no communication on who was doing what).
- Not enough team members using Mondays.com.
- No follow up processes with documents provided to PRCT or no update.
- Approval processes were long or no one would respond at the PRCT.

Elders

In terms of personal care homes, they were hit hard with the virus in the Manitoba region. Elders are much more vulnerable to damage from the virus. When the care homes were hit, some family members tried to take their family member out. Mental health was a huge issue in PCHs as Elders had no contact with their families in-person.

In some instances, PCHs were understaffed and did not have enough resources to work with the Elders. The pandemic showed care homes are under-resourced.



Internet Connection

Some communities still do not have access or limited access to internet. There might be a lack of broadband that makes it hard to carry on meetings. There are face to face meetings still happening in some communities despite COVID19.

Manitoba Hydro and Keeyask

The Keeyask Project is located in northern Manitoba, Canada in the Split Lake Resource Management Area. Keeyask will be Manitoba's fourth largest generating station and the fifth in the Split Lake Resource Management Area.

The Manitoba Hydro and Keeyask was a challenging situation that had been reported a lot in media. This situation was hard because it felt that industry had an immunity to operate during the pandemic. The communities were convinced they were not taking all precautions with workforce so the North will be protected. Keeyask tried to minimize their impact of reporting to COVID-19 in the North. They had brought in hundreds and thousands of people from all over the world, including the US which attributed to more risk.

At this time, the numbers started to increase and there was no vetting of Manitoba based workers coming to the site. There was a correlation of cases spiking in Keeyask and rise of numbers in the North.

Despite this, daily info circulated from the site stated that they had minimal numbers. It is important to note that Manitoba Hydro and Keeyask used different testing methods than anyone from the province. In the province of Manitoba, Candham labs were doing swabs and rapid testing. This entity was using another device, that would that confirm a couple of workers and it would note a certain number of unclear rather than presumed positive which then treated these cases as unclear and not publicly as positive. This deflected their true numbers.

The Medical Public Health Officials noted there was an uncontrolled epidemic, but they were trying to underscore the severity of it. In first wave, Tataskwayak Cree Nation and Fox Lake Cree Nation took drastic steps to put up a blockade which led to lot of international attention. The Chief and Council took all steps to prevent COVID-19 getting into their communities and to make note that the Keeyask Project was operating in defiance of public health guidelines. They were a construction facility and not an essential service.

In the second wave, there was an outbreak at the site. They made it difficult for the 4 First Nations and MKO to lobby to ensure they were following their own pandemic plans. Keeyask was challenged to produce a pandemic response plan and told First Nations that they participated in a table-top exercise and that was their plan. The table-top exercise they described just looked at what happened and what to do. When the points were raised multiple times, the CEO finally stated there was no plan.

It was a challenging time to support communities, to get resources required and to do intervention with mega construction site in the Northern territory. There were things that came out with practices and protocols. The site did not shut down. In the end, the request was that they change the way they were managing the pandemic.



Disconnect with Federal Government

In the beginning, the federal government would not recognize the PRCT as an entity and would not support it. They saw the PRCT as a distraction and the team had to fight through that.

It was evident that the region is dominated by regional public servants. Communities do not feel empowered to make decisions at a community level. This is a direct result of senior staff in regional office that has disenfranchised community leaders that they are powerless without approval of the department. This approach by the region has led to the expectation that communities cannot move forward without approval.

There is disconnect between Headquarters approach of promoting health transfer and giving communities power. Communities need to understand that they have more power than they think that they do and to start voicing it.

During one of the outbreaks, FNIHB was caught off guard with a fly in community. Blue medical tents were ordered and left in a mess on an air tarmac without anyone to set up and there was no generator provided or present within the community.

Experience of Loss

The loss of people due to COVID-19 impacted our communities. At one time in February, the region could account for losing a First Nations member once a day. In some instances, groups of people were lost. The teams mourned the losses of community members and sometimes family members. The organizations working with the PRCT also experienced loss within their organizations.

The passing of one of the staff at MKO had impacted them greatly and they took a 10 day period of rest. The work continued as the organizations as a collective group assisted. If this had not happened, the North would have been impacted further.

Early in the pandemic work, it was easy to think about situations occurring in small numbers but over time the numbers of positive cases started to grow. Team members became familiar with people becoming sick, our relations, our colleagues and our loved ones. It created a sense of suspense and fear. By working collectively and collaboratively there was a lot of strength provided in the work with each of the respective groups- FNHSSM, AMC and KIM.



Change

The following chart notes items that could have been changed to help during the pandemic with activities of the PRCT. They can be found below:

Organizations	Could have made people more aware of ability and offerings. At the beginning, could have made presentations on what each organization could bring to the table.
Structure	More time on roles and responsibilities.
Updates	Describing what every team is doing.
Communications	Strengthened and emphasis on why precautions need to be taken.
Public Health Advice	Risks of gatherings.
Regional Health Authority Relationships	To combat jurisdictional issues.
Community Ready	Working with communities to ensure they are ready by creating tabletop or community based action plan.
Community Support Team	Create a planning support team that goes to community asks who is your pandemic team, what are they going to do, how they are going to get out, how are you going to get groceries in.
Organized and pre-planning	More organized to look ahead.
Use of Social Support Groups	More planning and engagement.
Involvement of SCO	Beneficial if SCO stayed onboard and be the connection to South communities.
Role on Team	Clearer lines of what is organization and what is part of PRCT
Epidemiologists	Have own members to be seconded into communities. This is long-term strategy to the education epidemiologists.
Intranet site	Have intranet site for PRCT to use.
PRCT Lead Table	People involved and other teams to be more connected.
Advertising	Budget for radio.
Designers	To design posters in-house.



Involvement	Have community, Tribal Council and FNIHB involvement earlier with PRCT.
Call centre	To access services, where documented and data is collected.
Organization	Person designated to pull information and committee information together.
Documentation	From all teams and from the beginning.
Meetings	Lead of all teams to meet weekly.
Templates	Develop for communities to use for future plans.
Recovery Planning	Once vaccination is done, look at recovery planning. I.e. mental health supports.
Surge Supports	Plan for surge supports, not using community AIA as much.
Connection	To those leading pandemic response plans in Tribal Council and First Nations.
Appointed Lead	For PRCT, for future.
Long standing	Chiefs in Assembly to support a standing regional pandemic plan, learn from evaluation and experiences.
Vaccination Planning	Start earlier and have stronger vaccination strategy.
Contact Tracing	More details on this. When to get tested, how far back.
Case Management	Prepare document to support communities to set up case management.
Debriefing	With PRCT team and leads after.
Pandemic Plans	Regional coordination to help communities with pandemic response plans and create template for communities to use.
Chiefs Calls	Helped leadership learn from each other.



Advice

When asked about advice for communities who are experiencing COVID-19. The following was shared:

- Stay home, take care of families, and follow public health orders that are implemented and developed by community and province to keep us safe.
- Be aware of the risks and always do things with love and kindness. Do not ostracize each other.
- Debriefings after event and daily communications.
- Get really organized and prepare for COVID-19. Whether you are a First Nations community, down south, whether you are you working with province and federal governments, establish those relationships. If there is public health in communities, the pandemic team has to know who is responsible for what, for example, if there is an individual that is safely isolating and are they are receiving monitoring and by whom. There is a lot to consider, there are a lot of players in the community and is there enough human resources.
- Be prepared for frontline staff to be in isolation, or be a case. Who are your back ups and have those back up plans.
- If there was a case in community, know where the person would go, who should support in case management.
- For Testing- identify if they are bringing in province, federal, or rapid response team.
- Identify a lead and backup.
- Know where people live, their residence and have a map outlining this.
- Have updates or briefing meeting at the nursing stations.
- Hold internal meetings with leadership present.
- Have a plan and an alternate plan on vehicles- the use of them and with outside helpers coming in.
- Advocate for grants for communities to do land-based activities, i.e. buying canoes.
- Reinforce being safe and importance of staying home.
- Continue with their strength and resilience in helping to reduce the rate of infections.

“When you think they are prepared, know they are not, it comes in reality.”



What Worked

Working together

The PRCT changed the world in Manitoba. It proved that collectively, First Nations are powerful. The mix of organizations, the different strengths while working for common cause proved that this the group is unstoppable as a force. When government dollars are not in the mix, the work is amazing as a collective.

First Nations Knowledge and Self-determination

The early lockdown by leadership made a huge impact. It would have been worse, if leadership- AMC, the Grand Chief and the PRCT did not jump on idea of locking down and putting preventative measures in place.

The PRCT showed that the federal government and province need First Nations perspectives and knowledge. One of the frightening things experienced this past year, is understanding how much provincial system have no clue about:

- Health reserve systems on reserve; and
- The lack the knowledge, awareness and sense of how First Nations people get treated in the system.

The most helpful action was coming together as partners and really unifying to work together to assist our communities. The team has come to this point without any background in emergency planning and with no funding for this. The PRCT did whatever they had to do, calling upon respective staff and employees within the organizations to deploy and do whatever needed to be done.

The success of First Nations in Manitoba, is that it was done with no models in place and was based on the needs of community, addressing it and getting it done.

“Long- term, ensure that partnership between First Nations with federal and provincial partners continue long after COVID-19. These relationships cannot just be for COVID-19, they need to be sustained throughout and beyond.”

During the pandemic, the Province of Manitoba shed light on jurisdictional issues. First Nations are sovereign and took the precautions to protect First Nations citizens. The Premier of Manitoba had no authority to try change those rules and to try shed fear of general public by stating that are two separate rules as Indigenous people. This was brought to light by one community as the Chief took action earlier than the province to restrict movement. As a result, the community was able to enjoy Christmas safely and with small bubbles of family.

First Nations Leadership

When the pandemic first occurred, the team started to compile requests for advocacy from communities and worked directly with Dr. Brett Roussin. A report was created that realized the severity of situation from a health standpoint impacting our communities and continuity with life itself- i.e. business, other forms of employment, recreation and cultural areas.



The experience with COVID19 also proves that First Nations leadership are powerful with First Nations people leading the way. Some of the communities and individuals did not listen to Premier Brian Pallister or Dr. Brett Roussin.

The First Nations communities were locked down. Part of it is due to the awareness campaign done by First Nations people. This seemed to have a lot more merit. The PRCT's Facebook lives was the best thing that was done unintentionally. It has now become a weekly event. The first time the live was on, there were about 1000 people watching. This demonstrated how hungry people were for information. It also showed how important it was to have people who look like other First Nations people to speak with community. It also helped to have leads who had credibility with both with provincial, federal and First Nations system. This was the key to the success.

Another success was the demand of an Indigenous Collaborative Table of federal government, provincial government, First Nations leadership, medical leaders and health professionals to talk about the issues.

Jurisdiction Barriers Shambled

During the pandemic, members of the provincial government were on the reserve in-person. Often there is disconnect between health authorities and First Nations communities. In one particular First Nation, this was the first time the health authority had stepped foot in community. This signified a breaking of a historical barrier as usually there is fighting occurring due to jurisdiction issues. This barrier was broken down by having provincial medical professionals, by province by having Genex machines, public health, medical officer and provincial nurses delivering services on reserve.

"People in Manitoba do not understand how big it is to have involvement by province because of jurisdiction."

Jordan River Anderson was a First Nations child from Norway House Cree Nation. Jordan was born with complex medical needs and spent a couple of years in hospital while the Province of Manitoba and the federal government fought over who should pay for his home care, and because of this Jordan never returned home and passed away in the hospital. As a result, the Jordan's Principle was developed in his honour to ensure no First Nations child had to go through that and are put first before jurisdictional issues.

This experience of having the provincial system on reserve is huge and this momentum cannot be lost. This is the biggest thing to focus on as the region moves out of crisis and into normalizing of COVID-19 and the response. The focus should be on moving the work with AMC into advocacy of public health and

At the beginning of the pandemic the region was telling community to use existing program money and that it would be figured out at the end. From an operational point of view, the PRCT made the argument to use existing money and just did it. If the PRCT waited, then the idea of the PRCT would not be happening. Advocating and making sure that the team did not have to worry about finding organizations to get the work done was a huge win. As a result, the department did not stick to that plan or being open to conversations. The organizations did not get all money that was put in. To alleviate some of this stress, organization used internal resources. It is important to note that if the PRCT did not spend any money, they would not be able to do it.



primary health care services to work more collaboratively on community level and forcing province to admit that they can be more upstream with First Nations- in primary care and public health. It will be an investment that will have great gains in the long run.

During COVID-19, it was important for the PRCT to operate as they needed to while having government join in. First Nations are the experts and know what is needed. In reality, First Nations should be able to ask governments, how are you going to respond to our needs. In Manitoba, this approach stopped the finger pointing immediately and no one was allowed to use the jurisdictional game. It was helpful bringing organizations and government together for health expertise.

Early Response

Without the collaboration of the PRCT, Manitoba would not be where it is today in response to COVID-19. The partners are equally responsible in lobbying, saving lives and ensuring First Nations communities take hard lines with border closures and lockdowns. With first wave, the PRCT provided the communities the medical facilities.

At the moment, the region is seeing that 50% of all COVID-19 cases are First Nations, however had there not been earlier steps taken to protect communities, the numbers would have been different. There is a lot to attribute to attaining lower outcome of possible complications.

If there was no lead by Grand Chief or the PRCT, what would have happened with First Nations in the region? They might have been minimized and it would have been a lot worse if there reliance on the health authorities.

Rapid Response Team

The Rapid Response Team has created a team that was deployed over 60 times to support access to rapid testing and outbreak management. Communities expressed appreciation of rapid response teams in the community.

Assisting Communities Accessing Financial Resources, Food Distributions and Proposals

There are so many good things that happened within the region. One of most positive was the ability to help communities access financial resources they needed to address COVID-19 and security issues. Other items include providing a toolkit for mental wellness and assisting communications through different calls.

The team was involved with fish distribution in the urban and rural setting before Christmas. There was a huge demand as many people showed up and expressed their appreciation. This demonstrated the food insecurity going on. This distribution had an impact tangibly and directly with community.

Communities provided positive feedback about assistance with COVID-19 proposals. When opportunities came about, the Team shared information. The team also assisted with ideas to communities on what others were doing.



Focus on Mental Health

MKO oversees mental wellness teams within the region. MKO identified the existing service gaps that not all First Nations have a mental wellness team. MKO did in an investment plan with 82.9 million dollars on mental wellness teams which had to be spent this fiscal year by March 31st, 2021. The focus was particularly for Island Lake and independent communities that were not affiliated with Tribal Councils. The money was invested with First Nations so they could have support to deal with mental health in communities.

The networking and working together as Indigenous people were helpful, during pandemic, with mental wellness and on substance use. It was important for harm reduction, it was needed. For once mental health was considered from the beginning. Many times this does not happen, it is often left out but because of mental health and fear with provincial and local level responses.

Vaccine Roll-out

The vaccine work was a huge undertaking, so many individuals that had key pieces to puzzle. Through media attention of Indigenous issues, it pushed the vaccine by putting Indigenous priority for it. The region was vaccinating at 20 years younger for First Nations than general population. This was negotiated because of the data (agreements) to prove the disproportionate outcomes for First Nations.

Strong Data

The information sharing agreement was cornerstone to the work done by the PRCT. This did not happen overnight and was due to FNHSSM's relationships. Data is extremely important and Manitoba was only region who took this idea and pushed forward to get it done.

The PRCT has successfully:

- Negotiated an Information Sharing Agreement with province.
- Supported the PRCT with weekly, daily updates with COVID-19 and Tribal Council data.
- Shared immunization numbers with gender and age breakdowns.
- Negotiate another ISA with province or an amendment to track COVID-19 vaccination numbers as it is rolling out.
- Negotiated for an updated IRS file to be received. Data is linked to First Nations who have been registered up to June 2020.

"We have become a promising practice across Canada, because right now no one captures data or the way we report on it."



The data included First Nations that are registered, captured familial linkage, reporting on families living in rural and urban settings.

It has become gold standard, as Dr. Wong stated, around COVID-19 data. The team is collecting and reporting on data that is not reported elsewhere in Canada. This is based on relationships and foresight on leadership to create entities and structures like the HIRGC.

Moving forward investment to train First Nations people to do EPI so that communities can be supported directly. There was a good job of knowledge and translation by delivering daily updates and posting the reports online. Communities were provided district level reporting directly which is important.

Communication to Communities

Information sharing to leadership has been immense. Some of the members of the PRCT went an extra step further and ensured that the information got out there even though it might have been sent previously. Some of the leadership do not have good internet connectivity. They were grateful for info that was faxed. The biggest impact heard verbally from leadership was the information and support by the team.



Recommendations:

The following recommendations were put forward for communities that came from lessons learned:

For communities:

Transportation	Have more than one transportation vehicle for people coming into community.
	Have a detailed transportation plan factoring AIA, stopovers.
	Have alternate ideas for those who have COVID-19.
Communication Plan	Have detailed communication plan. Be very specific. <ul style="list-style-type: none"> • Do we need radios? • Who is going to have those radios? • Who is going to have them?
	If no cell service, what do you need to do?
	If no phones, how can one get in touch with someone.
	Identify internet services.
Community Map	Keep an updated map of where people live to do wellness checks or to do testing.
	Incorporate house numbers or systems to find residences.
Team	Put thoughts into scenarios.
	Host monthly tabletop activities.
Lead	Ensure lead/leads connect with outside organizations to debrief.
	Identify lead within the community, especially alternates in case people are isolated or become sick.
AIA sites	Prepare AIA site and for arrival of community members.
	Have alternate locations in case not available.
	Identify high risk who need to be near facility.
	Could person safely isolate with addiction.
	Ensure it has what is needed. I.e. showers, laundry.
Documentation	Keep reports on actions taken by community, what are the challenges and how overcome it.



	Document so that it can be learned from.
	Outline processes and share with team.
Medicines	Harvest own medicines.
	Teachings about medicines and include in response plans.
Succession Planning	Have succession plan with at least 3 or 4 people to fill positions.
Charting	Papers should be filed and kept private.
Community Plan	Make it holistic and include mental health supports.
	Support for Elders, Children, Families.
	Documents should be reviewed frequently.
	Engage community in plan.
	Transparent with plan.
	Look at strengths and areas of improvement and compare to work that is being done in community.
Contact Tracing	Plan for this, utilize local expertise.
Outside organizations	Organizing site.
	If teams are coming in, set up for arrival.
	If they need to stay on-site, where and is it following guidelines.
Communications	Utilize social media to share plan and updates.
	Information on testing, isolating, test positive.
	Utilize radio.
	Compile packages to give to households.
	Ensure communities are aware of restrictions.
Data Surveillance	Initiate a data and surveillance infrastructure.
	Include data in pandemic response plans. (Outbreak info, household info.)
	Support to develop/update annual community health profiles (have updated population numbers and including status of the health and wellbeing of the community, number of individuals who may be more susceptible due to



	underlying health conditions, overcrowding and other social determinants of health, knowing who in community who is more at risk than others is.)
	Have more First Nations epidemiologists. Long term strategy to train and educate First Nations epidemiologists to do own analysis.
Immunization	Have updated age and gender breakdown and immunization updates forms .
	Communication strategies for uptake and awareness about the safety and effectiveness of immunizations.
Records	Have individuals update their address on the Indian Status Registry and the address on their Manitoba Health card.
Debriefing	With PRCT Team and leadership.
Workshops	On ground workshops.
Administration	For leadership who do not have secured administration, access to someone who could guide.
Off reserve	Include off reserve or reach out for support.
Mental Health	Offer mental supports.
Education	To stay healthy during pandemic- ideas.
	Stigma- what it is and how to combat it.
Leadership	Be involved with meeting with internal staff and external organizations coming in.
Testing Site	Not in high traffic area.

For Government:

Involvement of First Nations	Include First Nations in their response planning with governments.
Funding	Provide funding for communities to develop and update pandemic response plans.
Public Health	Public Health experts in communities.
Infrastructure	Federal government to support proper infrastructure in First Nations communities- proper housing, enough housing, water and sewer.



Accomplishments

The PRCT has accomplished some of the following:

- Through strong advocacy and support from leadership and PRCT, the Government of Canada provided over \$114.73 million to First Nations in Manitoba through the Indigenous Community Support Fund to assist on reserve First Nations in their response to the COVID-19 pandemic.
- In March 2020, the Canadian Red Cross (CRC), working with the federal government, helped facilitate a virtual forum on COVID-19. The forum gave Tribal Councils and leadership of First Nations a chance to discuss the response to the pandemic, which was in its early days.
- Starting in March 2020, the Red Cross procured personal protective equipment (PPE), cots, and cleaning supplies to distribute to every First Nation in Manitoba interested in receiving the items. The supplies are for use in self-isolation centres in the communities. Of all 63 First Nations in Manitoba, 61 of the communities were interested in receiving the supplies. These supplies were procured and provided on behalf of the Government of Canada's First Nations and Inuit Health Branch. These supplies included:
 - 2,000 cots
 - 4,100 blankets
 - 3,450 hygiene kits.
 - There were also gloves, face masks, hand towels and face cloths.
- Through the collective work of the AMC, MKO, FNHSSM and the Canadian Red Cross, the Manitoba region was provided with a number of supports both in preparing for and responding to COVID-19 outbreaks in our Nations:
 - The PRCT Rapid Response Teams lead by Melanie McKinnon were deployed to 18 First Nations since the first COVID-19 outbreak in September 2020.
 - Since September, the Rapid Response Teams were sent to 4 FNs at the same time. With the deployments lasting an average of 3-4 weeks.
- For First Nations citizens that needed to be sent out of community to go to Alternative Isolation Accommodations:
 - The Canadian Red Cross AIA site supported 43 First Nations and provided a safe isolation site for more than 1,200 of our citizens.
 - FNHSSM staff took the lead in setting up a First Nation specific AIA site in December due to the high numbers of our citizens which required AIA outside the community.
 - 13 First Nations and 457 of our people were provided safe spaces to isolate thanks to the hard work and dedication of the AIA team.
- Through financial support, the AMC has also worked hard this past year to support our citizens living outside our Nations. At the beginning of the pandemic, AMC received funds to provide some relief to those impacted:
 - 2599 total applications were processed in the spring for
 - 1276 families
 - 1246 individuals
 - 59 protective safety kits were provided to families.



- In May 2020, AMC distributed \$1.9 million directly to the First Nations except for six First Nations who requested that AMC provide the administrative support to their off-reserve citizens.
 - 1200 citizens from these six Nations in Manitoba were provided support.
- Red Cross has been deployed, with the support of First Nations leadership and the federal government, to:
 - York Factory First Nation to provide support to the rapid response health team that arrived in the community earlier in the week to deal with a COVID-19 outbreak. The Red Cross team provided Epidemic Prevention and Control advice and planning, as well PPE and COVID-19 safety training over the course of three days.
 - Little Grand Rapids First Nation to provide support to leadership and health teams responding to a COVID-19 outbreak in that community. Support included Epidemic Prevention and Control advice, and PPE and basic COVID-19 training. That team was in the community for a week.
 - Little Grand Rapids First Nation a second time, as another team went to the community a few weeks later to provide additional Epidemic Prevention and Control advice and planning.
 - Shamattawa First Nation in December to assist in supporting the COVID-19 response in that community. For two weeks, the Red Cross team provided coordination and facilitation support to community leadership and other organizations in the community responding to the outbreak.
- The Canadian Red Cross supported the work of the AMC Ambassadors team by providing cots, blankets, pillows, hygiene kits and PPE for that team's deployment into different communities.
- The CRC mobilized its Help Desk for Indigenous leadership in spring 2020. The virtual help desk supports Indigenous leadership with information and referrals related to pandemic health emergency planning, health guidance and community wellness and protection. The Help Desk has provided Epidemic Prevention and Control advice to First Nations long-term care homes, as well as providing advice to leadership of various First Nations on operating isolation sites.
- In support of the federal government, a Red Cross Epidemic Prevention and Control team made multiple visits to Stony Mountain Institution to provide advice and assistance to help reduce transmission of COVID-19 at the correctional facility.
- The Canadian Red Cross is currently working closely with First Nations, health authorities, the federal and provincial governments, and the military to support vaccinations in First Nations in Manitoba. The Red Cross has a robust team of vaccinators and emergency responders who have supported 13 First Nation communities in ensuring their members receive the COVID-19 vaccine, with nearly 10,000 vaccinations delivered.
- The Red Cross provided First Nations members access to two CRC Psychological First Aid training courses in September. The two different courses focused on self-care and providing assistance to others. The Red Cross provided 500 training spots, between the two courses, free-of-charge for First Nations.



- Throughout the pandemic, the CRC's Violence Risk Reduction team has continued to work closely with 10 First Nations through a FNIHB-supported project that focuses on enhancing youth engagement and leadership in wellness initiatives within communities.
- The Red Cross Violence Risk Reduction team has engaged with youth in some First Nation communities by providing boxes filled with resources for activities designed to help youth manage stress and develop wellness strategies. The boxes were accompanied by Zoom sessions with the CRC team as they worked with the youth on the art-based activities from the boxes and explained strategies for coping with trying times, turning inner struggles into positive actions, such as practicing art, and funneling feelings of stress into creative work. The first box featured a tie-dyeing activity.
- To help decrease stress and promote mindfulness, the CRC has been working with AMC to create an Indigenous colouring book that features art from various Indigenous artists. The book has now been completed.
- The third round of off reserve support is currently in progress
 - AMC received 1300 applications in the first 12 hours. As a result, they have gone back to ISC to seek additional funds to support our citizens who continue to be negatively impacted by the economic crisis this pandemic has created.
 - 2500 off Reserve citizens have applied and the number continues to grow;
 - Applications are being processed for clothing, food, groceries and supports necessary during this pandemic.
- MKO provided a resource that described coloured codes developed by the province. They described each of the four levels.
- Leadership advocated for a Northern Travel Ban order and were successful.
- Hosting daily lives on Facebook in real time to ensure messages and information are shared.
- Creation of rapid response team that were First Nations, it has helped lot of communities in time of need. The benefit of having First Nations going in who worked with communities is the knowing of what to expect, know how to cope, know how communities have struggles when no pandemic.
- Dedicated epi people working with communities providing those reports. They are able to identify events that occurred in the community, see the effects of interventions done by community or impacts of certain events that happened within community. They could see the daily trends in cases and it was interesting to see how community responded in terms of public health measures.
- Documents Produced
 - Resource info:
 - If you plan to homeschool your child



- Preparing your child for school during COVID
 - Children & COVID-19 discussion
 - Contact Tracing & COVID-19
 - COVID-19 Exposure- Isolation
 - Halloween Guidelines
 - Halloween ideas during COVID-19
 - Holidays & our Communities
 - If you test positive for COVID-19
 - Isolation Calendar
 - Staying Safe during the Holidays
 - Stigmas & COVID-19
 - Remembering & Honouring Community members lost to COVID
 - Household Cleaning
 - Symptoms of COVID-19 and Testing
 - Testing for COVID-19 for First Nations in Manitoba
 - A Guide to Air Travel to and from Manitoba First Nations Communities
 - Wellness Wheel: How to take care of yourself, family and community during COVID-19
 - COVID-19 reminders for staying safe
 - Funding documents geared towards different sources of funding
- Reports:
 - Daily Reports
 - Weekly Reports
 - Tribal Council Reports
 - Corrections COVID-19 cases- First nations (January 11, 2021, November 15, 202, November 23, 2020)
 - Vaccination Reports
 - Demographic and Clinical Characteristics of COVID-19 Cases with a severe outcome in Manitoba First Nation population (December 14, 2020)
 - Manitoba First Nation Data: Overview October 2020 to December 2020.



Next steps

The pandemic will be around for a while and vaccinations will be carried out over the next year. It might seem like communities might be in the clear but outbreaks can still happen. It is important to think about what is needed next. The next phase of the PRCT would be to focus would be on recovery response.

The evaluation demonstrated the importance of First Nations leading the way with assistance from partners, provincial and federal governments. First Nations are the experts.

This evaluation will provide insight and experiences that can be used with potential future pandemics that might occur. The H1N1 pandemic was not captured and the team felt this was absolutely necessary to document for reference.

“From a Red Cross perspective, we were very impressed and heartened to be a part of a process where community leadership utilized both scientific facts and the community knowledge to create the best solutions for their own communities as part of the COVID-19 response.” – Shawn Feely, Vice-President, Manitoba and Nunavut, Canadian Red Cross



Appendices

First Nations Timeline:

March 12, 2020	Announcement- The Assembly of Manitoba Chiefs supports those First Nation organizations and businesses that have made the decision to postpone and/or cancel events.
March 13, 2020	AMC hosted an Executive Council of Chiefs meeting to discuss planning and next steps. Grand Chief Arlen Dumas and the Executive Council of Chiefs hosted a Press Conference on COVID-19 , the ECC postponed all AMC-related events until further notice; encouraged each First Nation in Manitoba to complete their local pandemic / emergency plans and encouraged them to consider closing their schools; called on the Manitoba-provincial emergency incident response team to ensure that medical supplies are available to each First Nation in Manitoba; and directed the AMC to continue to meet with First Nations in Manitoba and others at the regional level, including the potentially provision of sanitation packages for each First Nation, and regularly report to all First Nations leadership.
March 13, 2020	First presumptive positive case of COVID-19 in the province.
March 16, 2020	First meeting of Pandemic Coordination Response Team
March 17, 2020	AMC shuts down office for staff to work remote.
March 17, 2020	ASSEMBLY OF MANITOBA CHIEFS CALLS FOR STATE OF EMERGENCY AND ESTABLISHES A COVID-19 PANDEMIC RESPONSE COORDINATION TEAM AND CENTRE
March 18, 2020	The Government is proposing targeted help by providing \$305 million for a new distinctions-based Indigenous Community Support Fund to address immediate needs in First Nations, Inuit, and Métis Nation communities.
March 20, 2020	The Assembly of Manitoba Chiefs (AMC) declaration of a state of emergency announced March 17th, Grand Chief Arlen Dumas, and the Assembly of Manitoba Chiefs Secretariat Inc., are today expressing their support of the declaration of a state of emergency by the province of Manitoba as long as the measures respect First Nations' autonomy and decision-making processes.
March 25, 2020	The AMC urges Provincial and Federal Governments to do more for renters



April 9, 2020	The AMC responds to Provincial and Municipal Partnership regarding Pandemic Measures
April 16, 2020	New health orders restrict travel to northern Manitoba, require self-isolation after travel within Canada
April 17, 2020	The AMC responds to changes to Band Council election rules during the COVID-19 pandemic
April 23, 2020	Guidance from our Knowledge keepers on ways to engage in ceremonial and spiritual practices during the COVID-19 pandemic document
April 28, 2020	The Assembly of Manitoba Chiefs (AMC) launched a new information app that will enable it to share important updates related to the COVID-19 pandemic, and help make information it shares more convenient.
May 4, 2020	AMC disagrees with Canada's process for awarding third-party contracts for First Nations in Manitoba
May 25, 2020	The Assembly of Manitoba Chiefs (AMC) has received limited funding to support First Nations citizens from Manitoba that are living in the City of Winnipeg. Financial Assistance or Safety Kits
May 29, 2020	AMC initiated a 24-hour phone line to support the application process for the COVID-19 pandemic funding for First Nation Citizens from Manitoba living in the city of Winnipeg.
May 5, 2020	Memorandum- AMC Executive Council of Chiefs Resolution: BE IT RESOLVED THAT THE ECC CANCELS THE 2020 AMC ANNUAL GENERAL ASSEMBLY AND ELECTION FOR THE AMC GRAND CHIEF, AND THAT THE TERM OF OFFICE OF THE CURRENT GRAND CHIEF IS TO BE EXTENDED FOR ONE YEAR UNTIL THE 2021 AMC ANNUAL GENERAL ASSEMBLY.
May 6, 2020	Manitoba Respecting First Nations Sovereignty Over First Nations Data Press Release- First Nations specific surveillance information is key to allow for the identification of confirmed First Nations cases and control of the COVID-19 outbreak and provide information to local First Nations leadership.
May 12, 2020	Manitoba Restart Strategy: Implications for First Nation Communities document was developed to provide public health information and guidance to First Nations communities as they consider the ongoing and possibly



	changing risks of COVID-19 transmission in their communities. It is intended to provide assistance as they deliberate on the public health measures they have or are considering putting in place.
May 19, 2020	AMC supports the Cree Nations in northern Manitoba against the injunction served on behalf of Manitoba Hydro
May 21, 2020	Assembly of Manitoba Chiefs (AMC) Grand Chief Arlen Dumas welcomes today's announcement by Prime Minister Trudeau of \$75 million to support the needs of urban and off-reserve First Nations citizens in weathering the COVID-19 pandemic.
May 28, 2020	AMC Pandemic Funding - Deadline Extended to Friday June 5, 2020 at midnight
June 2, 2020	PRCT also finalized and published a document called, - Applying Current Public Health Orders and Guidance to Community Events
June 10, 2020	Red Cross announces COVID-19 EMERGENCY SUPPORT FOR COMMUNITY ORGANIZATIONS
July 6, 2020	The AMC opposes the government of Manitoba's interference with First Nation jurisdiction under the guise of COVID-19 emergency measures
July 24th, 2020	PRCT also finalized and published a document called, "Public Health Considerations During COVID-19 for Sundance Leaders"
July 30, 2020	The deadline has been extended to July 31, 2020 for First Nations to submit proposals for COVID-19 expense reimbursement to the First Nations and Inuit Health Branch (FNIHB)
August 12, 2020	The Assembly of Manitoba Chiefs' statement in support of federal funding for enhanced Manitoba First Nations responses to COVID-19
August 14, 2020	Fisher River Cree Nation Chief David Crate and Council members announce initiative to provide COVID-19 relief measures to more than 75 First Nations through the Surplus Food Rescue Program.



August 21, 2020	Featured through CNN "Indigenous communities across Canada have done what one government official described as a "magnificent job flattening the curve of the pandemic, with less than 500 positive cases nationwide. But the mental health of indigenous youth still hangs in the balance."
August 22, 2020	Fox Lake Cree Nation informed its band members in a community update of a report from public health officials that a person who tested positive was in Gillam
August 23, 2020	MKO and AMC release Order Prohibiting Travel to Northern Manitoba under the Public Health Act to be re-imposed
August 26, 2020	MANITOBA FIRST NATIONS COVID-19 ALERT LEVELS is released
August 31, 2020	Northern Travel Restrictions Re-implemented
Sept 2, 2020	Canadian Red Cross, with the support of the Assembly of Manitoba Chiefs, offered 500 training opportunities to First Nations members in Manitoba. The Psychological First Aid Self-Care and Psychological First Aid Caring for Others online courses will help people to understand the impact of stress, loss, trauma and grief
Sept 2, 2020	Initiative established supporting food security for those living in remote and northern communities. True North Aid will be donating flour to First Nation communities who apply through their online application
Sept 4, 2020	Canadian Red Cross makes its Preventing Disease Transmission training available to help schools
Sept 4, 2020	Public health is re-implementing travel restrictions to northern Manitoba and remote communities
September 10, 2020	Fisher River Cree Nation reported a COVID-19 case which was the first known case of the virus on a Manitoba First Nation. The same day the neighbouring community- Peguis First Nation reported its first two cases.
September 17, 2020	Effective Friday, September 18, 2020, at 4:00 p.m., Fisher River Cree Nation implemented Check Points at entrances into the community to monitor travel in and out of the community
September 17, 2020	Emergency Road Check Points Upgraded to Residents Only



September 24, 2020	<p>Important Funding Notices for Leadership -</p> <p>Deadline September 28, 2020</p> <ul style="list-style-type: none"> - COVID Proposals, Mental wellness and wage subsidies - Education Band Base Capital and Education funding -[FNIHB] COVID Proposals, Mental wellness and wage subsidies
September 24, 2020	<p>“The Prime Minister’s Speech from the Throne contained a number of initiatives addresses issues of great importance to First Nations in Manitoba. Like First Nations across the country, we watched the Throne Speech for a way to ensure our First Nations can continue to directly respond to COVID-19 by keeping them safe, healthy, and for a way they can economically recover, all the while ensuring respect for their Treaty and inherent rights.”</p>
October 4, 2020	<p>Little Grand Rapids First Nation declares outbreak due to an event from September 24-27, 2020</p>
October 5, 2020	<p>ISC released an epidemic curves of #COVID-19 cases in First Nations communities on-reserve are available online, and updated weekly.</p>

Facebook Lives

March 2020

March 13, 2020	Grand Chief Arlen Dumas and the Executive Council of Chiefs Press Conference on COVID-19 (March 13, 2020)
March 24, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas and Dr. Marcia Anderson
March 28, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas
March 29, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas



April 2020

April 1, 2020	Dr. Anderson- Public Health and COVID-19
April 1, 2020	Dr. Anderson- Taking care of our spirits
April 3, 2020	Dr. Anderson- Why it is so important that First Nations people do self-identify.
April 3, 2020	Dr. Anderson- Shopping safely during COVID-19
April 4, 2020	Questions kids have about COVID-19
April 6, 2020	Discussion around the use of Masks
April 15, 2020	Update on COVID-19 for First Nations in Manitoba with Grand Chief Dumas, Dr. Anderson and Melanie Mackinnon.
April 17, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas
April 17, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas
April 18, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas
April 19, 2020	COVID-19 testing in First Nations Communities
April 29, 2020	Manitoba First Nations COVID-19 Update with Grand Chief Arlen Dumas New Information APP

May 2020

May 1, 2020	Lifting of Restrictions in Manitoba and what that means for Manitoba First Nations Dr. Marcia Anderson AMC Grand Chief Arlen Dumas Melanie MacKinnon Dr. Michael Routledge
May 7, 2020	COVID-19 Conversation Dr. Tom Wong - Chief Medical Officer of Public Health, Indigenous Services Canada Dr. Brent Roussin - Chief Provincial Public Health Officer, Government of Manitoba Grand Chief Arlen Dumas - Assembly of Manitoba Chiefs
May 8, 2020	COVID-19 CONVERSATION First Nations Data Sovereignty Dr. Marcia Anderson- Public Health Physician Vice Dean, Indigenous Health Rady Faculty of Health Sciences, U of M Grand Chief Arlen Dumas- Assembly of Manitoba Chiefs Leona Star- Director of Research, First Nations Health and Social Secretariat of Manitoba (FNHSSM) Doris Young- Information Research Governance Committee Co-Chair, Member of the Opaskwayak Cree Nation - Treaty 5 Territory Opaskwayak Cree Nation Health Board Member
May 15, 2020	COVID-19 First Nations Cases in MB with Dr. Marcia Anderson- Public Health Physician Vice Dean, Indigenous Health Rady Faculty of Health Sciences, U of M Grand Chief Arlen Duma- Assembly of Manitoba Chiefs (AMC)



	Grand Chief Garrison Settee- Manitoba Keewatinowi Okimakanak (MKO) Leona Star- Director of Research, First Nations Health and Social Secretariat of Manitoba (FNHSSM)
Friday, May, 2020	COVID-19 CONVERSATION with Commanding Officer, D Division RCMP Assistant Commissioner Jane MacLatchy & Assembly of Manitoba Chiefs Grand Chief Arlen Dumas POLICING & PUBLIC SAFETY ISSUES DURING THE PANDEMIC: How COVID-19 has underscored the need for adequate public safety regimes on First Nations
May 21, 2020	COVID-19 Conversation with Indigenous Services Canada Minister Marc Miller and Assembly of Manitoba Chiefs Grand Chief Arlen Dumas <ul style="list-style-type: none"> • FNs across Canada and COVID-19 cases • Enhancing Primary Health Care in First Nations • Connectivity and Technology in First Nations • First Nations Health Legislation • CERB • Off-reserve Funding (an announcement was made earlier today) • MB Regional Office - Indigenous Services Office Update (registration/status cards)
May 22, 2020	Manitoba First Nations Update on COVID-19
May 29, 2020	Manitoba First Nations Update on COVID-19

June 2020

June 5, 2020	Manitoba First Nations Update on COVID-19
June 11, 2020	COVID-19 CONVERSATION Manitoba's First Nations Leaders share how their communities have worked to keep COVID-19 out, they will also discuss pandemic planning, challenges, issues being magnified by COVID-19 and opportunities to address issues in communities. AMC Grand Chief Arlen Dumas MKO Grand Chief Garrison Settee Chief David Monias, Pimicikamak Cree Nation Chief Derrick Henderson, Sagkeeng First Nation Chief Evan Yassie, Sayisi Dene First Nation Chief Glenn Hudson, Peguis First Nation
June 12, 2020	Manitoba First Nations Update on COVID-19 cases
June 18, 2020	Harm Reduction NCI Radio
June 24, 2020	COVID-19 CONVERSATION with Minister of Northern Affairs, Dan Vandal <ul style="list-style-type: none"> • Updates from Crown-Indigenous Relations and Northern Affairs • Supporting First Nations during COVID-19 Pandemic • Food Security



	<ul style="list-style-type: none"> • Minister Vandal's work with First Nations • Development and Infrastructure • Economic Development • and more
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

July 2020

July 7, 2020	Special presentation with Grand Chief Arlen Dumas, with a progress report on Off-Reserve Assistance
July 10, 2020	Manitoba First Nations Update and Knowledge Keepers sharing information
July 17, 2020	Manitoba First Nations Update on COVID-19
July 24, 2020	Manitoba First Nations Update on COVID-19 - Grand Chief and PRCT Leads
July 31, 2020	Manitoba First Nations Manitoba COVID-19 Update

August 2020

August 7, 2020	Manitoba First Nations Manitoba COVID-19 Update
August 14, 2020	Today's PRTC COVID-19 Update for MB First Nations and Return to School Discussion with Charles Cochrane, Manitoba First Nations Education Resource Centre - MFNERC
August 14, 2020	Manitoba First Nations Update on COVID-19 cases
August 21, 2020	Manitoba First Nations Update on COVID-19. Guests Dr. Marcia Anderson and Dr. Brent Roussin Update with MB First Nations leaders and health experts.
August 28, 2020	COVID-19 update on First Nations cases in Manitoba. MB First Nations Leaders join today's Facebook Live to discuss their pandemic planning.

September 2020

September 3, 2020	<p>This week's topics will include:</p> <ul style="list-style-type: none"> • Sharing of Data on First Nations Cases, • Immunization Wellness, • Access to Health Services, • Northern Travel Restrictions and more. <p>Guest joining the PRCT in this week's update: Dr. Michael Routledge</p>
-------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



September 4, 2020	Northern Travel Restriction Order and Education (MFNERC)
September 11, 2020	<p>COVID-19 cases, public health and other related topics.</p> <p>TODAY'S TOPICS & GUESTS INCLUDE:</p> <p>EDUCATION:</p> <p>Brennan Manoakesick, Chief of Staff - Manitoba Keewatinowi Okimakanak</p> <p>Jacqueline Connell, Assistant Superintendents of Senior Years / Careers Programs -</p> <p style="padding-left: 40px;">Frontier School Division</p> <p>FIRST NATIONS & COVID-19</p> <p style="padding-left: 40px;">Leona Star, Director of Research, FNHSSM</p> <p style="padding-left: 40px;">Dr. Michael Routledge, Medical Health Advisor, Kim project at MKO</p>
September 18, 2020	MB First Nations COVID-19 Pandemic Response Coordination Team (PRCT) on First Nations cases in Manitoba.
September 25, 2020	<p>MB First Nations PRCT Update. Get updated on the First Nations cases in Manitoba and work PRCT is doing to support.</p> <p style="padding-left: 40px;">We will also be joined by leadership who have been affected by COVID-19 and have been diligently working with their communities to lower the impacts of COVID-19.</p>

October 2020

October 2, 2020	MB First Nations COVID-19 Update from the Pandemic Response Coordination Team (PRCT) and Misipawistik Cree Nation (MCN) Chief Heidi Cook and Deputy Emergency Manager Linda Ballantyne share about their experience as the first FN into the north (through HWY 6), what that has been like with the Northern Travel Restriction and their work to protect their community during COVID-19.
October 9, 2020	First Nations Manitoba COVID-19 Update
October 16, 2020	First Nations Manitoba COVID-19 Update
October 23, 2020	First Nations Manitoba COVID-19 Update
October 30, 2020	First Nation Manitoba COVID-19 Update

November 2020

November 5, 2020	MB First Nations COVID-19 Update that includes a Mental Health Conversation with MKO's Mobile Crisis Response Unit's Team Manager Justin Courchene and Team Member Greg Fontaine. Also joining today's update: The Canadian Mental Health Association - Manitoba - Winnipeg's Executive Director Marion Cooper and Director of Indigenous Partnerships and Services Stan Kipling
------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



November 13, 2020	MB First Nations COVID-19 Update for Nov.13 with guest Jarred Baker of EAGLE Urban Transition Centre speaking about programs and supports during the pandemic
November 20, 2020	First Nations Manitoba COVID-19 Update
November 27, 2020	First Nations Manitoba COVID-19 Update

December 2020

December 4, 2020	MB First Nations COVID-19 LIVE Update with guest Chief Dennis Meeches, Long Plain First Nation
December 11, 2020	MB First Nations Manitoba COVID-19 Update with Chief Sheldon Kent, Black River First Nation and Chief Eric Redhead, Shamattawa First Nation.
December 18, 2020	We will be sharing PRCT Update, COVID-19 cases and information on services you can access. Guests include: WRHA Indigenous Health Regional Director Kandice Leonard and the AMC/WRHA Patient Advocate Unit
December 23, 2020	PRCT PUBLIC HEALTH VIDEO for Manitoba First Nations about VACCINES
December 24, 2020	HOLIDAY PRCT PUBLIC HEALTH VIDEO with Dr. Marcia Anderson
December 24, 2020	PRCT PUBLIC HEALTH VIDEO with Dr. Marcia Anderson on Isolation.

January 2021

January 7, 2021	Vaccine Information for Manitoba- Dr. Marcia Anderson
January 8, 2021	MB FIRST NATIONS COVID-19 UPDATE Topics include: COVID-19 Update, Vaccines, SERDC Health Services
January 15, 2021	First Nations Manitoba COVID-19 Update
January 20, 2021	SPECIAL COVID-19 FACEBOOK LIVE WITH MINISTER MARC MILLER, INDIGENOUS SERVICES CANADA
January 22, 2021	First Nations Manitoba COVID-19 UPDATE <ul style="list-style-type: none"> • Cases • Testing • Vaccines <p>Guest: Alex McDougall, Executive Director of Four Arrows Regional Health Authority</p>
January 29, 2021	First Nations Manitoba COVID-19 Update



February 2021

February 5, 2021	First Nations Manitoba COVID-19 Update with Youth Guests: Joshua Snowbird, Ryan Ross and Nick Wakos
February 9, 2021	PRESS CONFERENCE TODAY @ 1:30 PM: Learn about vaccination information and new site for First Nation health care workers, Knowledge Keepers and Traditional Healers today at 1:30 pm on AMC, SCO, MKO, FNHSSM, KIM Facebook pages in partnership with Manitoba.
February 12, 2021	First Nations Manitoba COVID-19 Update and conversation with Rilee Nepinak of @Anishiative and Eva Wilson-Fontaine of Anish Corporation on the Community Care Camp located at the Thunderbird House grounds.
February 19, 2021	MB First Nations COVID-19 Update with guest Dr. Joss Reimer, medical lead for MB Vaccine Implementation Task Force
February 26, 2021	First Nations Manitoba COVID-19 Update

March 2021

March 5, 2021	First Nations Manitoba COVID-19 Update Guests- AIA Site Erynne Sjoblom, Brenda Sanderson, Kimble Chartrand, Alycia Murdock, Rob Hotomati
March 12, 2021	First Nations Manitoba COVID-19 Update
March 17, 2021	Commemoration of PRCT and Honour Songs in remembrance of those we've lost to COVID-19.
March 19, 2021	First Nations Manitoba COVID-19 Update. We welcomed Lawrence Letander who shared his family's experience with COVID-19
March 26, 2021	First Nations Manitoba COVID-19 Update for March 26, 2021 with Dr. Marcia Anderson and Melanie MacKinnon sharing about Public Health and Support in MB First Nations. Also joining the PRCT today, AMC-EUTC Guest Jarred Baker speaking about Pandemic Support Program applications being extended to March 29 and Frequently Asked Questions.

Provincial Government Press Releases

February 24, 2021	Dr. Marcia Anderson, public health lead, First Nation Pandemic Response Coordination Team, and Dr. Joss Reimer, medical lead, Vaccine Implementation Task Force, to discuss First Nations immunization update.
March 5, 2021	Dr. Marcia Anderson, public health lead, First Nation Pandemic Response Coordination Team, and Dr. Joss Reimer, medical lead, Vaccine Implementation Task Force, to discuss COVID-19 vaccine update.



Province of Manitoba Timeline- COVID-19

March 12, 2020	Manitoba confirms its first presumptive case of COVID-19 in the province.
March 20, 2020	Announcement of a state of emergency, effective for 30 days. The province announces surgery programs across the province will be suspending elective surgeries
March 24, 2020	The province announces that non-essential and diagnostic testing will be postponed, and suspends rent increases as well as postpones all hearings for non-urgent matters to avoid evictions.
March 26, 2020	The province expands testing for the virus. Premier Brian Pallister calls on the federal government to create a Pandemic Emergency Credit Agency to help provinces financially.
March 27, 2020	Manitoba health officials announce the province's first death due to COVID-19
March 30, 2020	The province issues a new public health order, closing non-critical businesses starting on April 1. The closures are in effect until at least April 14.
March 31, 2020	The Manitoba government announces that all in-class schooling has been suspended indefinitely.
April 1, 2020	Public health officials say they are seeing early signs of community transmission of the virus.
April 4, 2020	The province announces the opening of the first self-isolation centre, built in a Winnipeg hotel.
April 9, 2020	Fines for violating public health orders and physical distancing guidelines are announced by Premier Brian Pallister and Winnipeg Mayor Brian Bowman
April 13, 2020	The public health orders in Manitoba are extended to April 28.
April 15, 2020	The province introduces a number of new bills during an emergency COVID-19 session of the Manitoba Legislature. These include a bill that would increase



	the province's authority in the Emergency Measures Act, and a bill that would allocate up to \$1 billion for COVID-19 spending.
April 16, 2020	Dr. Brent Roussin announces new health orders that restrict travel within Manitoba and prohibits travel to northern communities. An online cognitive behavioural therapy program to help support Manitobans and address anxiety during the COVID-19 pandemic is made available.
April 17, 2020	The province announces it will add \$300 million to the COVID-19 procurement fund to respond to front-line health care needs.
April 24, 2020	Shared Health announces surgical activity will increase at several hospitals in Manitoba, with procedures in neurosurgery and vascular surgery being performed.
APRIL 29, 2020	The province announces a multi-phase plan to reopen the province, starting with non-essential healthcare and retail businesses which will be allowed to reopen on May 4. The second phase of reopening the economy will start no earlier than June 1. Additional personal services, like nail salons, will be allowed to reopen on June 1. Bars, tattoo parlours and movie theatres will be the last businesses to reopen according to the recovery plan.
May 1, 2020	Health officials announces health care workers will be asking additional questions to COVID-19 positive patients that focus on race, ethnicity and/or Indigenous identity to help with contact tracing.
May 4, 2020	A secure portal allowing Manitobans to look at their negative test results is put online.
May 15, 2020	The province announces the state of emergency has been extended and will take effect on May 17, at 4 p.m. for an additional 30 days.
May 19, 2020	The new community testing site opens in Winnipeg for those who are experiencing homelessness or living in a shelter.
June 1, 2020	The second phase of Manitoba's reopening officially begins. Businesses such as gyms, nail salons, and tattoo parlours are allowed to reopen, with strict measures in place. Lanette Siragusa with Shared Health says guidelines to resume patient visits at hospitals are expected to be released later in the week. Victoria General Hospital has decided to do a pilot project allowing outdoor visits for medically stable patients who can go out and visit with their families and loved ones.



June 3, 2020	The province announces that visitor access to hospitals will be expanding under Phase Two of reopening.
June 17, 2020	Manitoba announces the third phase of reopening will begin on June 21. The change will allow people traveling from British Columbia, Alberta, Saskatchewan, Yukon, Northwest Territories, and Nunavut, as well as people living in the area of northwestern Ontario, west of Terrace Bay, to visit Manitoba without having to self-isolate for 14 days if they are not showing symptoms and have no known exposure to COVID-19. Restaurants will also be able to reopen at full capacity, as long as tables and seating are arranged so there are temporary or physical barriers, or two metres of separation between the people sitting at different tables.
June 22, 2020	Manitoba's education minister announces students will return to the classroom on Sept. 8, 2020.
July 14, 2020	The province extends the State of Emergency for another 30 days.
July 21, 2020	Manitoba releases the draft plan for the fourth phase of reopening, which could take effect on July 25. If implemented, it would increase gathering sizes to 75 people indoors and 250 people outdoors, increase visitation at personal care homes, and allow casinos and movie theatres to reopen with capacity restrictions. Winnipeg is announced as the hub city for a shortened CFL season in September, if the league and players reach a deal.
July 23, 2020	A modified version of the phase 4 of reopening will take effect July 25. The province announced, following feedback, it would hold off on lifting the self-isolation requirements for people travelling from Atlantic Canada, Quebec and eastern Ontario. Group size changes were also shelved for the time being. The province announces it will no longer identify if Hutterite colonies are the source of outbreaks of COVID-19, noting the stigma the groups are facing.
July 24, 2020	The province announces a possible exposure of COVID-19 at the Dakota Tipi Gaming Centre on July 17, 18, and 19.
July 30, 2020	The province announces its plan for students to return to school in September.
August 12, 2020	The state of emergency in Manitoba is extended for another 30 days.
August 19, 2020	Masks will be mandatory in Manitoba for students in Grades 4-12 when school starts in September.



August 24, 2020	Masks will become mandatory at all Manitoba hospitals starting Sept. 1.
August 27, 2020	New public health orders take effect on Friday to enforce 14-day self-isolation orders for COVID-19 cases and close contacts of cases.
August 31, 2020	Travel restrictions to Manitoba communities north of the 53rd parallel will be in place again starting Sept. 3.
October 1, 2020	The COVID-19 alert app is now available for Manitobans.
October 4, 2020	Little Grand Rapids First Nation goes into lockdown after multiple people test positive for the virus after an event at the community's rec centre.
October 7, 2020	The Poplar River First Nation and the Bloodvein First Nation confirm positive cases of COVID-19 have been identified in their communities.
October 9, 2020	The state of emergency has been extended for another 30 days in the province.
October 27, 2020	Officials warn the public that a person who has tested positive for COVID-19 went to funeral on Oct. 18 in Cross Lake during the infectious period.
October 30, 2020	The Winnipeg Metropolitan Region is moving to code red restrictions on November 2, for at least two weeks.
November 6, 2020	The Southern Health region is moving to the critical or red level on the province's pandemic response system starting Nov. 9.
November 10, 2020	Manitoba Premier Brian Pallister announces the entire province will be moved to the Critical or Red level on the pandemic response system starting Nov. 12.
November 12, 2020	The province also moves into the red or critical phase of Manitoba's pandemic response system. The new restrictions are set to be in place for a minimum of two weeks.
November 13, 2020	Manitoba surpasses 10,000 COVID-19 cases since the pandemic started
November 28, 2020	A boy under the age of 10 died due to COVID-19, making him the youngest to die of the virus so far.
December 7, 2020	Officials warn people about a positive case of COVID-19 that attended a funeral in Sapotaweyak Cree Nation on Nov. 27. People who attended are asked to self-isolate.



December 9, 2020	Premier Brian Pallister announces the Pfizer vaccine, which has been approved by Health Canada, will be arriving in the province as early as next week.
December 15, 2020	The first batch of the COVID-19 vaccine arrives in Manitoba on Tuesday and the first recipient is scheduled to receive it on Wednesday.
December 29, 2020	A group of advanced care paramedics is deployed to three northern Manitoba communities to provide care over the holiday season.
January 7, 2021	The first shipments of the Moderna COVID-19 vaccine are in their way to First Nations in Manitoba.
January 8, 2021	The province announces it is extending the Code Red health orders for another two weeks because of gatherings over the holidays.
January 15, 2021	An online survey is launched, giving Manitobans a chance to have their say on how the province will begin to ease code red restrictions,
January 18, 2021	The COVID-19 vaccination supersite opens in Brandon, Man. It is the second supersite in Manitoba.
January 21, 2021	The province releases its new round of health orders that will take effect on Saturday, Jan. 23. While the entire province will remain in the red or critical level of the pandemic response system, there will be 'modest' changes to the restrictions in the areas of Winnipeg, Southern Health, Interlake-Eastern, and Prairie Mountain Health.
January 23, 2021	Eased code red restrictions take effect throughout most of Manitoba, with the exception of the Northern Health Region.
January 25, 2021	Appointments can now be booked at the supersite in Thompson, which will open Feb. 1. Satellite clinics will also open in The Pas and Flin Flon on February 8.
February 9, 2021	Manitoba announces the first case of a COVID-19 variant in the province.
February 11, 2021	Manitoba's new round of health orders take effect.
February 13, 2021	In partnership with the province, Cross Lake First Nation's chief and council has banned public gatherings amid surging COVID-19 case numbers.



February 17, 2021	Two new vaccination super sites are set to open in Manitoba in March. The sites will be located in Selkirk and Winkler/Morden.
February 24, 2021	Health officials announced the vaccine is becoming available general public, with Manitobans born on or before Dec. 31, 1926, and First Nations people born on or before Dec. 31, 1946, now eligible to book appointments.
MARCH 1, 2021	<p>The first members of the general public in Manitoba receive their first dose of the COVID-19 vaccine.</p> <p>The Manitoba government releases a report showing the disproportionate impact of COVID-19 on BIPOC communities in the province.</p>
March 2, 2021	The province announced its next round of reopening plans
March 3, 2021	Manitoba will now begin delaying the second dose of COVID-19 vaccines, citing advice from the National Advisory Committee on Immunization.
March 10, 2021	Health officials said the AstraZeneca/COVISHIELD vaccine will be administered to people between the ages of 50 and 64-years-old and First Nations people between then age of 30 and 64-years-old, who have high-risk conditions that could increase the severity of COVID-19.
March 17, 2021	Online booking for COVID-19 vaccinations opens up for Manitobans.
March 19, 2021	Prime Minister Justin Trudeau announced the Canadian Armed Forces will help vaccinate 23 communities in northern Manitoba.



Red Cross Supports

Since the pandemic began, the Canadian Red Cross has worked closely and collaboratively with First Nations, providing support and assistance for the communities in a variety of ways.

Outbreak response

- In March 2020, the Canadian Red Cross team was invited by Grand Chief Dumas to support the newly created Manitoba First Nations Pandemic Response Coordination Team (MFNPRCT). Since that time, the Red Cross has worked closely with First Nations as a supporting member of the PRCT, providing assistance and advice as needed.
- As part of the work with the MFNPRCT, the Red Cross communications team has been a part of the PRCT's communications group, providing advice, assistance, updates and design work.
- In March 2020, the Canadian Red Cross, working with the federal government, helped facilitate a virtual forum on COVID-19. The forum gave Tribal Councils and leadership of First Nations a chance to discuss the response to the pandemic, which was in its early days.
- The Canadian Red Cross supports First Nations members impacted by COVID-19 who are unable to self-isolate at home in their communities by providing lodging at an isolation site in Winnipeg, along with food and other necessary assistance that is required. As of June 21, more than 1,200 individuals from 43 different First Nations had stayed at the site since it had opened. As well, the Red Cross also provides transportation for many of these individuals, including flights out of, and into, communities.
- In October, a Red Cross team consisting of three members was flown to York Factory First Nation to provide support to the rapid response health team that arrived in the community earlier in the week to deal with a COVID-19 outbreak. The Red Cross team provided Epidemic Prevention and Control advice and planning, as well PPE and COVID-19 safety training over the course of three days. This support was provided at the request of the MFNPRCT.
- That same team then travelled to Little Grand Rapids First Nation to provide support to leadership and health teams responding to a COVID-19 outbreak in that community. Support included Epidemic Prevention and Control advice, and PPE and basic COVID-19 training. That team was in the community for a week. This support was also provided at the request of the MFNPRCT.
- Later in October, another CRC team was deployed for a week to Little Grand Rapids First Nation to provide additional Epidemic Prevention and Control advice and planning.
- A Canadian Red Cross team was deployed to Shamattawa First Nation in December to assist in supporting the COVID-19 response in that community. For two weeks, the Red Cross team provided coordination and facilitation support to community leadership and other organizations in the community responding to the outbreak.
- Since October, the Canadian Red Cross has supported the Manitoba government's capacity by conducting contact tracing, case investigation, and check-in calling with people who have tested positive for COVID-19 or come in contact with someone who tested positive. As of June 21, the team had placed more than 100,000 calls as part of this project.



- Since November, the Canadian Red Cross has provided support to health authorities in Winnipeg to deal with COVID-19 outbreaks in long-term care homes. The Canadian Red Cross has provided Epidemic Prevention and Control advice and/or teams of support aides to nine different long-term care homes.
- The Canadian Red Cross is currently working closely with First Nations, health authorities, the federal and provincial governments, and the military to support vaccinations in First Nations in Manitoba. The Red Cross has a robust team of vaccinators and emergency responders who have supported 13 First Nation communities in ensuring their members receive the COVID-19 vaccine, with nearly 10,000 vaccinations delivered.

Mental health and mindfulness

- As part of the work of the CRC Indigenous Help Desk, different resource guides were created to help communities support their members dealing with isolation and other issues related to the pandemic. The *21 Days of Hope* guide provides practical ways to help youth and families maintain hope during the pandemic. The guide includes tips on reaching out, staying connected and dealing with stress.
- Throughout the pandemic, the CRC's Violence Risk Reduction team has continued to work closely with 10 First Nations through a FNIHB-supported project that focuses on enhancing youth engagement and leadership in wellness initiatives within communities.
- The Red Cross Violence Risk Reduction team has engaged with youth in some First Nation communities by providing boxes filled with resources for activities designed to help youth manage stress and develop wellness strategies. The boxes were accompanied by Zoom sessions with the CRC team as they worked with the youth on the art-based activities from the boxes and explained strategies for coping with trying times, turning inner struggles into positive actions, such as practicing art, and funneling feelings of stress into creative work. The first box featured a tie-dying activity.
- To help decrease stress and promote mindfulness, the CRC has been working with AMC to create an Indigenous Colouring Book that features art from various Indigenous artists. The book is completed.

Grants and support for communities

- The Canadian Red Cross supported the Government of Canada by distributing grants to support non-profit groups who are delivering frontline services during the COVID-19 pandemic. The information on these grants was distributed to First Nation organizations via the MFNPRCT communications team.
- By utilizing a grant from the Canadian Red Cross, Birdtail Sioux Dakota Nation was able to create and distribute entertainment kits that encouraged youth to reduce the spread of the virus and minimize the risk of exposure by having fun at home.
- Birdtail Sioux education workers also requested that the Red Cross support in developing a crisis response team in the community. To assist with the creation of the team, the Red Cross connected the community to provincial training resources and provided important learning opportunities.



- The CRC provided grants of up to \$2,500 to work with Jordan's Principle staff in communities to design and support community-led wellness projects that connect young people to the land.

Disaster preparedness and response

- In spring 2020, the CRC participated in a series of Manitoba First Nations 72-hour emergency kit workshops. Our team worked with multiple First Nations in each workshop session, detailing how families and individuals can build a 72-hour emergency preparedness kits for their homes.
- In May 2020, the CRC was activated to support residents of Pine Creek First Nation due to the proximity of wildfires to the community. The support was done virtually, as the Red Cross provided the assistance that was requested by the community leadership, which coordinated and managed the response.
- In September, The Canadian Red Cross offered its Preventing Disease Transmission training to help schools meet public health guidelines. This training provided schools with education on the proper use of Personal Protective Equipment and on ways to reduce disease transmission. The CRC worked closely with the Assembly of Manitoba Chiefs and the Manitoba First Nations Pandemic Response Coordination Team to make this education available to First Nations schools in the province. It was free-of-charge, thanks to the support of the federal government.
- In May 2021, the Canadian Red Cross supported the evacuation of high health priority residents of six First Nations due to smoke and wildfires. More than 600 individuals were evacuated from Misipawistik Cree Nation, Lake St. Martin First Nation, Little Saskatchewan First Nation, Pinaymootang First Nation, Skownan First Nation and Dauphin River First Nation. The evacuees stayed in hotels in Winnipeg, Dauphin and Thompson. The evacuation was completed after a few days.
- The Red Cross Disaster Risk Reduction team, which has been working with First Nations over the past four years to help develop community-driven emergency response plans, has continued its work virtually, over the course of the pandemic, by regularly reaching out to community leadership and determining what support, if any, is required in the communities.
- Using private donations, the Red Cross was able to procure all of the necessary materials to create response team kits for each First Nation that participates in the emergency planning process. The kits include basic stationary supplies, important forms, a copy of the emergency plan, and other key items that communities identified would be invaluable in a response, all in a safe and sturdy case. These kits have already been distributed to those communities that have completed the emergency planning process.
- As part of emergency planning and preparedness, the Red Cross provided more than \$90,000 to First Nations in Manitoba through micro-grants to help communities identify and purchase equipment and materials needed to mitigate risk and improve resiliency. These grants were used to purchase a variety of equipment, including culvert steamers, First Aid kits, two-way radios, and generators.
- Micro grants were provided to various First Nation communities to help with disaster preparedness projects and to purchase much needed resources. These grants were made possible by donations to



the Red Cross. For example, Wuskwi Sipihk First Nation was able to obtain grants from the Red Cross to purchase two AED units for the community and First Aid kits for all households.

- World class data, probably the first region to have that for on and off reserve, AIA culturally safe supports and advocacy, food and economic supports, public safety advocacy, Public health leadership and culturally appropriate guidelines, vaccine advocacy and coordination of roll out with surge supports.



References

- About MKO * Manitoba Keewatinowi Okimakanak. (2021, February 23). Retrieved April 01, 2021, from <https://mkonation.com/about-mko/>
- About us. (n.d.). Retrieved April 01, 2021, from <https://www.fnhssm.com/about-us>
- Admin. (2019, May 08). About us. Retrieved April 01, 2021, from <https://www.ncifm.com/about-us/>
- AMC disagrees with Canada's process for awarding third-party contracts for First nations in Manitoba. (2020, May 05). Retrieved April 01, 2021, from https://manitobachiefs.com/amc-disagrees-with-canadas-process-for-awarding-third-party-contracts-for-first-nations-in-manitoba/?fbclid=IwAR0g-xt56w8io6RyF99Zkws5ob95IXC_UpkZnB8VV2fciIRRY8JHi1yJ8Yc
- The AMC opposes the government of Manitoba's interference with first Nation jurisdiction under the guise of COVID-19 emergency measures. (2020, July 24). Retrieved April 01, 2021, from https://manitobachiefs.com/the-amc-opposes-the-government-of-manitobas-interference-with-first-nation-jurisdiction-under-the-guise-of-covid-%e2%80%9019-emergency-measures/?fbclid=IwAR0GkbjNhIT-cL3IsUvhHcCeQn7aQ-2ra-o8Qivt33D1vVS_VBBqFO8_4PA
- The AMC responds to changes to Band council election rules during the COVID-19 pandemic. (2020, April 20). Retrieved April 01, 2021, from <https://manitobachiefs.com/the-amc-responds-to-changes-to-band-council-election-rules-during-the-covid-19-pandemic/?fbclid=IwAR0g8yFRYhINMWkbvuCY6FqnEn5XqNicuudp2xuA6FIQIUk5QIrKjX2EO9M>
- The AMC responds to provincial and MUNICIPAL Partnership regarding PANDEMIC MEASURES. (2020, April 20). Retrieved April 01, 2021, from https://manitobachiefs.com/the-amc-responds-to-provincial-and-municipal-partnership-regarding-pandemic-measures/?fbclid=IwAR1xpNNzXU5U_hfvajhSEvswyJlqX-_TM7A7Y0XH-x2SOoR_cTTI5Y8u_nM
- The AMC responds to provincial and MUNICIPAL Partnership regarding PANDEMIC MEASURES. (2020, April 20). Retrieved April 01, 2021, from <https://manitobachiefs.com/the-amc-responds-to>



provincial-and-municipal-partnership-regarding-pandemic-measures/?fbclid=IwAR1xpNNzXU5U_hfvajhSEvswyJlqX-TM7A7Y0XH-x2SOoR_cTTI5Y8u_nM

AMC supports the Cree nations in northern Manitoba against the Injunction served on behalf of Manitoba Hydro. (2020, May 19). Retrieved April 01, 2021, from https://manitobachiefs.com/amc-supports-the-cree-nations-in-northern-manitoba-against-the-injunction-served-on-behalf-of-manitoba-hydro/?fbclid=IwAR0sOObTgDuIW5Qip6LEEO2pZM5pLWPZWjjwQvtGFbiEGG_YZoPFBQtbxAk

The AMC URGES provincial and federal governments to do more for renters. (2020, March 25). Retrieved April 01, 2021, from https://manitobachiefs.com/the-amc-urges-provincial-and-federal-governments-to-do-more-for-renters/?fbclid=IwAR01AKC9Y8g8XV2CR1s2gY9wzIzPTweYunTS5_CD3jcnUbC4QJQ2ed-j8b4

AMC welcomes the Prime Minister's announcement for support for urban and Off-reserve First Nations citizens. (2020, May 21). Retrieved April 01, 2021, from <https://manitobachiefs.com/amc-welcomes-the-prime-ministers-announcement-for-support-for-urban-and-off-reserve-first-nations-citizens/?fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaYG0CcapkMegN6RVEyZj-kD8w>

Anya, N. (2020, August 23). Coronavirus: 2 Grand Chiefs call for reintroduction of northern Manitoba travel ban. *MSN*. Retrieved from <https://www.msn.com/en-ca/news/newspolitics/coronavirus-2-grand-chiefs-call-for-reintroduction-of-northern-manitoba-travel-ban/ar-BB18hUc3?ocid=sf2>

Assembly of Manitoba chiefs calls for state of emergency and establishes A Covid-19 Pandemic Response Coordination team and centre. (2020, April 20). Retrieved April 01, 2021, from https://manitobachiefs.com/assembly-of-manitoba-chiefs-calls-for-state-of-emergency-and-establishes-a-covid-19-pandemic-response-coordination-team-and-centre/?fbclid=IwAR01AKC9Y8g8XV2CR1s2gY9wzIzPTweYunTS5_CD3jcnUbC4QJQ2ed-j8b4



Assembly of Manitoba Chiefs launches new information app. (2020, May 08). Retrieved April 01, 2021, from <https://manitobachiefs.com/assembly-of-manitoba-chiefs-launches-new-information-app/?fbclid=IwAR3Raoc0u0FCeL3OTMp25DbOUYMPd7cOrIMhka7tsVs29dkIWPY-c7JfM9E>

The assembly of Manitoba Chiefs' statement in support of federal funding for Enhanced Manitoba First Nations responses to COVID-19. (2020, August 12). Retrieved April 01, 2021, from https://manitobachiefs.com/the-assembly-of-manitoba-chiefs-statement-in-support-of-federal-funding-for-enhanced-manitoba-first-nations-responses-to-covid-19/?fbclid=IwAR0or2RFcE42E_v51qUEU9-4aFKEUCXooeuo93OK5q2RGC5womecxXA4TUQ

Blunt, M. (2020, September 15). Manitoba First Nations on high alert following COVID-19 cases. *Global News*. Retrieved from <https://globalnews.ca/news/7334566/manitoba-first-nations-coronavirus-cases/?fbclid=IwAR3u09P7idjuQstyfDOluDJsyXxcl06gFxFW5PARRPFMf-MELlhqn-Odmcwl>

Cochrane, C. (2020). *Manitoba First Nations COVID-19 Alert Levels* [PDF]. Winnipeg: Manitoba First Nations Pandemic Response Coordination Team.

COVID-19 case in Gillam prompts Fox Lake Cree Nation Bird reserve lockdown, calls for new travel ban. (2020, August 24). *Thompson Citizen*. Retrieved from <https://www.thompsoncitizen.net/news/nickel-belt/covid-19-case-in-gillam-prompts-fox-lake-cree-nation-bird-reserve-lockdown-calls-for-new-travel-ban-1.24191378>

Dr. Barry Lavallee named as Chief Executive Officer of KEEWATINOHK Inniniw Minoayawin Inc. *

Manitoba KEEWATINOWI OKIMAKANAK. (2020, November 05). Retrieved April 01, 2021, from <https://mkonation.com/dr-barry-lavallee-named-as-chief-executive-officer-of-keewatinohk-inniniw-minoayawin-inc/>

The First Nations Principles of OCAP®. (2021, February 26). Retrieved April 01, 2021, from <https://fnigc.ca/ocap-training/>



Fisher River Cree Nation. (2020, September 11). *Fisher River Health Services COVID-19 Special Bulletin (September 11, 2020)* [Press release]. Retrieved from <https://fisherriver.ca/2020/09/fisher-river-health-services-covid-19-special-bulletin-september-11-2020/>

Fisher River receives funding to Rescue 2.9 million pounds of fish to distribute to communities “Fisher River Cree Nation. (2021, February 24). Retrieved April 01, 2021, from https://fisherriver.ca/2020/08/fisher-river-receives-funding-to-rescue-2-9-million-pounds-of-fish-to-distribute-to-communities/?fbclid=IwAR0zg2HmnCSAEnKgfm-628yJCcF_y3bbzfpjWlZVhZja7CD3_sxeOG2LHk

Government of Canada; Aboriginal Affairs and Northern Development Canada; Communications Branch. (2014, July 16). First nations in Manitoba. Retrieved April 01, 2021, from <https://www.aadnc-aandc.gc.ca/eng/1100100020400/1100100020404>

Government of Canada; Indigenous and Northern Affairs Canada; Communications Branch. (2010, September 15). First nations and TREATY areas in Manitoba. Retrieved April 01, 2021, from <https://www.aadnc-aandc.gc.ca/eng/1100100020576/1100100020578>

Grabish, A. (2020, August 22). Advocates renew calls for northern travel restrictions after Fox Lake Cree Nation lockdown. *CBC*. Retrieved from https://www.cbc.ca/news/canada/manitoba/fox-lake-lockdown-covid-scare-1.5696455?fbclid=IwAR0zg2HmnCSAEnKgfm-628yJCcF_y3bbzfpjWlZVhZja7CD3_sxeOG2LHk

Grand chief ARLEN Dumas statement on DECLARED COVID-19 state of emergency. (2020, April 20). Retrieved April 01, 2021, from https://manitobachiefs.com/grand-chief-arlen-dumas-statement-on-declared-covid-19-state-of-emergency/?fbclid=IwAR1lLqT45oZgnzitlQJFI4p_CKaVndrqMwFz_H1O-d3R7kjp77j2EuQbeg0

Grand Chief ARLEN Dumas statement on DECLARED COVID-19 state of emergency. (2020, April 20). Retrieved April 01, 2021, from <https://manitobachiefs.com/grand-chief-arlen-dumas-statement->



- on-declared-covid-19-state-of-emergency/?fbclid=IwAR1lLqT45oZgnzitiQJFI4p_CKaVndrqMwFz_H1O-d3R7kjp77j2EuQbeg0
- Grand Chief ARLEN Dumas statement on DECLARED COVID-19 state of emergency. (2020, April 20). Retrieved April 01, 2021, from https://manitobachiefs.com/grand-chief-arlen-dumas-statement-on-declared-covid-19-state-of-emergency/?fbclid=IwAR1lLqT45oZgnzitiQJFI4p_CKaVndrqMwFz_H1O-d3R7kjp77j2EuQbeg0
- Hobson, B. (2020, April 7). Manitoba First Nations implement curfews during COVID-19. *APTN*. Retrieved from <https://www.aptnnews.ca/national-news/manitoba-first-nations-implement-curfews-during-covid-19/>
- Indigenous health. (2021, March 17). Retrieved April 01, 2021, from <https://sharedhealthmb.ca/covid19/indigenous-health/>
- March 29, 2., December 31, 2., & November 30, 2. (n.d.). About the Canadian Red Cross - Canadian Red Cross. Retrieved April 01, 2021, from <https://www.redcross.ca/about-us/about-the-canadian-red-cross>
- Newton, P. (2020, August 16). Coronavirus accelerates a mental-health crisis for Canada's indigenous youth. *CNN*. Retrieved April 1, 2021, from <https://www.cnn.com/2020/08/16/americas/canada-indigenous-youth-mental-health-intl/index.html?fbclid=IwAR1JUil3CG7Tt057NusJFaZCYAk-EtLuFvnJg6eVkuG0tp-RsAlsI1fHC94>
- Petz, S. (2020, September 11). Manitoba's 1st cases of COVID-19 on First Nations identified at Fisher River, Peguis. *CBC*. Retrieved from <https://www.cbc.ca/news/canada/manitoba/fisher-river-cree-nation-covid-19-case-1.5721471>
- Province of Manitoba. (2020, October 4). *COVID-19 BULLETIN #209* [Press release]. Retrieved from https://news.gov.mb.ca/news/index.html?item=49341&posted=2020-10-04&fbclid=IwAR39jubJ_BskydECzLmZJVOI1E0POMgWnk6I_OFvJg-RaxkfSlIxExkZmvQ



State of emergency and public health orders. (n.d.). Retrieved April 01, 2021, from

<https://manitoba.ca/covid19/restartmb/prs/orders/index.html>

Stefanovich, O. (2020, March 12). Ottawa preparing isolation tents for COVID-19 outbreak in Indigenous

communities. *CBC*. Retrieved from [https://www.cbc.ca/news/politics/stefanovich-national-](https://www.cbc.ca/news/politics/stefanovich-national-indigenous-leaders-covid19-concern-1.5495119?__vfz=medium%3Dsharebar&fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaYG0CcapkMegN6RVEyZj-kD8w)

[indigenous-leaders-covid19-concern-](https://www.cbc.ca/news/politics/stefanovich-national-indigenous-leaders-covid19-concern-1.5495119?__vfz=medium%3Dsharebar&fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaYG0CcapkMegN6RVEyZj-kD8w)

[1.5495119?__vfz=medium%3Dsharebar&fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaY](https://www.cbc.ca/news/politics/stefanovich-national-indigenous-leaders-covid19-concern-1.5495119?__vfz=medium%3Dsharebar&fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaYG0CcapkMegN6RVEyZj-kD8w)

[G0CcapkMegN6RVEyZj-kD8w](https://www.cbc.ca/news/politics/stefanovich-national-indigenous-leaders-covid19-concern-1.5495119?__vfz=medium%3Dsharebar&fbclid=IwAR3nPtH6Nn71PO1t9HLHsJYoKLVgmL7AicaYG0CcapkMegN6RVEyZj-kD8w)