

Infectious Questions Ep. 20: Preparedness in First Nations Communities for COVID-19

Shivoan: Welcome to Infectious Questions, a public health podcast produced by the National Collaborating Centre for Infectious Diseases. I am Shivoan Balakumar. Today, I'm here with Roberta Stout from the National Collaborating Centre for Indigenous Health. In this episode, we will focus on First Nations' preparedness for the COVID-19 pandemic.

We were very honoured to have two speakers on today's episode. We spoke with Marlene Larocque, a Cree from the Waterhen First Nation in Saskatchewan and Senior Policy Advisor in Health at the Assembly of First Nations. We also spoke with Dr. Marlene Ballard, an Anishinaabe from Lake St. Martin, Manitoba and an Assistant Professor in the Department of Chemistry, Faculty of Science, at the University of Manitoba. Here is Roberta's discussion with Myrle and Marlene.

Roberta: Thanks for that. What are important things to remember regarding the history of communicable disease emergencies in First Nations communities?

Marlene: Well, I think the biggest thing to remember is that Indigenous peoples all over the Americas and in Canada have been dealing with communicable disease emergencies since the time of contact. We've seen the smallpox epidemic that led to mass deaths in our communities at contact. We also see other infectious diseases such as tuberculosis in the 1800s, early 1900s. Now, we're seeing other forms of communicable diseases like TB, which is still an issue. We also have huge numbers of people living with HIV and other infectious diseases.

So, infectious diseases are not new to us. The thing that's new is that we now have protective measures that are available to us thanks to new and novel treatments and better education and better access to public health interventions. But, when we look back to the time of contact with smallpox, we basically had no defence mechanisms against that, and that's why so many people succumbed. Now, we do have those public health interventions to guide us through preparing for emergencies in First Nations communities.

Myrle: And we have to remember that prior to colonization, First Nations people were able to look after themselves because in those days they didn't have any government policies dictated to them. They didn't have Indian agents running their lives. So, they looked after themselves. They had governing systems, everything in place to look after themselves. They had their own

traditional medicines. They just had to go out into the bush, into the waters to get their medicines.

The last pandemic, the Spanish flu, you know the elders shared with me stories of what happened. You know they were very organized. You know they had one person assigned to look after the people that were dying. They described this person as just flinging bodies over his shoulder and walking them to the gravesite, putting them for mass burial, and they were organized. Today, because of colonization, the Indian agents have taken away the First Nations' authority, taken away their autonomy, it's very different now.

Back in those days, the people assisted each other when something happened during the time of need. They called it the [foreign language], which means everybody — it's a term; it's an Anishinaabe word where people get together to assist one another in a time of need.

Roberta: Thank you, Myrle. How prepared are First Nations communities right now for communicable disease emergencies like COVID-19?

Marlene: I would say that COVID-19 presents a very different communicable disease because we've had so much warning and some time to prepare. I think that for First Nations communities, there's not one blanket response to this because some communities have a lot of resources and they are more prepared than other communities.

I would say that northern communities, in remote locations, are probably less prepared for communicable disease emergencies such as COVID-19. And, there are other First Nations communities that are maybe rural and closer to urban centres that have quicker access to testing and follow up and contact tracing. Those communities might be a little better prepared just because of their geographic location.

But, I think that communities in rural remote communities, where it's more costly to have public health interventions, they're further away from testing and follow up, and there's also a lot of — in our northern communities there is a lot of TB and active TB, and there's also many cases of latent TB. Those who are on treatment definitely will be vulnerable to getting another respiratory condition.

Another thing about First Nations communities is the clinical workforce is already strained by everyday needs of people with many chronic conditions, many emergencies, deaths and births and so on. So, that healthcare workforce is already under a lot of stress just by day-to-day needs of First Nations people.

If there is a case or are cases of COVID-19 community, that's going to stress an already strained healthcare workforce, so we need to prepare in

terms of surge capacity, building in respite care for our healthcare workers. We need to keep those healthcare workers as healthy as possible so that they can continue to provide care. So, there needs to be an assessment and plans in place in order to meet those needs of First Nations communities. But, because First Nations communities are not uniform, there are varying degrees of emergency preparedness for COVID-19.

Myrle: And I did work with the Assembly of Manitoba Chiefs where I went into the communities, where I was invited, and some of them are very prepared. They have everything well prepared, yeah. So, some of them know exactly what they're doing and what they'll do when an emergency or pandemic occurs.

Roberta: Could you tell us some of the challenges that First Nations communities face in preparing, monitoring and responding to COVID-19?

Marlene: Yeah, absolutely. So for example, for COVID-19, what we're seeing, the recommended actions are hand washing, self isolation and really access to good nutritious food. In many of our First Nations communities water quality is an issue, although people can use hand sanitizers, but the availability of hand sanitizer is questionable now.

Also, people can't really self isolate because of overcrowded living conditions. There are many people living in houses and [throughout] many generations, so we have children to siblings to parents and grandparents living in the same house. So if you have overcrowded conditions and some people living with chronic conditions, that really is a recipe for the rapid transmission of COVID-19.

Drinking water and access to good nutritious food is a continuing problem for people living in northern and remote communities where nutritious food is very costly. Then, we also have the fact that many people still live on traditional food sources, and even our traditional food sources are questionable due to polluted rivers and lakes. So, that is also a huge consideration for keeping people as healthy as possible.

Another thing is that, because it's winter, people in northern and remote communities can't necessarily open the window to get ventilation because the temperatures are still in the minus, minus 10 and below. That's not really optimal when we look at the realities in those communities.

Myrle: And, our First Nations don't have the same resources as a north First Nation provincially-funded communities. The resources are not the same. The funding is not the same. The infrastructure is not the same. For example, a First Nation in the north is most likely to be a remote

community with no road access and the only way to find it is by plane and sometimes winter roads in the winter. But, because of climate change, these winter roads are all soft and getting shorter and shorter.

This is the reality for many of the First Nation communities. They don't have proper health services. They don't have local nurses that are there 24/7 that live there; they have to be flown in. These are the challenges you know, and these challenges need to be addressed because of the size of these communities. They're the reserve system, you know they have the boundary, and if one person gets infected and goes there, it's going to spread so fast because of the lack of infrastructure.

Roberta: Thank you, Myrle. How can First Nations communities be better supported for pandemic planning?

Marlene: Well, I think the first thing that's very important is communication, that people are communicating the risks, the public health risk very well, and that our public health practitioners are keeping that in mind. So, when we explain hand washing is a way to contain transmission, OK, what are the options if your water is unsafe, what can you use; hand sanitizer and also self isolation. Well if that's not a reality, then we have to make other plans.

Another thing is that I know here at the AFN and the National Chief and the executives received a briefing from the Office of Population and Public Health at FNIHB so we're really in close communication with the authority that is responsible for providing public health services to First Nations communities and assessing the situation as it arises.

Roberta: Thanks, Marlene. How is the Assembly of First Nations responding to COVID-19?

Marlene: Well, we do have a person on staff who works on emergency preparedness, and I know that because FNIHB, most of the work is done at the regional level. I know that at the regional level FNIHB offices are in contact with provincial territorial organizations to look at updating pandemic planning and then to reinforce factual and credible communications. You know, as First Nations, a lot of the information — well not just First Nations but everywhere, there is a lot of misinformation that is spreading through social media, and there are a lot of myths that we need to [dash].

So, we're updating our fact sheets as the situation changes. Because the situation is changing rapidly, we need to respond to the situation with travel and community transmission now occurring in various parts of the country. We need to practice extreme caution just in terms of our messaging.

Roberta: Thank you, Marlene. Myrle, we understand that you're involved in a multi-year project on COVID-19. Could you tell us a little bit more about it?

Myrle: We just got funding from CIHR — that's the Canadian Institute for Health Research — and I'm doing research with Dr. Steven McLaughlin who is at the University of Manitoba as well, Geography and Environment. So, we got funding to study COVID-19, especially its impact on First Nations, like what the First Nations will do, what First Nations are doing. And, we will be working with the prairie provinces, Northern Ontario. Because I posted it on social media, I'm getting questions from the east coast through my network that they want to get involved. I think a lot of First Nations will want to participate.

And, looking at COVID-19, learning from past what they did in the past, present and what they'll be doing into the future, lessons learned etcetera.

Shivoan: That was Roberta Stout from the National Collaborating Centre for Indigenous Health speaking with Marlene Larocque and Dr. Myrle Ballard. If you have other public health questions on the COVID-19, please reach out to us.

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