

Infectious Questions EP 30: COVID-19 and Evacuations of Northern Indigenous Communities (2019-nCoV, Pt 15)

Shivoan: Welcome to Infectious Questions, a public health podcast produced by the National Collaborating Centre for Infectious Diseases. I'm Shivoan Balakumar. You're listening to our series on COVID-19, covering topics and questions of interest among public health practitioners in Canada. If you have any questions to submit, please send them to nccid@umanitoba.ca or find us on our website at nccid.ca. In this episode, the fifteenth of our series, we've partnered with the National Collaborating Centre for Indigenous Health to discuss the evacuations of northern Indigenous communities in Canada and the public health considerations of COVID-19 in these tragic events. Roberta Stout, a research associate at NCCIH spoke with Dr. Emily Dicken, the Director of Emergency Management at the First Nations Health Authority. She's also done extensive research with First Nations communities during times of disaster and emergencies. Here is Roberta Stout with Dr. Emily Dicken.

Emily: Good morning, and thank you so much for having me on this podcast today. My name's Emily Dicken. On my father's side, I'm from the Little Red River Cree Nation in Alberta and of mixed British descent on my mother's side. I'm grateful to be taking this podcast today on the traditional and unceded territories of the Squamish Nation, Lil' wat Nation. Yeah, grateful for the time and ability to share.

Roberta: Thank you. Could you provide some general introductory information around the problems and impact of evacuations for Northern Indigenous communities?

Emily: Definitely. Grounding this both from my academic background and working extensively with First Nation communities in BC during times of disaster, but also through my professional practice with Emergency Management BC and now with the First Nations Health Authority, I've seen that there really, truly are disproportionate experiences that Indigenous people and First Nation communities face when it comes to disasters and the outcome of evacuations that communities face.

It's not just that disasters occur more frequently in communities due to the deep-rooted, depressive legislation and other spaces, really the reserve section of the Indian Act, what we see is that Indigenous populations live in spaces that have a higher frequency of experiencing natural disasters. Also, not just the frequency, but the intensity with which events occur in the community due to both location, but also that long-term mitigation hasn't been prioritized through different levels of government and governance. As a result, the risk and exposure to communities is significantly higher.

So, what we see is that communities are required to evacuate more frequently and, when those evacuations do happen, there often isn't safeguard insurance for homeowners or insurance for renters. So, you see as many First Nations or Indigenous people evacuate communities where there's a definite requirement for emergency support services – which is what we refer to them as in BC – and accessibility to those services because there isn't the safety net insurance. As people evacuate, there's often a requirement for group lodgings or food, clothing and shelter supports through those ESF programs as opposed to accessing spaces of insurance that provide that safety net for extended areas of support.

Roberta: Are there any specific considerations around COVID-19 and evacuations of Indigenous communities due to natural disasters such as wildfires?

Emily: Definitely. We know that evacuations are often done in enhanced spaces of trauma. They're also done, usually, when a community is experiencing an event such as a fast-moving wildfire. It might be chaotic; sometimes if a community doesn't have a clear evacuation plan, it can be confusing to community members. So, there is a need to pivot that and think about how communities are provided with clear information. Have that information offered pre-emptively, so community members, especially members that may be vulnerable to the exposures of COVID, who may also be elderly with pre-existing health conditions, who may be grandparents caring for children or intergenerational homes are provided meaningful and timely information to get themselves safe.

That may mean that we're not looking at supporting evacuation through large buses, it may mean that we're encouraging people to take their own vehicles. It may mean we're working differently at reception centres so that people aren't waiting in long queues to access supports and services. So, it's shifting at that change and accessibilities to supports and services during evacuations, but making sure that we're also not waiting for the last moment in time to safely evacuate people from communities, that we're working with community leaders to make sure that that's done as early in an event as possible. Even if it, unfortunately, means that people need to evacuate when maybe the risk doesn't manifest or evolve into something that would require evacuation, but that we're getting people into safe spaces when we think there could be the risk of that.

Another thing to consider, in the specific considerations are around COVID and evacuations, is making sure that there are strong points of connection from community and community leadership to the folks and community that are helping to lead emergency planning efforts. Also, to the regional provincial and federal counterparts that support both emergency management evacuation processes and public health spaces. We need to make sure there's a coordinated effort, both so that communities are supported and to ensure the interface and exposure that

happens for first responders who are supporting communities to evacuate into safe spaces are upholding public health measures. That's having an adequate supply of PPE so that that connection and support can be provided in a way that meets the community need in a space where we're upholding social distancing and those appropriate measures for public health.

Roberta: What needs to be in place to ensure the health and wellbeing of Indigenous communities who are evacuated during this pandemic?

Emily: I think there are some considerations here, and I think one of the primary factors is honouring Indigenous rights and title in the space of evacuations, especially during COVID. I can't speak for all jurisdiction or even the space of community, but what we are seeing is that communities have a strong desire to stay in the community when at all possible. I think it's important to honour that with supportive mechanisms that allow for the health and wellbeing of all members of a community to feel supported to stay in community with their family and on the land. I think when we look at things in a way that creates wraparound supports for communities and individuals, we can do that in a way that honours the space of public safety and public health, but honouring it within a space of Indigenous rights upholding the cultural wellness without those processes.

When it isn't possible to stay in community and evacuations are required, I think creating those wraparound supports for people at an individual level is critically important. We're in a time of great change in the field of practice of emergency management where the needs of the individual are highly recognized, and there is a deep awareness of the trauma that comes from a space of evacuation and the space that people face in moving through disaster events. I think that what we see more than just food, clothing and shelter as a critical element to uphold public safety and supports following and during evacuation.

What we see nested within those immediate spaces of support are also the spaces of wellness, emotional support, spiritual support and cultural supports that are provided during this time. I think these are critical service and supports that need to be acknowledged within both the practice of emergency management, the space of public health and recognizing that when we do provide evacuees with these very holistic approaches to wellness during evacuation their transition, their recovery process is much more supported and they feel their personal needs are met in a much better way.

Roberta: Do you have any additional comments that you would like to make regarding anything that we've spoken about?

Emily: No. I think it's nice to connect and tie these complex ideas together around evacuation during a time of COVID. We're going into, and we're in, the midst of freshet season in BC and soon wildfire season. These conversations are critically important to have and to recognize that we need to hold community and impacted individuals at the centre and heart of these conversations.

Roberta: Thank you. That's a wonderful way to end the interview. Thank you for taking the time to speak with us today.

Emily: Thank you very much.

Shivoan: That was Roberta Stout from the National Collaborating Centre for Indigenous Health speaking with Dr. Emily Dicken of the First Nations Health Authority. If you have other public health questions on COVID-19, please submit them to nccid@umanitoba.ca. Production of this podcast has been made possible through a financial contribution from the Public Health Agency of Canada, but the views expressed here do not necessarily represent those of the agency. The host organization at the NCCID is the University of Manitoba. Learn more at nccid.ca.