

## **COVID-19 Policies Increase the Inequity in Northern Manitoba's Indigenous Communities** **Stewart Hill, Marleny Bonnycastle, and Shirley Thompson**

The COVID-19 risk is higher in most communities in northern Manitoba due to a lack of infrastructure and poverty.<sup>1</sup> Most people there live in rural and remote First Nations, unlike southern Manitoba's more urban nature. Northern Manitoba is made up of mostly Indigenous communities, the Inineu, Dene, Metis, Anishinaabeg, and Anishinew communities, with the few settler towns built around mining or hydro development being the minority population, despite their economic and political dominance in the region. This chapter focuses on the inequity of the COVID-19 response in Indigenous communities in northern Manitoba.

Most rural and remote Indigenous communities lack hospitals, drinking water pipes, adequate housing, all-weather roads, and bandwidth needed for distance education. Spinu and Wapaass write of the socioeconomic and structural inequities of remote Indigenous communities and that the inadequate COVID-19 policy response creates worse outcomes, saying it is, “Important to look beyond the current [COVID-19] crisis and not lose sight of the broader socioeconomic inequalities facing Indigenous communities—particularly remote communities. These include severe housing shortages, limited healthcare services and resources, and poverty—all of which disproportionately put Indigenous communities at risk. If we do not address these inequalities, we will continue to find ourselves treating the symptoms and not the causes of vulnerability to pandemics.”<sup>2</sup>

This chapter discusses how the deficient, inappropriate, and short-sighted government policies on COVID-19 further entrench the marginalization and risk for Indigenous people in northern Manitoba.<sup>3</sup> First, the underfunding of the COVID-19 response in First Nations communities is compared with other communities. Policies in the different sectors are then discussed, emphasizing equity as a concern. Health care, education, food, housing, pandemic planning, and other areas are reviewed to show where policies need to change in these many sectors.

### ***Underfunding during the COVID-19 pandemic***

Despite the significant needs of First Nations during wave one of the COVID-19 pandemic, the federal government provided less to First Nations and northern communities for COVID-19 than to other communities. Of the over \$1 trillion spent on COVID-19 as of 9 October 2020, only \$2.2 billion was designated for Indigenous people and northern populations.<sup>4</sup> The federal government accounts show only 0.22 percent of the COVID-19 money was earmarked for northern communities (Indigenous and non-Indigenous people) and Indigenous peoples<sup>5</sup> despite the fact that Indigenous people make up 4.9 percent of Canada's population.<sup>6</sup> The Indigenous per capita share is roughly fifty times the amount currently provided to Indigenous and northern communities.<sup>7</sup> The proportional difference in funding is especially glaring, considering the infrastructure, education, and employment gaps faced by these communities. Furthermore, these gaps heighten the risk, at present and into the future, to COVID-19 waves, climate change, and other emergencies.

Systemic barriers also limit COVID-19 charity funding flowing to First Nations. While every settler government, including towns, villages, cities, and municipalities, receives "a qualified donee" status, under the Income Tax Act, automatically, First Nations reserves do not

and must undertake a lengthy application process, which few do. Thus, First Nations are ineligible to directly receive charitable donations as foundations must give only to a qualified donee. Thus, the Canadian government privileges settler communities and organizations for charitable foundation funding but restricts this flow to First Nations.

A COVID-19 food grant case study shows the barriers that First Nations face in not automatically qualifying for "qualified donee" status. After a successful fund application to Community Food Centres by Island Lake Tribal Council to send healthy food and several fishing nets to each of the four remote Island Lake First Nations, finding a qualified donee to receive the funds was difficult. Five qualified donees were approached but were unable or unwilling to flow money, support that would help reduce the 100 percent household food insecurity (68 percent severe) in Garden Hill and Wasagamack First Nations<sup>8</sup>, compared to 14.6 percent (2 percent severe) for the Canadian population under COVID-19.<sup>9</sup> A sixth qualified donee, Food Matters Manitoba, did generously help for a small administration fee.

Directly and indirectly, the government ensures that settler societies in southern Canada receive more COVID-19 funding than Indigenous communities and northern communities. Thus, funding for COVID-19, rather than working towards reconciliation, is entrenching inequity. As well as ensuring sufficient funding to northern Manitoba communities, the federal government should automatically shift the status of First Nations and their government organizations to "qualified donee."

### ***Education Response to COVID-19***

With COVID-19 social distancing, internet access is vital for education, work, and social support. However, the North lacks broadband for most people.<sup>10</sup> Although online classes provide a way to pursue post-secondary and secondary school education during COVID-19, this opportunity is not available in most remote and rural northern Manitoba communities. When many students returned home to their remote and northern communities at the start of the first wave of COVID-19, students could not finish their winter courses due to a lack of internet access. This same issue forces these post-secondary students to take this year off without reliable online access, as most post-secondary programs require remote access.<sup>11</sup>

With limited or no access to the internet for elementary, secondary, and post-secondary students in these communities, their educational future is uncertain.<sup>12</sup> Some communities canceled their schools in March 2020 when COVID-19 emerged in Canada. Although the Canadian Radio-television and Telecommunications Commission deemed broadband internet an essential service in 2016, setting a standard of 50 megabits per second download and 10 megabits per second uploads to allow users to stream video, few or no facilities in northern Manitoba's First Nations have this speed.<sup>13</sup> In Canada, almost 86 percent of households have this quality of internet access, with lower rates in Manitoba, below 72 percent, due to limited access in rural and remote northern communities.<sup>14</sup>

For the past twenty years, technology has mediated post-secondary distance education in Quebec's northern communities. Remote and rural Indigenous communities have received distance college, university, and specialized secondary education with dedicated classrooms and local teachers to help people obtain their distance education. Why not in Manitoba? Although universities and colleges have a mandate to work with First Nations, most remote First Nations lack either in-person post-secondary community programming or remote learning centres. These universities should be actively working with communities to ensure distance education opportunities and community programming but have done very little in most communities.<sup>15</sup>

Public universities subsidize education in settler communities, which means education at the University of Manitoba and most other public colleges and universities in Manitoba costs less than \$6,000 per year for most full-time undergraduate studies in 2020. However, these same universities and colleges require a First Nation to provide teaching facilities at no cost and charge cost-recovery of at least \$20,000 to \$25,000 per student per year for tuition to pay for post-secondary programming.<sup>16</sup> This two-tiered system shows that public settler education does not serve First Nations communities. Thus, funding for First Nations–run universities and colleges in Manitoba are needed, including funding for adult education centres with computer facilities for distance learning and support workers.

### ***COVID-19 and Health Care***

Most of northern Manitoba lacks the resources to deal with the health impacts of COVID-19. Without hospitals, extended care facilities, or ventilators in most northern Manitoba First Nations communities,<sup>17</sup> limited or no COVID-19 treatment capacity is available on reserve.

The lack of infrastructure and capacity is visible in the emergency response to the outbreak, announced on 4 October 2020, of thirty-eight people testing positive for COVID-19 in the fly-in reserve of Little Grand Rapids. Initially, dozens of people were flown out of this community, with 1,368 people on reserve. However, this approach was considered unsustainable with growing numbers of people testing positive for COVID-19. The federal government then sent two special isolation tents and a Canadian Red Cross team.<sup>18</sup> Indigenous Services Canada (ISC) has forty-two more isolation tents for Manitoba and Ontario fly-in communities, which may not be sufficient to the need.<sup>19</sup> Eight other Manitoba First Nations reported COVID-19 on 12 October 2020, with sixty known active cases on reserve in Manitoba. Half of those diagnosed with COVID-19 have an underlying health issue.<sup>20</sup>

More preventative care and wellness programming are needed to build resilience to COVID-19 as people with pre-existing health conditions or weaker immune systems and older people are more at risk of developing complications.<sup>21</sup> Disease rates on First Nations reserves, particularly in northern Manitoba, are higher than those for other Canadians.<sup>22</sup> For example, age-standardized prevalence rates for diabetes in Canada are 17.2 percent for First Nations people living on-reserve, 10.3 percent for First Nations people living off-reserve, and 7.3 percent for Métis people, compared to 5 percent for the general population.<sup>23</sup> Also, hospitalization from respiratory tract infections and asthma are higher for First Nations people on reserve than for other Canadians.<sup>24</sup>

All health care efforts by ISC for COVID-19 have been reactive, without building long-term capacity or infrastructure in First Nations. Most health workers in Indigenous northern Manitoba communities are not local, but transient. Each trip risks COVID-19 importation, with nurses travelling to northern First Nations communities for three weeks at a time and doctors and specialists (psychologists, dentists, etc.) visiting for a day or two each month. The travel model for nurses, doctors, and other health-care workers should immediately shift to require a longer-term stay, as is required for non-local teachers. As well, systemic racism in Canada's health-care system kills, a reality made visible with the Brian Sinclair Inquiry in Manitoba and again with the video by Joyce Echaquan in Quebec, filmed before her death.<sup>25</sup> This discrimination requires immediate change.

Culturally appropriate care requires local staffing of hospitals, which necessitates a strategic plan to train local nurses, specialized health workers, and doctors. To be effective, this plan should be undertaken by an Indigenous medical service authority, rather than ISC, to

confront the ongoing issue of systemic racism. An Indigenous medical authority is needed to orchestrate health prevention, training, and treatment programs to achieve health equity in northern Manitoba's First Nations and to escape the bias against Indigenous peoples in the health care system. As part of this Indigenous medical system, remote and rural hospitals are needed in First Nations with extended, emergency, and care beds.<sup>26</sup>

To be culturally appropriate and effective requires traditional medicine for mental and physical health and prevention. Indigenous people's mental health is at high risk due to COVID-19.<sup>27</sup> For instance, a recent national survey conducted by the Canadian Mental Health Association provides evidence of the severity of Indigenous people's mental health issues.<sup>28</sup> This survey regarding the mental health of vulnerable populations found one in six (16 percent) Indigenous people (eighteen years and older) had suicidal thoughts since the outbreak of COVID-19.<sup>29</sup> Government attention and support delay has resulted in a state of emergency for mental health, but such services should be preventative.<sup>30</sup> In addition, the pandemic has disproportionately impacted women, who report increased stress and family violence.<sup>31</sup>

Mental health needs to be addressed by educational programming, supports in schools, and the ongoing training of local health workers. The policy of requiring a First Nation to declare a state of emergency after many suicide deaths before providing mental health resources needs to change to follow a preventative model.

### ***COVID-19 Risks Without Adequate Water Systems***

Washing hands is vital to prevent COVID-19 but is greatly hampered by water rationing. With the limited water access provided by truck-to-cistern water delivery systems, people frequently run out of water.<sup>32</sup> A third of houses (31 percent) haul water from the water treatment plant by trucks to cisterns in Manitoba reserves—but this rate is much higher in northern Manitoba.

An additional 20 percent in some remote and rural northern Manitoba households have only barrels, with no water service. O-Pipon-Na-Piwin Cree Nation has 33 percent of its homes using 500-gallon barrels for all their water needs, resulting in households frequently running out of water.<sup>33</sup> Barrels and cisterns are breeding grounds for *H. Pylori*, other bacteria, and water-borne parasites,<sup>34</sup> which cause infections that worsen COVID-19 outcomes. The inadequate water supply is blamed for the 2009 outbreak of H1N1 in Garden Hill First Nation.<sup>35</sup> Garden Hill First Nation, one of Manitoba's seventeen remote fly-in communities, had 27 percent (three of eleven) of those people who died in Manitoba from H1N1, while hundreds became sick.<sup>36</sup> The federal government sent body bags with only band-aid fixes to safe water access.<sup>37</sup>

Safe water, including adequate treatment, delivery, and servicing, is primary to good health, requiring the transformation of all water systems from barrels and cisterns to piped water. As such, water services should be recast under the health portfolio to ensure that water services are funded adequately for prevention and regular testing occurs in order to link boil water advisories and system disruption with human health testing. A plan for local Indigenous people to replace all existing cisterns with pipes in First Nations is needed, starting with the areas having barrels and older cisterns, to protect against COVID-19 and other pandemics.

To train local people to do this job requires apprenticeship-level courses at secondary schools to provide community-level training. This training is needed as part of a complete overhaul to reverse the dismal failure of the province's apprenticeship program for First Nations people in Manitoba.<sup>38</sup> An Indigenous apprenticeship board, separate from that of the province, is needed to arrive at a solution. A not-for-profit service, akin to the Ontario First Nation Technical

Services, is needed in Manitoba to advocate for and train First Nations with Indigenous colleges, to create training and water systems in northern Manitoba.<sup>39</sup>

Water systems presently are vulnerable in First Nations during COVID-19. For example, while under lockdown from COVID-19 in May 2020, Wasagamack First Nation had no water in households, schools, and health centres. Across Canada, water systems in First Nations communities lack sustainability planning, with only 2 percent having an emergency response plan, 4 percent having a source water protection plan, 5 percent having a maintenance plan, and 26 percent having a certified backup operator.<sup>40</sup> In an emergency like COVID-19, an emergency plan or backup operator prevents grave risks.

### ***Food Security and COVID-19***

Before COVID-19, food insecurity on Manitoba reserves across Canada was already very high, at roughly half (50.8 percent) of households,<sup>41</sup> with higher rates in northern Manitoba's remote and rural communities at 75 percent.<sup>42</sup> This high rate is getting worse with COVID-19. A recent post-COVID-19 Canadian Community Household Survey (CCHS) found 100 percent food insecurity in two remote communities,<sup>43</sup> compared to 14.6 percent across Canada.<sup>44</sup> Food insecurity in northern rural First Nations communities worsened under lockdown on reserves at a much higher rate than for Canada.<sup>45</sup>

As with other funding for COVID-19, less funding was provided for food programming to First Nations than settlers under COVID-19.<sup>46</sup> For example, \$1 million went to Manitoba Keewatinowi Okimakanak's (MKO) twenty-six northern and Metis communities, which allowed access to wild food and emergency food to families who were in lockdown in their homes. In comparison, \$100 million from the Canadian government went to charities to address Canadians' urgent food needs, but not one of these charities was Indigenous.<sup>47</sup> As charities require money to flow to a "qualified donee," many barriers ensure this money remains in settler communities.

Recognizing the problem with food under lockdown, welfare cheques for First Nations in remote communities received \$200 extra to afford the higher prices.<sup>48</sup> The North West Company received a subsidy directly through the Nutrition North program, as part of the \$2.2 billion going to Indigenous and northern communities, assuming the subsidy makes it to the people. To ensure adequate supplies of thirty-three selected healthy items, without price increases, MKO negotiated a guarantee from the North West Company.<sup>49</sup>

Clearly, at 100 percent food insecurity rates in remote communities, not enough food money is available to Indigenous people in remote communities.<sup>50</sup> Funding needs to flow to Indigenous organizations for sustainable food production/harvesting and emergency food, but without major barriers. On-the-land education, food production, Indigenous-run food stores, community food centres, and country food programs are needed to ensure a healthy food supply.<sup>51</sup>

Fisheries policy is one example where the federal government interfered with the different fisheries in northern Manitoba, making commercial fishing no longer possible in most remote communities in northern Manitoba. The federal government created a system that prevented northern Manitoba to feed itself—as fish could only, until recently, be processed and marketed by the Freshwater Fish Marketing Corporation.<sup>52</sup> In 2020, Freshwater Fish Marketing Corporation canceled pickerel buying, due to low demand, during COVID-19, which interferes with their ability to support local fishers, who may in turn be unable to finance their fall fishing/hunting trip.<sup>53</sup> On 14 May 2020, the prime minister announced the Fish Harvester Benefit and Fish Harvester Grant program by delaying implementation between 24 August 2020 and 21

September 2020. This funding comes too late to finance local fishing, including the nets, boats, motors, money for gas for fishing, hunting equipment, traps, etc., that are needed to ensure local food security. Funding support is needed for fishers to get materials as they will no longer qualify for employment insurance or make a fishing income. The work of providing fish locally should be counted as employment, but does not typically count for employment insurance.<sup>54</sup>

### ***Housing Crisis and COVID-19***

Overcrowded housing is a crisis in northern Manitoba's First Nations reserves, causing a health risk with COVID-19.<sup>55</sup> In 2016, 8.5 percent of the non-Indigenous population lived in unsuitable housing compared to 37 percent of First Nations people on the reserve, as indicated by the National Occupancy Standard (NOS).<sup>56</sup> In northern Manitoba, unsuitable housing rates reach 53 percent for both Garden Hill and Wasagamack First Nations. The housing crisis on First Nations reserves is associated with higher rates of diseases, including a fifty times higher prevalence of tuberculosis (TB) for people on First Nations reserves compared to other Canadians.<sup>57</sup> With COVID-19 being more contagious than TB, overcrowded housing on First Nations reserves poses significant risks for the spread of COVID-19.

Without new houses, overcrowding worsens, which is already a significant problem in northern Manitoba.<sup>58</sup> Although some training programs are engaging First Nations youth in training and building homes on reserve, they are not supported by the provincial government in terms of education or apprenticeship. In Island Lake, the youth trainees in the Mino Bimaadiziwin homebuilders built homes with local wood, and One House Many Nations offer First Nations tiny homes built by youth. As noted earlier, due to the provincial government's failure with an apprenticeship program for Indigenous people, an Indigenous body must take over programming for Indigenous peoples' apprenticeship if equity is to be attained in the trades.<sup>59</sup> Education policy must also change to fund building trades apprenticeship programs in First Nations secondary schools and fund post-secondary programs where students can learn trades and build the houses needed in their First Nations communities.

### ***Wave one of the COVID-19 pandemic and travel***

Northern Manitoba's First Nations and Metis communities delayed any spread of COVID-19 until the fall of 2020 through community lockdowns and restricted travel, requiring anyone coming into their communities to self-isolate for two weeks. The chiefs showed outstanding leadership in setting up roadblocks to restrict travel into their communities to only band members. Although First Nations asked the Royal Canadian Mounted Police (RCMP) to assist with checkpoints at the borders of their reserves, the RCMP were unsupportive. As well, leaders from First Nations communities put into place lockdowns requiring home isolation by not allowing non-emergency workers to travel outside their homes on reserve when the risk is high.<sup>60</sup>

In March, MKO requested that Manitoba's Chief Provincial Public Health Officer, Dr. Brent Roussin, issue an order to prohibit travel to northern Manitoba. The travel ban was in effect from 17 April to 26 June and was reinstated in fall 2020 at MKO's request.<sup>61</sup> Yet, this travel ban did not apply to the HudBay and Keeyask "essential workers." Thousands of resource workers were deemed essential, allowing their travel to northern Manitoba from the United States and other provinces, with non-Manitobans having to self-isolate in a Winnipeg hotel for one week, rather than the recommended two weeks.<sup>62</sup> For Manitoba Hydro Keeyask workers at Gillam and other resource workplaces in the north, the MKO request for resource industries to be held in maintenance mode should be honoured, with on-site testing during high-risk periods,

such as the fall 2020 second wave.<sup>63</sup> In the long-term, public policy should require local development to train and hire mainly local Indigenous people in northern Manitoba. Indigenous people make up most of the population in northern Manitoba, but not in the workforce. To have the workforce representative of the population requires a training plan and strict employment targets.

Finally, an agreement with the RCMP is needed to protect First Nations from outsiders who risk bringing in COVID-19. Northern First Nations communities should quickly transition to a tribal policing model, which would assist with community goals, such as a lockdown. These officers need to be trained to engage peacefully with community members around mental health and serve the community's needs. COVID-19 is creating a sense of hopelessness due to inadequate housing and poverty, which compounds abusive situations and increasing suicide ideation and behaviours.<sup>64</sup>

### ***Summary***

Inequitable policies put northern Manitoba communities at further risk of COVID-19 and go against section 36(1) of the Canadian constitution to further entrench inequality. Section 36(1) states that the Government of Canada, as well as the provincial governments, have "committed to (a) promoting equal opportunities for the well-being of Canadians; (b) furthering economic development to reduce disparity in opportunities; and (c) providing essential public services of reasonable quality to all Canadians."<sup>65</sup>

To uphold the Canadian constitution and protect human life from COVID-19, policies need to have equitable outcomes. The federal government is making funding decisions to deal with the COVID-19 crisis without the input or involvement of Indigenous leaders.<sup>66</sup> Rather than flowing funds to Indigenous-led organizations, this top-down approach misdirects funding away from the communities' needs to settlers.<sup>67</sup> The colonial funding approaches in the provincial and federal governments against Indigenous people are very entrenched in Manitoba. These governments systematically undermine First Nations systems in favour of the settler medical system, colleges, circuit rider training, and trades apprenticeship boards.

To dismantle the systemic barriers requires a focus on equitable outcomes. The bias is systemic and overt, evident in automatically recognizing every government but First Nations as "qualified donees," which funnels COVID-19 funding to settlers. The federal government's lack of funding to First Nations organizations to deliver their own services is problematic. Funding going to publicly funded universities and colleges subsidizing programming and infrastructure in settler communities but demanding pay for service in First Nations, at three times the cost, is unjust. The funding must flow to Indigenous service organizations to see equity in training programs, medical systems, housing, food, economic development, and infrastructure.

At the provincial level, the categorization of resource workers in northern Manitoba as essential workers poses grave risks for neighbouring Indigenous communities. Non-local workers bring risks of COVID-19 from the United States and other provinces when resource industries can instead reduce risks by either going into maintenance mode and/or by employing locals. Risks brought by non-local resource workers demonstrate the need to require essential workers to be local, which also applies to health and trade areas. Capacity building requires strategic planning and strict employment targets for nurses, doctors, health workers, tradespeople, and resource people. Augmenting local capacity is necessary to deliver health care and resource workers where they are needed, as shifting people from one place to another during a pandemic increases the risk of transmission of COVID-19.

Evacuation of the many remote communities in northern Manitoba is a major threat to the health of many thousands of people in northern Manitoba. This threat stems from substandard health care, housing, and water in Indigenous communities in northern Manitoba. In October 2020, Grand Chief Dumas commented that bringing people to hotels in the south does not provide a sustainable solution without addressing the underlying needs and building capacity in First Nations communities.<sup>68</sup>

In conclusion, COVID-19 policies established by provincial and federal governments are making existing inequities worse in northern Manitoba First Nations and will inhibit a just recovery from COVID-19. Inequities by COVID-19 policy cut across every area but can be turned around by building local capacity and infrastructure, as well as Indigenous decision making. Otherwise, these First Nations communities will continue to be at high risk of ill-health and pandemics, including COVID-19. To ensure equity as committed to in section 36(1) of the Canadian constitution, all government levels have to stop creating barriers to Indigenous-led training, programming, and infrastructure development. Indigenous organizations need adequate funding to combat COVID-19 to deliver equitable programs across the many sectors, which the provincial and the federal governments have failed to do.

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<sup>1</sup> S. Thompson, M. Bonnycastle, and S. Hill, “COVID-19, First Nations and Poor Housing,” *Canadian Centre for Policy Alternatives Manitoba Office*, May 2020, <https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/20/05/COVID%20FN%20Poor%20Housing.pdf> (accessed 4 September 2020).

<sup>2</sup> O. Spinu and J. Wapass, “Addressing the Causes of Indigenous Vulnerability to Pandemic—Not Just the Symptoms,” *Conference Board of Canada*, 26 March 2020, <https://www.conferenceboard.ca/insights/blogs/addressing-the-causes-of-indigenous-vulnerability-to-pandemics-not-just-the-symptoms> (accessed 1 October 2020).

<sup>3</sup> Thompson, Bonnycastle and Hill, “COVID-19, First Nations and Poor Housing.”

<sup>4</sup> Government of Canada, “Canada’s COVID-19 Economic Response Plan—Overview,” 11 August 2020, <https://www.canada.ca/en/departement-finance/economic-response-plan/fiscal-summary.html>.

<sup>5</sup> Government of Canada, “Canada’s COVID-19 Economic Response Plan—Overview.”

<sup>6</sup> Statistics Canada, “Community Profile,” Statistics Canada Catalogue no. 98-316- X2016001 (Ottawa: Statistics Canada, 2016), <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.

<sup>7</sup> Government of Canada, “Canada’s COVID-19 Economic Response Plan—Overview.”

<sup>8</sup> J. Oni, U. Nwankwo, and S. Thompson. “COVID-19 Food Insecurity in Two Remote Indigenous Communities in Manitoba, Canada: Mino Bimaadiziwin Homebuilders Case Study”, submitted, *JAFSCD*.

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<sup>9</sup> Statistics Canada, “Food Insecurity During the COVID-19 Pandemic, May 2020,” 24 June 2020, <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm> (accessed 4 September 2020).

<sup>10</sup> First Nations Information Governance Centre, “RHS Statistics for Shaping a Response to COVID-19 in First Nations Communities,” May 2020, <https://fnigc.inlibro.net/cgi-bin/koha/opac-retrieve-file.pl?id=37e33c54e836543104488584f3ab8125>.

<sup>11</sup> L. Monkman, “First Nations Fishermen in Northern Manitoba Welcome Federal COVID-19 Relief Response,” *CBC News Manitoba*, 14 May 2020, <https://www.cbc.ca/news/indigenous/first-nations-fishermen-manitoba-relief-1.5570593> (accessed 1 October 2020).

<sup>12</sup> J. Coubrough, “Manitoba First Nations Share what Back-to-school Could Look Like Next Fall,” *CBC News Manitoba*, 12 May 2020, [https://www.cbc.ca/news/canada/manitoba/manitoba-first-nations-share-what-back-to-school-could-look-like-next-fall-1.5565536?utm\\_source=Academica+Indigenous+Top+Ten&utm\\_campaign=4eaf0db26f-EMAIL\\_CAMPAIGN\\_2020\\_05\\_19\\_03\\_25&utm\\_medium=email&utm\\_term=0\\_3481455c59-4eaf0db26f-51996197](https://www.cbc.ca/news/canada/manitoba/manitoba-first-nations-share-what-back-to-school-could-look-like-next-fall-1.5565536?utm_source=Academica+Indigenous+Top+Ten&utm_campaign=4eaf0db26f-EMAIL_CAMPAIGN_2020_05_19_03_25&utm_medium=email&utm_term=0_3481455c59-4eaf0db26f-51996197) (accessed 1 October 2020); L. Monkman, “Lack of Teachers, Internet Puts Garden Hill First Nation’s School Year at Risk,” *CBC News Manitoba*, 28 April 2020, <https://www.cbc.ca/news/indigenous/garden-hill-school-coronavirus-1.5547148> (accessed 11 May 2020); First Nations Information Governance Centre, “RHS Statistics for Shaping a Response to COVID-19.”

<sup>13</sup> M. Macintosh, “Digital Divide: Educators, Internet-rights and Community Advocates Working with Parents to Address the Needs of Manitoba Families Unable to Afford Technology for Their Children to Learn Online,” *Winnipeg Free Press*, 17 April 2020, <https://www.winnipegfreepress.com/special/coronavirus/digital-divide-569745852.html> (accessed 2 May 2020).

<sup>14</sup> Macintosh, “Digital divide.”

<sup>15</sup> A. Olsen Harper and S. Thompson, “Structural Oppressions Facing Indigenous Students in Canadian Education,” *Fourth World Journal* 15, no. 2 (2017): 41–66.

<sup>16</sup> Harper and Thompson, “Structural oppressions Facing Indigenous Students”; T. Hasan, “Building on Indigenous Capacity: Opportunities for Self-Determination through Post-Secondary Education in Wasgamack First Nation,” MA thesis, University of Manitoba, 2020, [https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/34507/Tawfiq\\_Hasan.pdf?sequence=1&isAllowed=y](https://mspace.lib.umanitoba.ca/xmlui/bitstream/handle/1993/34507/Tawfiq_Hasan.pdf?sequence=1&isAllowed=y) (accessed 20 May 2020).

<sup>17</sup> D. Robertson, “First Nation Puzzled Why It’s Getting Medical Tents,” *Winnipeg Free Press*, 7 May 2020, <https://www.winnipegfreepress.com/special/coronavirus/first-nation-puzzled-why-its-getting-medical-tents-570288142.html> (accessed 14 September 2020).

<sup>18</sup> A. Grabish, “Isolation tents, Red Cross Deployed to Manitoba First Nations Battling COVID-19,” *CBC News Manitoba*, 11 October 2020,

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<sup>19</sup> Grabish, “Isolation tents.”

<sup>20</sup> Grabish, “Isolation tents.”

<sup>21</sup> Statistics Canada, “First Nations People, Metis and Inuit and COVID-19: Health and Social Characteristics,” 17 April 2020, <https://www150.statcan.gc.ca/n1/daily-quotidien/200417/dq200417b-eng.htm> (accessed 3 October 2020).

<sup>22</sup> First Nations Information Governance Centre, “RHS Statistics for Shaping a Response to COVID-19.”

<sup>23</sup> L. Crowshoe et al., “Type 2 Diabetes and Indigenous Peoples,” *Canadian Journal of Diabetes*, 42 (2018), <https://doi.org/10.1016/j.jcjd.2017.10.022>.

<sup>24</sup> G.M. Carrière, R. Garner, and C. Sanmartin, “Housing Conditions and Respiratory Hospitalization among First Nations People in Canada,” *Statistics Canada* 28, no. 4 (April 2017): 9–15.

<sup>25</sup> J. Serebrin, “Racism Common in Health System, Says Head of Native Women’s Shelter of Montreal,” *Toronto Star*, 30 September 2020, <https://www.thestar.com/politics/2020/09/30/racism-common-in-montreal-hospitals-says-head-of-native-womens-shelter.html> (accessed 12 October 2020).

<sup>26</sup> Grabish, “Isolation tents.”

<sup>27</sup> Indigenous Services Canada, “Government of Canada is Responding to Immediate Indigenous Mental Wellness Demands during the COVID-19 Pandemic,” 25 August 2020, <https://www.canada.ca/en/indigenous-services-canada/news/2020/08/government-of-canada-is-responding-to-immediate-indigenous-mental-wellness-demands-during-the-covid-19-pandemic.html> (accessed 14 October 2020).

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