# ANNEX A: additional information provided bY indigenous services canada

## Context

Canada is a full supporter, without qualification, of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP), and under its principles, Canada has committed to a renewed, nation-to-nation relationship with Indigenous peoples based on recognition of rights, respect, co-operation and partnership.

Indigenous Services Canada (ISC) works partnership with the Indigenous peoples of Canada, in a manner that respects Indigenous perspectives and supports First Nations, Inuit and Métis in controlling the delivery of high-quality services for healthy, prosperous and thriving communities. The Department functions to ensure services are provided, with a view to transferring control of services to Indigenous peoples over time. In order to achieve this important goal, ISC is taking a distinctions-based approach in the delivery of services and developing partnership models that improve accountability to Indigenous peoples.

The *Department of Indigenous Services Act (Act)*, serves as a strong foundation for the Department to also improve the quality of services to Indigenous communities, close socio-economic gaps between Indigenous and non-Indigenous Canadians and empower Indigenous peoples to eventually control their own services and programs, which is critical to advancing self-determination. The *Act* sets out the responsibility of ISC to ensure services and programming to Indigenous peoples for: child and family services, education, social and economic development, housing, infrastructure, emergency management and health.

In the case of ensuring the provision of health services for Indigenous peoples, ISC shares the responsibility with federal, provincial/territorial and Indigenous partners. The Department works with these partners to support health needs of Indigenous peoples by ensuring availability of and access to, quality health services; promoting greater control of the health system by First Nations and Inuit; and supporting the improvement of First Nations health programs and services through improved integration, harmonization, and alignment with provincial/territorial health systems.

The improvement and transfer of Indigenous services to Indigenous jurisdiction and control is also aligned with the spirit and intent of domestic and international instruments, upholding the self-determination of Indigenous peoples. Ensuring the substantive equality of Indigenous Canadians and their equitable access to services is further aligned with fundamental and universal principles governing human rights alongside constitutional provisions recognizing and affirming Indigenous peoples’ Aboriginal and treaty rights.

Within this context,the health, safety and well-being of all people in Canada, including First Nations, Inuit and Métis remains a top priority. The COVID-19 pandemic demonstrates the on-going urgency to address the gaps and challenges Indigenous peoples face on a daily basis in a culturally safe and relevant manner.

Inequities in social and economic determinants of health and well-being mean that Indigenous peoples in Canada are disproportionately more vulnerable to COVID-19. Factors such as overcrowded housing, limited health services infrastructure, higher prevalence of chronic diseases (including respiratory illness), and lack of clean water, can accelerate the spread of the disease. Regardless of these factors, Indigenous communities have shown remarkable strength and resiliency the various and culture-based approaches initiated in First Nations, Inuit and Métis communities to prevent the spread and effectively managed outbreaks and keep their members safe from COVID-19. Given these risk factors, ISC - in concert with Indigenous partners, other Government of Canada organizations and provincial and territorial governments - is focused on addressing the specific needs of Indigenous communities during this pandemic.

There were significant lessons learned from the H1N1 pandemic of 2009 that have informed ISC’s efforts over the last several years, to work in partnership with communities in strengthening pandemic planning and readiness. While the scale and complexity of COVID-19 could not be predicted, the Department did not wait for the next pandemic to start planning for a situation like the one that exists today. In Budget 2019, ISC secured $79.9 million over five years and $17 million ongoing for health emergency preparedness, which was used to support emergency preparedness and mitigation initiatives, including:

* Supporting community-led health emergency preparedness activities, including creating and revising community heath and/or pandemic plans;
* Supporting increased capacity in First Nation communities, Tribal Councils and First Nation organizations to be prepared for natural disasters and health emergencies, including direct funding to support the staffing of community Health Emergency Management Coordinators; and
* Supporting knowledge transfer and exchange activities for First Nation communities to share lessons learned and best practices around health emergency management.

## Responding to the threat of COVID-19

The Government of Canada has taken specific measures to assist First Nations, Inuit and Métis communities in preparing for, monitoring and responding to COVID-19, in a manner that respects their diverse needs and circumstances.

Response efforts are additionally guided by the Government of Canada’s Response Plan – COVID-19, its Influenza Pandemic Planning Considerations in On Reserve First Nations Communities (2009) and the COVID-19 Preparedness and Response Plan in First Nations Communities. In particular, these efforts place emphasis on: ensuring essential services and goods remain accessible; the reduction of virus transmission through measures to prevent members of these communities from becoming ill; and, measures to slow the spread of the virus once illness has been identified.

The key elements of ISC’s response are outlined below:

### MOBILIZING TO ENSURE ESSENTIAL SERVICES

ISC quickly responded to the emergence of COVID-19 by implementing emergency preparedness and planning protocols. In collaboration with Indigenous leaders, the Department reviewed pandemic plans, stockpiled supplies and assessed health care capacity. This included undertaking public health communication toward First Nation population living on reserve as well as distribution of messages for community radio/television stations and for use by front line workers in various Indigenous languages.

The Department supports and respects the decisions made by communities to restrict access to their communities during the pandemic, and implemented additional measures for health staff prior to visiting communities to minimize the potential for transmission into communities. For instance, ISC has implemented the new Collaborative Air Response Efforts (CARE) airline initiative to ensure that continuity of services is ensured in all remote, fly-in Indigenous communities where ISC employs nursing staff south of 60, while minimizing the risk of transmission. This initiative provides revenue stream to airlines serving Indigenous communities, helping to support their economic long-term viability.

Immediate efforts were also focused on ensuring an uninterrupted provision of health services for: primary care and emergency services in remote communities, community-based health promotion, disease prevention and public health protection programs both on reserves and in Inuit communities; and, funding to support the maintenance and temporary expansion of community health facilities and the use of digital health technologies.

Furthermore, support was provided to ensure adequate drinking water for hygiene and sanitation, inspection of essential community infrastructure and facilities, training to support effective environmental cleaning and infection prevention and control, and the development of supporting guidance and tools. In some regions, Environmental Public Health Officers were provided with additional training to provide surge support to conduct contact tracing, and they are actively involved in outbreak investigations where on-reserve facilities are suspected. Contact tracing and outbreak investigations are carried out collaboratively with community health and provincial public health teams to ensure culturally appropriate processes.

### DATA & ANALYSIS

Distinctions-based, Indigenous-led analysis of data is necessary for advancing culturally appropriate and science-based approaches, for First Nations, Inuit and Métis communities. Active monitoring, assessing, and responding to needs in real time are occurring as ISC engages with Indigenous partners and the provinces and territories to inform decision-making. *Daily COVID-19 Risk Assessment Dashboards* disseminate information covering key factors reported for on-reserve First Nations communities, such as COVID-19 incidence (positive cases, deaths), communities affected (new cases, emerging issues) and communities’ capacity to mitigate simultaneous risks related to wildfires, floods, food security, transportation, infrastructure and community safety. An operations centre at ISC headquarters in Ottawa, Ontario has also been established, with a command centre-approach to receive, track, and respond to requests from communities and partners.

ISC is supporting the requests from First Nations, Inuit and Métis leaders for disaggregated data with help from provincial and territorial governments and public health agencies. Within the context of an infectious disease such as COVID-19 which is known to spread from urban epicentres to more rural and remote settings, and given the high mobility of many First Nation, Inuit and Métis individuals and families, a comprehensive understanding of ongoing situations is vital. Given this, the *Rapid Implementation of a Shared COVID-19 Tracking and Response Platform for First Nations, Inuit, and Métis Populations in Canada* is focused on bringing together interested First Nations, Inuit and Metis, and leaders in health information and other areas of relevant subject matter expertise – from regional and national levels - to develop distinct and shared datasets and visual reporting to improve understanding of COVID-19 spread within and across First Nations, Inuit, Métis populations – as well as identify the gaps as it relates to COVID-19 and Indigenous data. This initiative will allow for better understanding and modelling of COVID-19 spread among Indigenous populations in Canada. ISC also provided $250,000 to the First Nations Information Governance Centre, which is a key partner, to enhance access and quality of COVID-19 data among First Nations people living on-reserve and in Northern communities.

The Department also recognizes the value of Indigenous-led access to and analysis of accurate disaggregated data. Better access to timely data sharing with Indigenous partners will assist greatly collaborative intergovernmental efforts at COVID-19 response, and will support First Nations, Inuit and Metis communities in advancing culturally safe and science based approaches during COVID-19 pandemic and in the future. ISC is supportive of strategic alliances among First Nations, Inuit, Métis leaders, Indigenous service partners, the Public Health Agency of Canada and the provinces and territories to facilitate ongoing identification and monitoring of and response to COVID-19 positive cases among Indigenous peoples. One such initiative is currently ongoing, under the coordination of Dr. Janet Smylie, a Métis researcher and family physician affiliated with the University of Toronto, and Dr. Jonathan Dewar at the First Nations Information Governance Centre.

### COMMUNICATION, ENGAGEMENT AND COLLABORATION

ISC recognizes that communicating in a manner that respects the diverse needs and circumstances of First Nations, Inuit and Métis is essential. From the beginning of this pandemic, at the local/regional and national levels the emphasis has been placed on putting the health of Indigenous communities and individuals first; providing ongoing, timely and factual information; communicating in a coordinated manner in concert with Indigenous partners and all levels of government; and collaborating and adapting to the Indigenous communities situations in real-time.

ISC established a *COVID-19 Communications Working Group* with First Nations, Inuit and Métis representatives. and implemented a number of communications activities and vehicles for sharing information. The intent is to have “direct” lines of communication via the web, social media, virtual meetings and radio such as:

* A generic ISC COVID-19 email ([sac.dcmtdemandesaction-cdcdactionrequests.isc@canada.ca](mailto:sac.dcmtdemandesaction-cdcdactionrequests.isc@canada.ca));
* A web presence – [Canada.ca/coronavirus-info-indigenous](https://www.canada.ca/coronavirus-info-indigenous).
  + [Public service announcements](https://www.sac-isc.gc.ca/eng/1583781906998/1583781926813) in multiple Indigenous languages;
  + Regularly updated COVID-19 cases and epidemiology summary;
  + Various communication products translated in up to 20 Indigenous languages.
  + A series of new products (over 460) for Indigenous audience, including videos, guides and infographics;
  + Factsheets created to emphasize the full range of Government of Canada economic support measures available to Indigenous peoples.

Indigenous community radio stations play an important role in providing vital information in support of communities. The public service announcements in multiple Indigenous languages just mentioned are part of a larger utilization of radio for responding to the virus. Throughout the country Indigenous communities and ISC’s regional offices have been collaborating on outreach initiatives. ISC officials collaborated with community radio in Alberta, Quebec and Manitoba; a public awareness campaign has been developed with input from the Nishnawbe Aski Nation in Ontario; in Alberta, a social media outreach initiative, #ProtectOurElders, is underway in collaboration with the Alexis Nakota Sioux Nation.

Daily communication and liaison with Indigenous communities, regional and national leadership and collaboration at an overall Indigenous, federal and provincial/territorial level is ongoing. ISC engages with local health directors, health workers, nurses and community infrastructure staff (e.g. housing directors, public works) through various means streamlined through a network of Regional Medical Officers of health. These Medical Officers of Health are continuously working with provincial partners in ensuring that the First Nation population is fully integrated into provincial plans. The Department also has a network of Regional Emergency Management and Communicable Disease Emergency coordinators, as well as Regional Medical Officers who are advising and supporting First Nations across provinces and lead public health emergency preparedness and response as may be required. ISC participates on weekly calls with the Assembly of First Nations’ Chief’s Committee on Health. This Committee has established a task force on the COVID-19 response, with three sub-working groups, comprised of public health experts and Indigenous leadership, focused on: pandemic planning; data collection; and, reopening. As well, ISC participates on the Inuit Public Health Task Group (IPHTG). The IPHTG is made up of representatives from the four Inuit regions alongside provincial, territorial and federal governments. In British Columbia, the BC Tripartite Framework Agreement in First Nation Health Governance created the province-wide First Nations Health Authority, which took over responsibility for the delivery and management of First Nations health programs and services in 2013. In response to the COVID-19 pandemic, the First Nations Health Authority has worked with both the federal and provincial levels of government to ensure that First Nation communities have access to appropriate information, care and resources, including the sharing of data and the procurement of personal protective equipment. ISC additionally co-chairs a Métis Health Committee with national and regional Métis representatives, Health Canada, and Public Health Agency of Canada to ensure the Métis receive support.

Federal, provincial and territorial public health experts, First Nations, Inuit and Métis representatives have also struck a technical working group on remote, isolated and Northern strategies for COVID-19. The group will develop guidance documents and tools and provide support to territorial and Indigenous governments and organizations in order to ensure safe and effective access to quality emergency health preparedness, mitigation, response and recovery services in response to COVID-19. ISC is a member of this group.

Indigenous Services Canada also participates on the federal/provincial/territorial (F/P/T) *Logistics Advisory Committee* (LAC), which was created to support and facilitate F/P/T outbreak prevention and control efforts led by the F/P/T *Special Advisory Committee* (SAC). The LAC is instrumental in the overseeing issues regarding personal protective equipment and other supplies required for response to COVID-19. ISC is also a member of the Special Advisory Committee, led by the Chief Public Health Officer, to oversee and advise on Canada’s response efforts to COVID-19.

Working in tandem with the First Nations Health Manager’s Association, Indigenous Services Canada has engaged the Canadian Red Cross (CRC) to a help desk (call centre) for Indigenous leaders and planners who are working to keep their communities safe from COVID-19. This help desk, which launched in early June, builds on what Indigenous leaders already have put in place. The knowledge, resources and referrals shared through the Help Desk include a number of Indigenous-focused COVID-19 tools and messaging evidence from resources such as the World Health Organization, UNICEF, the International Federation of the Red Crescent/Red Cross, the Center for Disease Control, the Public Health Agency of Canada, local health authorities and traditional healers. and training to complement that knowledge.

ISC also works at a national level in close collaboration with Government Operations Center and other Federal coordination fora to ensure the integration of Indigenous communities in federal initiatives. For example, ISC’s Minister is a member of a special Cabinet Committee on COVID-19 response. Additionally, the Department supports and communicates with the Public Safety Government Operations Centre, through the Federal Emergency Response Plan and Government of Canada COVID-19 Response Plan for the consolidation of emerging demands of provinces, territories and northern and remote communities.

### ENABLING SUPPORT

ISC’s COVID-19 response recognizes that First Nations, Inuit and Métis peoples have shared experiences while at the same time they have distinct cultures and identities. As such the Department’s response is designed to be distinctions-based in order to provide Indigenous communities with the flexibility they need to address the specific issues identified by communities and their members.

In alignment with UNDRIP principles, ISC’s COVID-19 response also recognizes the communities’ right to self-determination and their inherent ability to implement the best actions for their own members. As an example, ISC is working with Indigenous groups to address health needs related to the COVID-19 outbreak in North Saskatchewan guided by the joint Treaty 10 and Metis Nation of Saskatchewan pandemic preparedness plan.

Building on existing funding and programs like the *Emergency Management Assistance Program* and the *Health Emergency Management Plan* for Indigenous peoples, new funding of over $1.6 billion is enabling Indigenous organizations and communities to make their own decisions about where critical support is needed to address this public health emergency:

* $100M for areas of federal responsibility, including for Indigenous communities to plan and respond to public health needs arising from COVID-19;
* The *Indigenous Community Support Fund* of $305M for First Nations, Inuit and Metis communities, to implement measures, including, but not limited to food security, support for Elders, children and youth at risk, mental health services, emergency response and preparedness to prevent the spread of COVID-19. Funding was announced on March 18, 2020 and was allocated as follows:
  1. $215 million for First Nations, allocated to communities on the basis of reserve population, remoteness and community well-being.
  2. $45 million for Inuit provided to each of the four land claims organizations.
  3. $30 million for Métis Nation communities, provided to the five Governing Members of the Métis National Council.
  4. $15 million for Indigenous organizations and communities providing services to First Nations living off-reserve or Indigenous peoples in urban centres such as Friendship Centres, Métis Settlements General Council of Alberta and Métis in the Northwest Territories.
* In response to the overwhelming demand for supports for First Nations living off-reserve and urban Indigenous peoples, an additional $75M was provided on May 21, 2020 to help organizations address the critical needs of Indigenous peoples living in urban areas.
* $10M for family violence prevention and support for shelters on reserve and in the Yukon;
* $129.9M in health and social supports for northern communities including funding for the *Nutrition North* program, supports for northern air carriers to maintain the flow food and essentials, and support for northern businesses; and,
* $306.8M to help Indigenous businesses and for Aboriginal Financial Institutions in short-term, interest-free loans and non-repayable contributions for First Nations, Inuit, and Métis businesses. Financial support will be provided through Aboriginal Financial Institutions and administered by the National Aboriginal Capital Corporations Association, as well as the Métis Capital Corporations in partnership with ISC. This funding allows for economic support for up to 6,000 Indigenous-owned businesses.
* Indigenous post-secondary students are facing unique challenges as a result of COVID-19. Given this, $75.2M in 2020-21 has been provided to support students through the existing First Nations, Inuit and Métis Nation Post-Secondary strategies to address increased costs resulting from the pandemic. The investment allocates $65.5M to support First Nations students, $2.52M to support Inuit students, and $7.24M to support Métis Nation students. Funds can be used to purchase technological equipment as courses move online; allow for summer course enrollment; cover expenses related to meeting basic needs including food, child support, housing, and transportation; increase culturally-based supports; and, in the event of delayed graduation, cover an additional academic year and associated expenses.

An additional $650M announced on May 28, 2020 that builds on the work already being done through the Indigenous Community Support Fund and includes:

* $270M to supplement the On-Reserve Income Assistance Program to address increased demand on the program, which will help individuals and families meet their essential living expenses.
* $44.8M over five years to build 12 new shelters, to help protect and support Indigenous women and girls experiencing and fleeing violence. An additional $40.8M to support the operational costs of these shelters over the first five years and $10.2M ongoing, as well as $1M a year ongoing to support engagement with Métis leaders and service providers on shelter provision and community-led violence prevention project for Métis women, girls and LGBTQ and Two-spirit people.
* $285.1M to support the ongoing public health response to the pandemic in Indigenous communities. The money funds community-led responses to the pandemic, and provide targeted increases in primary health care resources to First Nations communities. This investment has resulted in: greater availability of testing swabs, increased number of health care personnel, delivery of 160 temporary isolation, screening, and assessment structures, chartered flights into remote and isolated FN communities, ensuring transportation of healthcare personnel, supplies and equipment, procurement of 33 Blu-Med units, four of which have been deployed to communities

ISC also understands that many First Nations families living in and outside of communities face unique challenges, particularly during the COVID-19 outbreak. We know this has affected many of the supports that families rely on, such as school nutritional programs and access to educational tools and services. Jordan’s Principle remains available to respond to unmet needs of First Nations children (whether they are related to COVID-19 or not) regardless of where they live in Canada. In addition, the Department temporarily expanded Child and Family Services supports to post-majority care to ensure that kids reaching age if majority during the pandemic still receive support:

* Saskatchewan – Educational Assistive Devices – On reserve school received 150 iPads in order to provide academic, social and emotional support to students during pandemic.
* Nova Scotia – Increased Respite - Two children, ages 10 and 11 years old both diagnosed with autism, were not receiving interventions during the pandemic and required increased ongoing respite.
* Yellowknife – Groceries – Grandmother caring for five grandchildren, ages 8, 12, 14, 14 and 15 years old, needed financial support for groceries. Due to financial hardship grandmother depended on the school’s breakfast and lunch program to feed her grandchildren.
* British Columbia – Internet Access – 13-year-old youth with high mental health needs lives on reserve and did not have access to the internet. Child required internet to participate in school and access counselling services.

The Department also ensured continued access to essential medical services and benefits for on-reserve First Nations through the Non-Insured Health Benefits program. For instance, greater flexibility and multiple adaptations were implemented to the Program in order to support clients needing medical transportation to access urgent or essential medical appointments. Additional supports for travel and accommodation related to self-isolation or for private modes of transportation for vulnerable individuals were made available to protect clients from potential exposure to COVID-19.

Indigenous peoples also have access to the supports provided to the general population, which can be found at: <https://www.canada.ca/en/department-finance/economic-response-plan.html> . These initiatives include numerous measures that focus on people in need, including in urban centres, such as:

* + $100M to improve access to essential food support
  + $157.5M for those experiencing homelessness (Reaching Home Initiative)
  + $50M to support women and children fleeing violence
  + $350M for charities and non-profits delivering essential services

In addition, First Nations peoples living off-reserve are also eligible for any benefits offered by provincial, territorial or municipal governments (e.g. increases in social assistance rates, child care/educational subsidies, deferred property taxes, etc. but these would vary by jurisdiction).

### TRADITIONAL WAYS OF KNOWING & DOING

Though Indigenous communities are in disproportionately vulnerable situations when it comes to this crisis, First Nations are resourceful, innovative and adaptive. Many communities have enacted public health measures and turned to traditional ways of thinking and doing to reduce potential exposure.

Conventional physical distancing measures, like staying at home, that are recommended by Canada's public health officials can have detrimental health effects in some Indigenous communities where housing can be overcrowded. When equipped with the proper supplies and equipment, going on the land in small groups is a positive and healthy form of physical distancing – an important measure in preventing and reducing the spread of the virus.

Indigenous leaders, ISC and the Government of the Northwest Territories have collaborated to help Indigenous families who are choosing to be on the land as part of the territory's response to COVID-19. The northern community *“At Home On The Land”* initiative aligns with the concept of social distancing. Many families have moved onto the land to cabins and camps where they can maintain safer physical distances than if they were to remain in their community homes. ISC has provided $2.6 million to support those families who would not otherwise be able to be on the land because of the financial burden of acquiring essential provisions like food, fuel. Wood, First Aid equipment, transportation and other items suitable to their situation and culture.

Near James Bay in Northern Ontario, the Kashechewan First Nation chose as a community to self-isolate at their traditional hunting camps and at another location on higher ground in response to the combined risk of the virus and spring flooding. Working with the community and partners, the Department provided $2.12 million in emergency funding to support these activities.

### MENTAL HEALTH & WELLNESS

The COVID-19 pandemic is significantly affecting the mental wellness of Indigenous populations by exacerbating existing inequities. Although no formal data have been collected yet, Indigenous communities and mental wellness service providers have noted increases in anxiety, depression, substance use, including use of riskier substances, and violence. The pandemic is also triggering past trauma for some First Nations and Inuit while also creating current trauma through increased racism, discrimination, and stigma. The impact of COVID-19 on mental wellness is due to fear around the disease itself as well as related public health measures such as isolation, lockdowns, and physical distancing. These public health measures have resulted in concerns and anxiety around being able to meet basic needs (e.g., food, shelter, clothing), employment, uncertainty about the future, supporting family and community, traditional practices and maintaining cultural values, and healing in the post-pandemic world. However, additional supports from ISC to communities have helped alleviate some of this exacerbated stress, including the increased utilization of the existing Hope for Wellness line by First Nations partners, which continued to offer crisis intervention services by telephone or chat supported by surge capacity investments provided for additional counsellors in the time of COVID-19. ISC has also worked with partners to implement distance approaches to service delivery such as tele- and video-counselling. For instance, ISC works in partnership with communities and Indigenous organizations, including national ones such as Thunderbird Partnership Foundation and First Peoples Wellness Circle. ISC has funding agreements with both organizations in the amount collectively of approximately $5M. In response to COVID-19, First Peoples Wellness Circle has developed tools and resources to support the network of local, community-based, multidisciplinary Mental Wellness Teams including the creation of a virtual platform. Thunderbird Partnership Foundation is working to support the network of treatment centres in response to COVID-19, including developing online and virtual treatment programs and aftercare.

### PROTECTING RIGHTS

During a pandemic, human rights – like freedom of movement or cultural expression (speech)- could be limited in order to protect communities from the spread of infection. For example, over 365 Indigenous communities made the decision to be closed to non-essential traffic to limit as much as possible any exposure to the virus. ISC has been working with these communities and other partners to ensure any measure taken is proportional to the risk of outbreaks in a community. The banning of cultural and spiritual practices forms an unfortunate part of the country’s history. In the face of COVID-19, Canada took a stance that even under these circumstances there would be no prohibition of cultural and democratic events such as powwows and elections. Any decision regarding an event is at the discretion of a community’s leadership.

The Lake Manitoba First Nation have postponed their powwow that was scheduled to be later in June as a public health precaution. While in Saskatchewan, the Beardy’s and Okemasie Cree Nation did hold their traditional sun dance ceremony in mid-May during which they limited the number of people in attendance and practiced social distancing. In both cases the communities’ leaders weighed the risk and took into account public health guidelines of their respective provinces.

Democratic rights are also at risk during a pandemic and the public health risks of holding an election during a pandemic are significant. ISC ensured there are no gaps in governance for those communities with scheduled elections. The Department introduced a temporary regulatory option, the *First Nations Election Cancellation and Postponement Regulations*, so that First Nations leaders can continue to exercise their roles and duties for up to six months, with a potential extension for an additional six months, as they focus on keeping their communities safe in the face of COVID-19. The final decision to hold or postpone an election ultimately lies with community leadership.

Over the course of the first few weeks of the pandemic, concerns emerged with the potential for an outbreak in resource extraction sites (oil sands, hydroelectric, mining) located in close proximity to northern and remote Indigenous communities. In addition to the Department’s work with these communities to support preparedness and mitigate this risk, ISC and Natural Resources Canada worked with provinces, territories, industry and communities to help prevent the spread of COVID-19 between natural resources workers and the communities where they work. Natural resources industries have also taken action to protect the health of workers and communities to prevent the spread of COVID-19. Examples of this include: monitoring workers for symptoms; implementing physical distancing practices; promoting hygiene and protection; engaging with local leaders and Indigenous peoples; and, providing wage security for workers.

## Recovery

In comparison to the general population Indigenous communities have managed to better mitigate impacts; and recovery rates are high, despite facing high risk factors. However, as the recovery phase begins in many parts of the country, the Department will continue to closely monitor the incidence and effects of COVID-19 in Indigenous communities, in order to mitigate impacts while ensuring continuity of essential services. Environmental Public Health Officers will support communities in applying the current guidance on preventative measures in the re-opening of community facilities and businesses, at the pace of communities. The Department will assess lessons learned during the first wave to ensure a timely and comprehensive response to future waves, while supporting enhanced community resilience and recovery.

Mental wellness impacts from the COVID-19 pandemic are expected to be significant and long-lasting. Indigenous partners are increasingly recognizing mental wellness and healing as a priority for recovery efforts. Indigenous Services Canada continues to work closely with Indigenous partners to ensure that the development of Indigenous-led resources for mental wellness is supported and that communities maintain the flexibility to meet their mental wellness needs now and moving forward.

COVID-19 highlighted the disproportionate vulnerability of seniors and persons with disabilities living in Indigenous communities. Going forward, this population will continue to need services and supports closer to their homes and communities. Ideally, supportive care for Indigenous elders and those with disabilities include both enhanced home and facility based care. An Indigenous-led engagement related to a continuum of supportive care services, to be initiated in the fall of 2020, will continue to further inform the comprehensive community-based approaches that support the most vulnerable Indigenous people.

All efforts will continue to be aligned with Canada's ongoing commitment to acknowledge and address past harms, close socio-economic and service gaps affecting Indigenous communities, and create the conditions for self-determination through renewed relationships based on equal partnerships with Indigenous peoples. As part of existing efforts to address gaps in drinking water, housing and health services, work going forward will necessarily include the consideration of strategies to minimize the impact of COVID-19 and further pandemic incidence.