

# Eabametoong First Nation

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MEDIA RELEASE

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FOR IMMEDIATE RELEASE

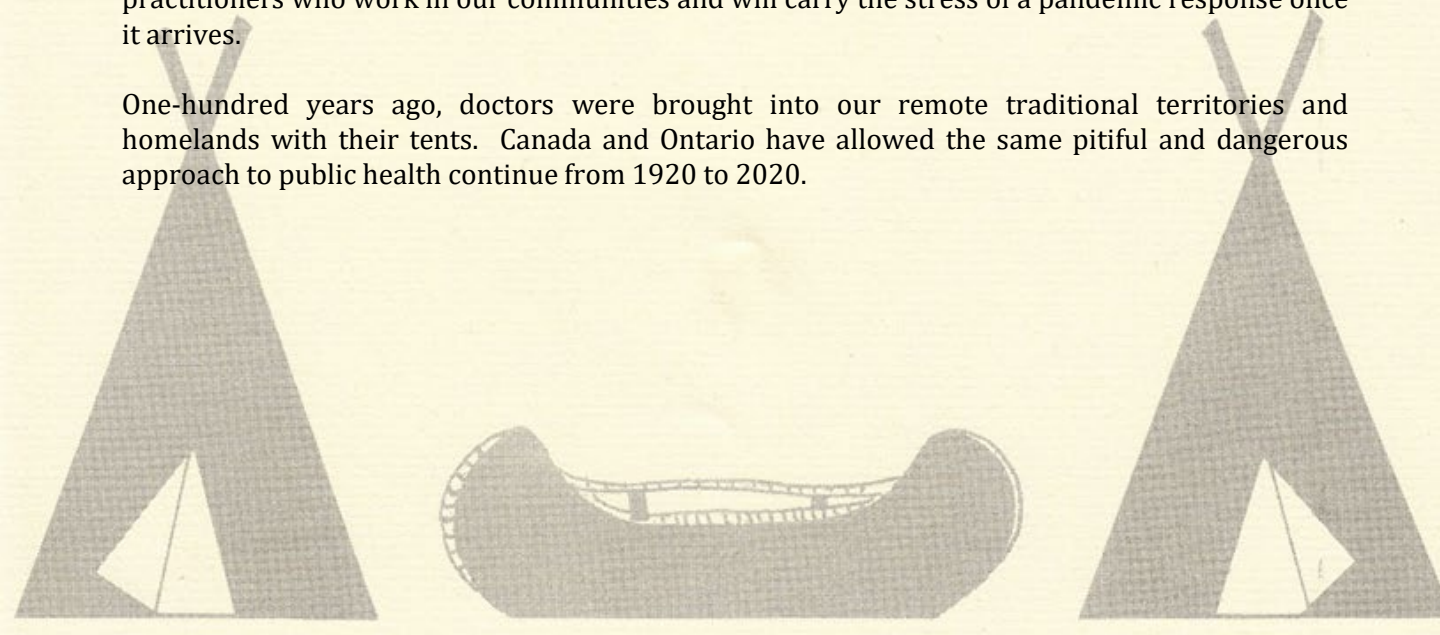
## **EABAMETOONG FIRST NATION CALLS ON THE GOVERNMENTS OF CANADA AND ONTARIO TO ADDRESS THE COVID-19 GLOBAL PANDEMIC EMERGENCY RESPONSE FOR REMOTE AND ISOLATED FIRST NATIONS**

THUNDER BAY, ON: – Today, after continued review and assessment of information being provided by the governments of Canada and Ontario in regards to the expected arrival of the COVID-19 pandemic – Chief Harvey Yesno of Eabametoong First Nation is calling on both the federal and provincial governments to respond on the emergency response, operations and coordination that will be required for remote and isolated First Nations in Ontario.

It is imperative that the proper communication, resources, equipment including ventilators, supplies and additional physician and nursing staff are positioned in our remote Health Canada nursing stations. Emergency plans must also be put in place that will bridge the nursing stations to the medivac (air ambulance services) and the larger Northern Ontario regional hospitals that may be required for our vulnerable First Nation members.

Of particular concern is the suggestion by Indigenous Services Canada (ISC) Minister Marc Miller yesterday that our remote First Nations may expect to receive isolation tents and temporary shelters. This is a clear indicator of the embarrassing state of First Nations primary health care on-reserve and Eabametoong First Nation supports the many outpost nurses and nurse practitioners who work in our communities and will carry the stress of a pandemic response once it arrives.

One-hundred years ago, doctors were brought into our remote traditional territories and homelands with their tents. Canada and Ontario have allowed the same pitiful and dangerous approach to public health continue from 1920 to 2020.





*Archives of Ontario, ca. 1920  
Person, possibly a doctor, tending to sick native children in Osnaburg.*

### **Specific Recommendations**

1. **EMERGENCY PLAN BY FIRST NATIONS, CANADA AND ONTARIO** - The emergency response, operations and coordination that will be required to assist remote and isolated First Nations must be developed immediately by First Nations, Canada and Ontario.
2. **MAY REQUIRE EMO EXPERTISE** - The expertise of Emergency Management Ontario (EMO) may also be required on an as-needed and possibly long-term basis if the pandemic response is required sooner than later.
3. **BRIDGE THE FEDERAL AND PROVINCIAL EMERGENCY HEALTH CARE GAP** - The gap between federal nursing stations and the provincial health care, medivac, hospital emergency & ICU level of care and services must be bridged. It is unacceptable that First Nations and nursing station staff would be left to respond to this public health emergency and global pandemic alone.
4. **PREPARE THE NURSING STATIONS AND STAFF SUPPORTS**- Supports are required for our existing nursing station physician and nursing staff, including proper communication, resources, equipment and supplies must be delivered and positioned in our remote First Nations immediately.
5. **PROTECT THE DIGNITY OF OUR FIRST NATION MEMBERS** - A specific process must also be established for patients who may have to be transferred out of our remote First Nations to ensure proper care, emotional and family support in an emergency situation. We must ensure that the dignity of our First Nation members is protected as they will suddenly be away from home.
6. **MONITORING AND OVERSIGHT TO ADDRESS JURISDICTIONAL ISSUES** - There has to be proper monitoring and independent oversight of how remote and isolated First Nations are being assisted by both

the federal and provincial government due to the long-standing jurisdictional issues that have given cause for the current dangerous situation we are facing.

### **Additional Concerns of Eabametoong First Nation**

- As of today, Eabametoong First Nation has been under a boil water advisory for 6799 days, and an additional state of emergency declared on community infrastructure issues for 245 days.
- Due to the long-standing boil water advisory issue, Eabametoong First Nation members and residents of our community suffer the consequences of a compromised public health system on-reserve.
- As Canadians may have options to *self-monitor* and *self-isolate* if required by doctor's advice – Eabametoong First Nation members face overcrowded housing situations and conditions that may cause the spreading of the virus amongst other family members and potential re-infection.
- Eabametoong First Nation requires 84 houses immediately and 120 house unit renovations at a minimum.
- The high cost of living in the remote north of Ontario also causes malnutrition, poverty and chronic diseases such as diabetes, asthma, renal and heart related issues.

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**For more information, please contact** Carol Audet, Communications Manager – Matawa First Nations at (807) 632-9663 or by email at [caudet@matawa.on.ca](mailto:caudet@matawa.on.ca)

#### **QUOTES**

*“At this point in time, Eabametoong First Nation has not been satisfied that Canada and Ontario are going to respond to this public health emergency and global pandemic about to arrive in our remote and isolated First Nations. It would be irresponsible for us to wait until the first patient arrives at the nursing station. “*

*—Chief Harvey Yesno, Eabametoong First Nation*