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EABAMETOONG FIRST NATION EXPRESSES GRIEF AND FRUSTRATION AS FIRST COVID-19 CASE IS CONFIRMED IN REMOTE COMMUNITY: Requests Immediate Action and Mobilization of Field Hospital

April 6, 2020

Eabametoong First Nation, ON – The news came in as an abrupt shock to Chief Harvey Yesno and Council members late on Sunday, April 5th. One of the 1600 community members living on reserve in Eabametoong First Nation was confirmed as the first case of COVID-19 in a remote community in Canada.

Eabametoong, also known as Fort Hope, has been investing tremendous energy and community resources over the last few weeks into preventing and preparing for the spread of COVID-19. EFN instituted travel restrictions into the remote community on March 20th, developed a community Pandemic Plan, declared a State of Emergency, and on April 1st further tightened down access with a Community Protection and Emergency Response Order. Now that EFN is working to implement this Order and other precautions, it has been a challenge to ensure these are enforced by local police. While these measures and plans established by the First Nation are reflective of medical best practices and guidance on COVID-19, there has been not been any meaningful plan developed with Federal and Provincial health networks to address the well-known needs of remote communities.

Chief Yesno said, “It is heartbreaking. It is horrific to know your community member is struggling against this virus, and the rest of the community is seriously at risk. We have been working around the clock to prepare... we knew this was possible; you can have the best possible local plan in place, but if your health care partners and Federal and Provincial governments don’t come to the table with real funding and real options to respond to this emergency at a broader scale, then you can’t implement your plan.”

In EFN we are overcrowded in substandard homes, living on a boil water advisory for 6822 days, with a chronic shortage of nurses in our clinic, have a population with many trauma, health and mental health vulnerabilities, including 174 clients on suboxone, over 52 elders, and do not receive enough PPE from the health authority to equip our staff. These are all known health care gaps, and nothing concrete has been done to improve readiness to handle COVID-19, especially the worst-case scenario of a surge in need for ICU-level care in multiple communities in the region.

Despite participating in dozens of conference calls with regional health authorities and Federal and Provincial agencies, advocating for an effective approach to this pandemic, Chief Yesno is frustrated with the pace and limits of bureaucratic management of this crisis. “On March 13th, we issued a press release calling for the highest levels of government to step in. We provided detailed options and identified the extensive needs to be addressed. To date I have not heard or seen any plan to deal with proper medical assessment, isolation, or
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treatment of multiple cases in EFN or among remote communities. **We have been saying that we need to mobilize a Canadian Forces field hospital, but haven’t had that level of support or commitment yet.**”

“Today, as my community is fighting fear and a very real risk of outbreak, I cannot wait for the organizations that typically under-serve EFN to come through in this serious challenge. We have laid out recommendations and options and been met with commitments to assess or evaluate next steps... that is not adequate when lives are on the line. Today, we moved beyond planning or working to improve readiness... we are in the thick of it now. EFN Chief and Council has already begun reaching out to the Ontario Emergency Operating Centre and Canadian Forces. Immediate action and support are needed or lives could be lost.”

EFN requires a field hospital with medical supports to provide in-community isolation and treatment, since there is no adequate infrastructure or housing options for membership to self-isolate. It is expected that the limited ICU capacity of regional health centres like Sioux Lookout and Thunder Bay will be over-run in the coming week or two. EFN Chief and Council are not willing to wait around as limited resources are expended and under-resourced nurses at the local clinic are suddenly faced with life and death triage decisions that became all-too-commonplace in Italy in the month of March.

EFN is calling on Provincial and Federal authorities to respond immediately with:

- **New capacity for an army field hospital and care facility to allow 50-100+ community members to be safely isolated when diagnosed**, since EFN suffers from chronic housing shortage and overcrowding issues that will enable rapid spread of COVID-19 unless other measures are in place;
- **Testing kits, qualified personnel to administer them, and training for community staff to begin intensive testing and contact tracing work within the community**;
- **Resourcing to establish a safe testing site and avoid contaminating the Nursing Station**;
- **PPE and supplies for health care staff and local crisis response workers**;
- **Increased local medical HR including nurses, doctors and monitoring options for community members who are not evacuated for critical care**;
- **Coordinated, regional support and resourcing for critical care patients who need to be evacuated to Sioux Lookout, Thunder Bay and elsewhere**;
- **Emergency assistance with implementing local Pandemic Plan, including appropriate resourcing for vulnerable populations with mental health, addictions, trauma, and multiple existing medical complications; and,**
- **Emergency support for food, supplies, counselling, communications, energy costs, and meeting household-level needs as EFN increases community lockdown measures.**

“In my opinion, there has already been significant negligence in the lack of response to this pandemic for remote communities. We had a lag of time here in the north to prepare, but not all parties have grasped the urgency of this situation. I expect our regional organizations and all governments to step up. What we need right now is not that complicated, but needs to be mobilized immediately. Underpinning that must be a willingness to listen, commitment to walk together through this crisis, and establish long term solutions to the systemic issues that make our communities far more vulnerable than any other group in Canada.”

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For Reference:

