

Emergency Management in First Nation Communities

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Date: September 12, 2023



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Land Acknowledgment

We acknowledge that we are gathered on Treaty 6 territory, a traditional meeting grounds, gathering place, and travelling route to the Cree, Sauteaux, Blackfoot, Métis, Dene and Nakota Sioux. We acknowledge all the many First Nations, Métis, and Inuit whose footsteps mark this land now and have marked these lands for centuries. It is now home to many Indigenous people from across Turtle Island, and now settlers from around the world.

Federal Role

In Responding to Emergencies On Reserve

Emergency Management Act (2007)

The **Government of Canada** has a role to play in supporting **on-reserve emergency management** consistent with the Emergency Management Act, 2007 and **its legislative authority in relation to First Nations** and reserves stemming from section 91(24) of the Constitution Act, 1867

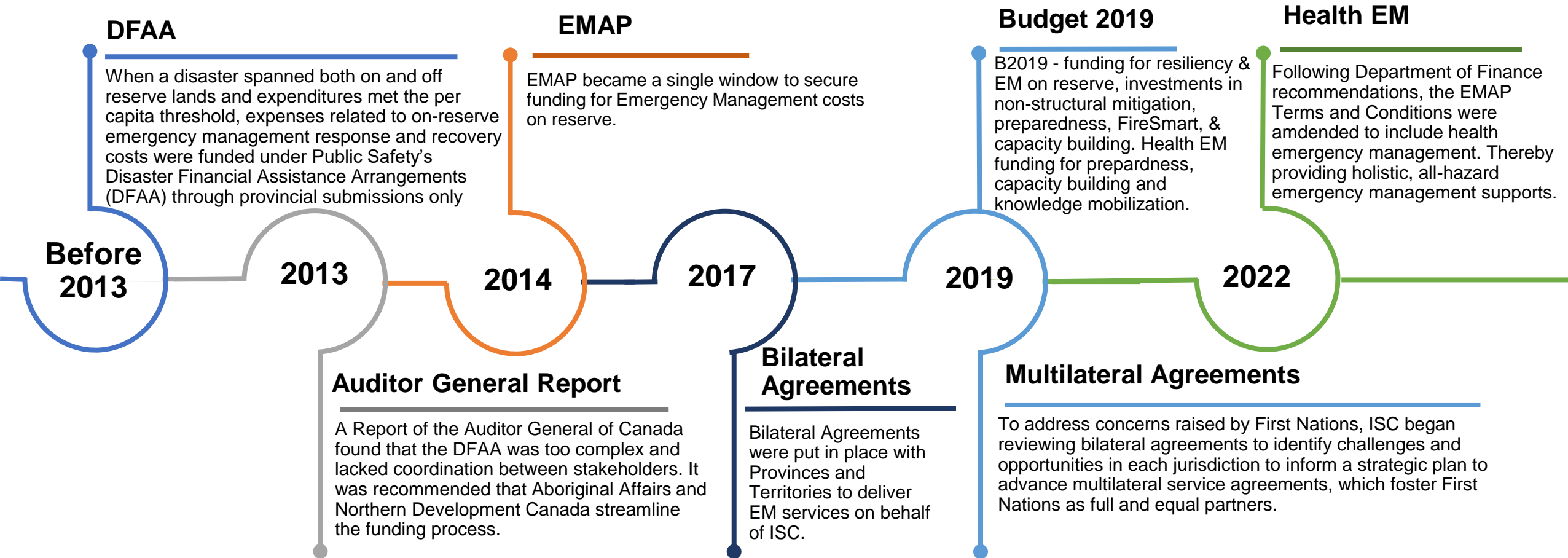
Department of Indigenous Services Act (2019)

The Department of Indigenous Services Act in section 6(2)(h) lays out the **Minister's authority and duty to ensure that Indigenous individuals and their governing bodies are provided emergency management services** they are eligible to receive under the Emergency Management Assistance Program (EMAP).

The Minister of Indigenous Services has legislative authority and the Department is the federal lead for emergency management services on-reserve, as per the Department of Indigenous Services Act and the Indian Act.

Context

Emergency Assistance for On-Reserve First Nation communities has evolved over time



ISC's Role in Emergency Management

Regional Operations: Emergency Management Assistance Program

Helps First Nations on reserve access funding for emergency assistance services. The program also provides funding to provinces, territories and non-government organizations to support on-reserve emergency management.

First Nations and Inuit Health Branch: Health Emergency Management

Supports First Nations on reserves in emergency management of public health emergencies, including outbreaks, mental health and other social emergencies, or the health aspects of emergencies caused by natural or accidental hazards.

ISC works in close partnership with multiple departments, agencies, provincial and territorial governments, and National Indigenous Organizations to effectively deliver emergency management services (e.g., Public Safety, Natural Resources Canada, Canadian Armed Forces, Canadian Red Cross, Public Health Agency of Canada, Health Canada, Assembly of First Nations).

The Four Pillars of Emergency Management

The 4 Pillars of Emergency Management

Funding Streams

MITIGATION

Activities and practices designed to avoid or minimize impacts of an emergency



PREPAREDNESS

Planning and readiness measures to enable effective response to and recovery from an emergency



RESPONSE

Activities designed to address the short-term effects of an emergency and reduce loss and suffering



RECOVERY

Activities to restore physical, social and economic activities to pre-event levels or better



- Non-Structural Mitigation and Preparedness
- FireSmart
- Capacity Enhancement
- Health Emergency Management, including preparedness, capacity building and knowledge mobilization

- Emergency Management Assistance Program

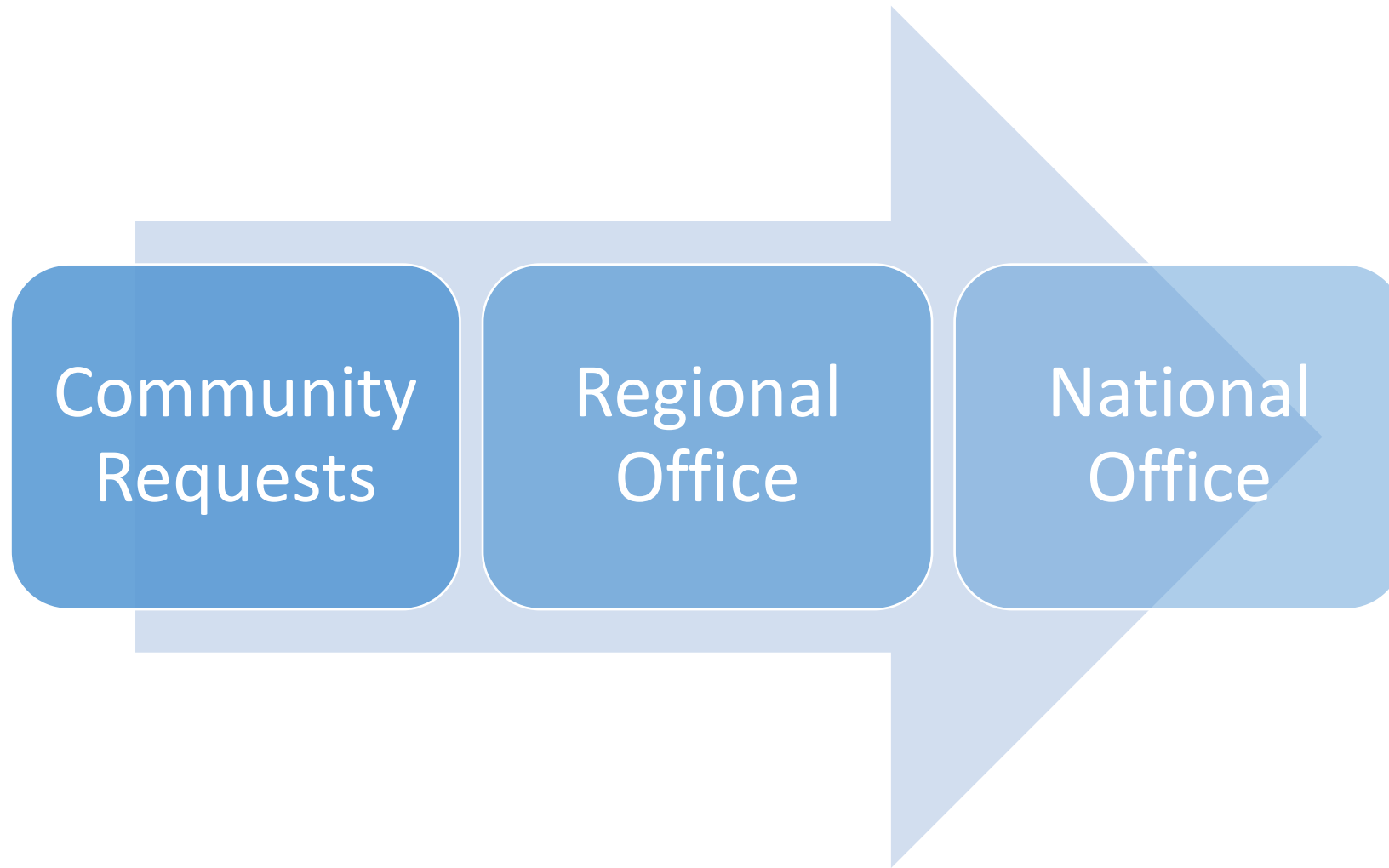
EMAP Health Funding Eligibility

- Eligibility is established in the Terms & Conditions
 - [Contributions for Emergency Management Assistance for Activities on Reserve](#)
 - Complimentary resources, such as the Build Back Better strategy and past eligibility decisions, are used together to ensure program consistency.
- Eligibility is based on:
 - Scan of existing services and funding to avoid duplication (EMAP is not meant to fill in programming and/or funding gaps)
 - Based on short-term, incremental needs/costs
 - Based on need and risk assessment
 - Prioritized on a case-by-case needs-basis
 - Consultation with Subject Matter Experts
- The program continues to evolve an all hazards approach to better serve the needs of communities in a sustainable way
- **EMAP is intended to be a funding mechanism of last resort**

Health Emergency Management

- A health emergency results when a hazard intersects with an at-risk community in a way that exceeds or overwhelms the community's ability to provide essential services, and may include:
 - communicable disease outbreaks (e.g., COVID-19, measles, syphilis, HIV, TB and others)
 - food and water contamination
 - environmental health hazards (e.g., mercury, air quality, and others)
 - opioid, crystal meth and other substance use crises
 - suicide clusters requiring additional crisis response or
 - AND health aspects of emergencies caused by natural or accidental hazards (such as risks related to the loss of continuity of health care for those with existing medical conditions; or the public health, mental wellness and other health impacts of community evacuations and emergencies)

Process for Requests



EMAP Eligible Health Emergencies

EMAP eligible health emergency requests are in line with the following:

- The request is for supports for a *health emergency* where current FNIHB programming or other departmental, federal or provincial streams of funding or services do not exist.

AND

- Because of which, a First Nation's capacity is overwhelmed and it is unable to provide essential health services to its members - EMAP is not meant to fill in programming and/or funding gaps.

OR

- The request is for supports to First Nations who are experiencing a chronic health issue which has suddenly increased in severity, or has been compounded by an additional health event, resulting in an acute crisis which is overwhelming the community and rendering them unable to provide essential health services to their members.

In addition to the above:

- The request addresses the short term incremental costs of the health emergency identified
- The proposed activities address the EMAP-eligible emergency event

Every situation is unique and context-dependent and as such, EMAP eligibility will be determined on a case-by-case basis.

Health Emergency Management

Once an event is deemed EMAP eligible...

- Eligible response expenditures for health emergencies, or the health aspects of emergencies caused by natural or accidental hazards, include:
 - health-related costs associated with evacuations and communicable disease outbreaks (e.g. overtime, costs of travel/charters and surge capacity support of necessary health and medical professionals retained by the community, etc.);
 - costs associated with response to the environmental public health aspects of emergencies/disasters, including but not limited to inspections/assessments, food safety and solid waste disposal;
 - costs for technological supports depending on the emergency;
 - costs for the implementation of testing and contact tracing efforts, on the land activities, counselling services and mental wellness supports for the community; and,
 - implementation of strategies to deal with the health aspects of emergencies caused by natural or accidental hazards.

Program Updates and Review

- Recent EMAP Changes:
 - Greater flexibility around advanced payments to reduce financial risk for First Nations
 - Increases to maximum amount payable
- Ongoing:
 - ISC review of the funding process
 - Ongoing review of Terms and Conditions on a long-term basis to provide options for minor and/or major reforms
 - Further Indigenous engagement to assess success and understanding of health emergencies
 - Addressing the recommendations of the Auditor General of Canada's report, *Managing Emergencies in First Nations Communities*

Questions/Contact Us

For Emergency Management Assistance Program requests or inquiries, please contact Alberta Regional Operations at ab.emergency@sac-isc.gc.ca

For Health Emergency Management requests or inquiries, please contact your local Program Liaison Officer (PLO) or Field Service Officer (FSO)