



Tragic discovery at Marieval Indian Residential School

A message from Scott Livingstone

Chief Executive Officer, Saskatchewan Health Authority

Today, it was announced that 751 unmarked graves were found at the site of the former Marieval Indian Residential School on Cowesses First Nation in southeast Saskatchewan. This is an absolutely heartbreaking discovery. But as shocking as this news is, we cannot claim that these discoveries are surprising

[Volume Four](#) of the Truth and Reconciliation Commission (TRC) final report is titled “Canada’s Residential Schools: Missing Children and Unmarked Burials.” In painstaking detail, this volume of the report documents through extensive testimony and statistical analysis that children in these schools died at disproportionately high rates. And when they died, the report notes, their parents often went uninformed, their graves were often unmarked or severely neglected and little effort was made to count how many died or where they were buried.

As Canadian citizens, we should be embarrassed. We treated the passing of young children with complete indifference. We valued these children so little that we accorded their burial and documentation and notification of their deaths with less reverence than we often accord the passing of a family pet.

As a parent, this is heart wrenching. We often use overly abstract phrases like “intergenerational trauma” to try to describe the hurt caused. But sometimes we need to put more plainly what we did: we coerced communities to send their kids away from their parents, with many never to see their home communities or families again. If it were your kid, would you ever forget? If it were your child, would it ever stop hurting?

It isn’t just the news about the Kamloops Residential School last month that makes the Cowesses discovery unsurprising. Volume Four of the TRC report has two hundred-plus pages of statistics, stories and documentation of what happened. And a proper reading of our history demonstrates that for generations we treated Indigenous peoples as inferior, affording their culture no respect and granting their traditions no dignity or space to flourish. Recognizing this is critical to acknowledging how long we have ignored this issue and how poorly we understand our history.

More stories like the discoveries at Kamloops and Cowesses will come. We must react with resolve rather than surprise. As health care providers, we must be willing to relook at our own history and role in marginalizing generations of Indigenous peoples. And to do so, we must be willing to relearn our history, because the history we were taught is not the history that Indigenous peoples actually experienced.

Support is available for anyone affected by their experience at residential schools, and those who are triggered by the latest reports.

A national Indian Residential School Crisis Line has been set up to provide support for former students and those affected. People can access emotional and crisis referral services by calling the 24-hour national crisis line: 1-866-925-4419.



/ COVID-19 / Delay in Pfizer Vaccine Shipment & Interchangeability of Vaccine Reminder

There has been a delay in the shipment of Pfizer vaccines expected to arrive the week of June 21, 2021. The delay will affect a number of booked immunization appointments, as well as some planned drive-thru and walk-in clinics from Wednesday, June 23 into next week.

The SHA will be substituting the Moderna vaccine for Pfizer until the delayed vaccines arrive and can be allocated to clinics throughout the province. Earlier this month, the National Advisory Committee on Immunization (NACI) advised that mRNA vaccines – Pfizer and Moderna – can be safely substituted for each other. When residents who received Pfizer or Moderna as their first dose become eligible for a second dose, they should take whichever vaccine is available to them, rather than waiting for the same brand to complete their vaccination.

With the Delta variant growing at an exponential rate, vaccines remain a key strategy to slow transmission. Both Pfizer and Moderna mRNA vaccines are interchangeable, equally effective and safe for everyone over 18 years. Pfizer remains the only vaccine approved for use in children ages 12-17.

Residents with booked appointments who are affected by this change will be notified via text or email. If a resident opted to not receive notifications, they will be contacted directly by SHA. We are strongly encouraging residents with a booked appointment, to keep it. If you don't have an appointment for a first or second dose, make one as soon as you are eligible.

Additional delays of vaccines in the future are likely, which is why it is important for residents to take the vaccine offered to them. Clinic staff will ensure clients are aware of which vaccine brand they will be receiving, however, there will be no opportunity for clients to request or switch to a particular vaccine brand. Optimal protection against COVID-19 comes from receiving both doses of vaccine.

Drive-thru and walk-in immunization clinics list the vaccine available and will be updated to reflect any changes to the vaccine available. Please visit www.saskatchewan.ca/drive-thru-vax for the most up-to-date information. For more information on COVID-19 please visit Saskatchewan.ca/covid19.

/ COVID-19 / What Happens in SHA Facilities July 11th

As the Government of Saskatchewan moves into recovery for COVID-19, and the province enters Step Three of Saskatchewan's Re-Opening Roadmap on July 11 by removing all remaining public health restrictions, including masking, many of you are wondering what this means for Saskatchewan Health Authority (SHA) procedures and directives.

It is paramount that some procedures and guidelines remain in place in SHA facilities to reduce the risk of variants of concern (VOC) and further waves of COVID-19 to patients, residents and health care providers. For health care it is **not**



business as usual, and so safety directives, such as masking and use of personal protective equipment, will remain in place in SHA facilities and long-term care homes until the risks of COVID-19 are effectively controlled.

As we continue to care for COVID-19 patients and those with health care needs arising from COVID-19, we must remain vigilant against COVID-19, continue the delivery of our COVID-19 immunization program and continue with our Test to Protect strategy. We strongly encourage all health-care providers and members of the public to visit our testing centres and participate in our community antigen testing program.

While the Public Health Order will soon be lifting in the community, our provincial health system will continue adhering to many COVID-19 related infection prevention and control policies and procedures. The SHA will monitor the situation as it relates to VOC and transmission, reassessing and adjusting as required as the COVID-19 pandemic evolves. Changes to procedures will be communicated as these arise.

We must continue our fight against COVID-19 and protect our most vulnerable. Together, we will overcome the challenges of this pandemic and keep our communities, facilities and loved ones safe.

| COVID-19 | Minion Honoured for Pandemic Work

She's one of the lab heroes of the pandemic, and she just won an award she said she shares with her team.

Dr. Jessica Minion won the Pandemic Innovator category at the YWCA of Regina's Women of Distinction awards ceremony this year.

"It's amazing, and humbling," the medical microbiologist stated afterwards. "I'm very grateful to those in Provincial Programs who nominated me to be recognized. To be acknowledged by people who know what we've gone through in the past year is incredibly appreciated."



The nomination, she said, means the most. "That people would hear the description for the award and think of me, and to be nominated beside such amazing women in our community, is a huge compliment."

Lori Garchinski, Executive Director for Tertiary Care and Planning Chief for the Regina Integrated Health Incident Command Centre, and Laveena Tratch, Director of Primary Health Care for the Central Network in Regina and Vaccine Chief for the Regina Integrated Incident Command Centre, were also nominated in the Pandemic Innovator category.

Minion is a physician specializing in medical microbiology. She's the SHA's Provincial Clinical Lead for Public Health and Lab Medicine, and is responsible for the Roy Romanow Provincial Lab.



According to the YWCA: “Dr. Jessica Minion’s work in microbiology has been the silent driver behind quick and accurate COVID-19 testing in Saskatchewan. The important work of laboratory testing that often goes unseen has emerged as one of the three integral pillars in curbing the pandemic, and Jessica has been behind the scenes doing that important work for years.”

Minion was part of the team that developed and implemented testing for COVID-19 in Saskatchewan, and her expertise and research ensured that Saskatchewan has one of the top labs in Canada for detecting and testing for COVID-19. Minion was also instrumental in bringing advanced testing to identify variants of concern to Saskatchewan.

Usually, the practice of medical microbiology is varied, and she deals with many different things. “Every day is a new challenge,” she explained.

“But because of the pandemic, we’ve done nothing but COVID for a whole year. We had to drop everything and redirect all of our work... It’s been very unusual to be focused on a single pathogen, a single disease for this long.”

According to her nomination, “before the very first case of COVID arrived in Saskatchewan, Jessica was helping to formulate the pandemic organizational response, and provided calm and proficient leadership to her team in a time of uncertainty, where information was shifting daily. Jessica used her platform, research, and expertise to share the science across the province and educate the public on testing. Her drive, innovation, and tireless work in the lab has helped our province through some of the biggest challenges of the pandemic.”

For Jessica, this award is about her team.

“This award really is recognition for all the lab staff across the province who continue to deal with daily and weekly changes very stoically. They have been supremely flexible and accommodating,” she said.

Minion also expressed her thanks to the people of Saskatchewan.

“When we needed them to, they stayed home, cut their risks, and made a lot of sacrifices to limit the spread of the virus when things were getting bad. If they hadn’t, the system would not have been able to survive... We asked desperately for their help and most people came through.”

Minion also thanked the public for coming out and getting vaccinated.

“We have the best public health tool available to us now – the vaccine. This is now a vaccine-preventable disease. The vaccine is the tool we were waiting for.”

/ COVID-19 / Profusionists & Their Heart-Stopping Work

Perfusionists are a rare breed in the health-care world. There aren’t many of them, and their patients rarely remember them as part of their health-care team. Yet their work is heart-stopping, in both the literal and figurative sense.



A major part of a perfusionist’s job is cardiopulmonary bypass (CPB), which involves operation of the heart-lung machine. During grafting or other repairs to the heart, it is stopped, and isolated from the rest of the circulatory system. The heart-lung machine keeps the patient alive while surgeons do their work, and perfusionists are the ones operating that machine.

“Normally we do about 750 heart surgeries a year in Saskatchewan,” said Lori Garchinski, Saskatchewan Health Authority’s Executive Director of Provincial Programs – Tertiary Care. “All patients undergoing cardiac surgery have their heart stopped to facilitate surgery, and this requires a perfusionist.”

Saskatchewan currently has a total of eight full-time and two part-time perfusionists in Regina and Saskatoon. In July, these numbers will change to 10 full-time (five in Regina, five in Saskatoon) and two casual.



Saskatoon Perfusionists: Left to right: Marnie Olson, Tessa Dmitrowicz, Kyle Mikoliew, Balaji Chalampalyam, Jo-Anne Marcoux

The work of perfusionists is extremely specialized, and they largely work in critical care units. They do cell saving or autotransfusion, which is basically harvesting the blood of a bleeding patient, washing it and giving it back to them. This mitigates the number of transfusions needed using blood from the blood bank.

ECMO or Extra Corporeal Membrane Oxygenation is also in the hands of perfusionists. ECMO machines are used to support either the heart and lungs or just the lungs when they are not working well enough to oxygenate the blood, even with drugs and a ventilator. Since the COVID-19

pandemic began, eight patients in Saskatoon and Regina with COVID have needed help from ECMO to support their body’s ability to manage the infection.

Monitoring a patient on ECMO is a round-the-clock, bedside affair for perfusionists.

“In Regina, we became quite busy with COVID-19 ECMO patients during the second wave of the pandemic when we put five patients on ECMO,” said Mark Mazur, a perfusionist in Regina. “Once these patients are on ECMO, a perfusionist must be available in hospital 24/7 for the duration of the patient’s time on ECMO. During March and April, we ran bedside ECMO 50 out of 60 days at Regina General Hospital.”

Typically, a patient placed on ECMO is on for 10 days to two weeks, until their lungs are strong enough. Then they are



Regina Perfusionists: From left: Chris McCudden, Jaime Morrison, Grant Mamchur, Mark Mazur (missing: Naresh Tinani)



incrementally returned to their own support. However, patients with COVID-19 who have received ECMO to date have needed it for anywhere from two to 50 days.

“Due to COVID-19, patients who arrive in critical condition in the emergency room are now more difficult to treat because the whole team must don personal protective equipment (PPE) and more perfusionists are needed, as one perfusionist must be in the room in PPE while another perfusionist is available outside the room to run the specialized analyses on blood samples, which fine tunes the patient’s treatment and affects their outcome,” said Jo-Anne Marcoux, Senior Perfusionist in Saskatoon at Royal University Hospital.

Perfusionists are also the ones who do arterial blood gasses in the operating room, helping with the analysis of a patient’s blood and decisions about transfusions. And they help install IABP or Intraaortic Balloon Pumps, which puts a balloon in the aorta of patients whose hearts cannot support their own cardiac output. These pumps inflate and deflate inside the aorta in accordance with a patient’s own cardiac cycle in order to increase blood flow and decrease the work the heart has to pump against. These happen between 60 and 80 times per year.

Perfusionists only deal with patients among the most sick, the most unstable and the most challenging in the hospital. And the patients they treat are often too sick to remember them. But that’s okay with perfusionists. They know their work has impact. They know it saves lives. The huge responsibility is what attracted most of them to this profession in the first place.

/ COVID-19 / QUICK LINKS:

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COVID-19  saskatchewan.ca/COVID19-vaccine

Dad (AKA Grandpa) deserves the best.

 **Your COVID-19 immunization protects him and you.**

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