



# Building people back better: A harm reduction framework for Indigenous emergency management

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## ABSTRACT

Indigenous communities in Canada, including First Nations, Inuit, and Métis peoples, are frequently impacted by disasters such as floods, wildfires, and endemics. A lack of adequate and culturally appropriate emergency management can lead to trauma. The healthcare sector has addressed similar issues in responses to adverse health conditions through harm reduction, which aims to mitigate negative effects and promote recovery. This conceptual narrative examines how a harm reduction model can enhance emergency management to mitigate negative experiences and trauma and better address the emotional and psychological needs of Indigenous disaster survivors.

**Key Words** Indigenous; harm reduction; emergency management; disaster recovery; resilience.

## INTRODUCTION

This article strives to apply existing harm reduction (HR) strategies to the emergency management (EM) realm. The intent is to use this approach to strive for the reduction of harm associated with disasters and the resultant trauma and adverse experiences lived by members of Indigenous communities, including First Nations, Inuit, and Métis peoples (Indigenous). It is acknowledged that Indigenous peoples are not a monolithic group; however, in the context of EM, First Nations, Inuit, and Métis peoples share the challenges of geographical isolation, challenges with existing legislation and governmental controls, and unique socioeconomic barriers to effective EM. Therefore, Indigenous will be intended to identify those communities who share these characteristics.

Among the many calls for decolonization in Canada, EM cannot be ignored when considering the sheer impact of disasters on the societal and individual well-being of Indigenous communities (Collins, 2023; McGee & Christianson, 2021). Incorporating HR approaches in EM can strengthen trauma-informed approaches to disaster response, thus mitigating stigma, systemic failures, and resultant trauma in the wake of community disasters. Trauma-informed approaches recognize the impact of past trauma; however, this HR model provides a proactive, human-centred

framework for mitigating trauma in real time by focusing on individual safety, dignity, and choice. There is empirical support for the theoretical arguments made in other studies, offering evidence that HR, when implemented in a culturally appropriate manner, can be an effective and acceptable approach for Indigenous populations (Goldstein et al., 2022; McGee & Christianson, 2021; Public Health Ontario, 2023; Weeneebayko Area Health Authority, 2023). The application of HR principles from the healthcare sector to the field of EM demonstrates the value of cross-functional concepts between human services. This approach highlights that while the context of a disaster is different from a health-related issue, the long-term effects of adverse experiences can be similar. While this work remains largely theoretical, the application of the principles of HR can contribute to the growth of trauma-informed EM.

This article applies the Hawk et al. model of HR (herein referenced as HEAM)) from the healthcare setting and extends the application from the healthcare setting to the setting of EM (Hawk et al., 2017). Hawk et al.'s six principles of *humanism*, *pragmatism*, *individualism*, *autonomy*, *incrementalism*, and *accountability without termination* can effectively be applied to all four pillars of the contemporary EM model used in Canada.

Table I illustrates the shared goals between HR and EM, highlighting their crossover in HEAM.

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**To cite:** Young, D. R. (2026). Building people back better: A harm reduction framework for Indigenous emergency management. *Journal of Community Safety and Well-Being*, 11(1), 38–43. <https://doi.org/10.35502/jcswb.491>

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**SG PUBLISHING** Published by **SG Publishing Inc.** **CSKA** Official publication of the **Community Safety Knowledge Alliance.**

**TABLE 1** Shared goals of HR and EM

Feature	Addresses the Human Equation	Mitigates Trauma	Promotes a Broader View
Emergency management	Focus on infrastructure and logistical needs	Acknowledges trauma but lacks a formal framework for addressing it	Traditional, siloed approach to disaster planning and response
Harm reduction	Focus on individual needs, emotional well-being, and dignity	Provides a framework to reduce stigma and negative experiences	Encourages interdisciplinary collaboration and cross-sectoral solutions
Crossover (HEAM)	Prioritizes “building the people back better” by addressing emotional and psychological needs	Uses a harm reduction lens to reduce the trauma evident in Indigenous communities during disaster response and recovery	Applies a healthcare model to emergency management, creating a more integrated, holistic approach

This table illustrates the shared goals between HR and EM, highlighting their crossover in HEAM. The table identifies three key features: addresses the human equation, mitigates trauma, and promotes a broader view. For each feature, it contrasts the traditional focus of EM (on infrastructure and logistics, lacking a formal trauma framework and using a siloed approach) with the approach of HR (focusing on individual needs, providing a framework to reduce stigma, and encouraging interdisciplinary collaboration). The crossover in HEAM prioritizes “building the people back better” and applies a healthcare model to EM for a more integrated, holistic approach.

EM = emergency management; HEAM = Hawk et al. model; HR = harm reduction.

## HEAM

In their research, published in the *Harm Reduction Journal* in 2017, Hawk et al. identified six important principles of HR: humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination. They indicate that HR strategies “lack a broader applicability to non-drug-related harm” (2017, p. 2). In order to address this failure, they established an approach to operationalize HR in healthcare settings. These very principles can apply to EM as a non-drug-related problem.

### Humanism

HEAM defines humanism as the value, care for, respect, and dignity of individuals (2017). To take a humanist approach to HR, one must understand and recognize that people do things for a reason, including both beneficial and harmful behaviours. During times of disaster or a significant disruption of normal life, people come together to foster community safety. It is also common during times of disaster that community members act in ways that are counterproductive to effective EM. Regardless of the nature of the disaster, people are harmed, so too is the community. Hawk et al. address the need for approaches that exclude moral judgments and grudges and focus on ensuring services are user-friendly and are accepting of patient choices. The Indigenous experience with respect to EM responses has been documented to be less than user-friendly and lacking in acceptance (McGee & Christianson, 2021; Montesanti et al., 2019; Pepper, 2022). The impact of extreme emergencies can have a significant effect on people, which can drive activism and ultimately lead to extremism. Both the climate change movement and the recent COVID-19 pandemic have demonstrated the effect that momentous life-changing events can have on the psyche, especially on emotionalism and resilience following such events. Since Indigenous peoples equate their history and culture to their very humanity, it is also vital to ensure cultural safety during emergencies is protected. Pepper (2022) defines cultural safety as “creating safe spaces, free from discrimination, where Indigenous people, families and communities can continue practising their culture even when

displaced” (p. 83). Humanity can provide community members with faith, stability, and resilience during the response and recovery phases in times of emergency.

### Pragmatism

HEAM posits that the perfect result is never achievable, as drug use behaviours do not occur in a vacuum and that the ability to change behaviours are influenced by external norms. Accordingly, its approach to pragmatism is to employ a range of supportive approaches to address drug use and that messages that come out of the healthcare industry should address actual harms rather than using moral or society standards. Pragmatically, in EM, there will never be a perfect result. The environment will be physically scarred by a disaster, as will the social fabric. Environmental disasters, pan- and endemics, and man-made disasters are a reality. It, too, is a reality that these emergencies will have serious implications for Indigenous communities. It is vital that pragmatism remains in the planning, response, and recovery. It is equally essential that a pragmatic approach be applied to the acceptance of the reality of systemic racism and internal political challenges in the governance of Indigenous communities (Montesanti et al., 2019; Wolf Collar, 2020) and the necessity to enhance equitable preparedness, response, and recovery.

### Individualism

According to HEAM, each person seeking related health services arrive with their individual history, individual challenges, and individual goals. Public campaigns in pursuit of EM highlight the role individual community members can play in protecting the community and facilitating responses to emergencies, as well as what the individual can do that can alleviate the recovery challenges. Individuals can also assist in recovery at the community level, especially elders to help community members cope with loss and the resulting trauma. The spectrum of people and their needs must be addressed effectively during times of disaster; therefore, harm and receptivity to receiving help require a spectrum of interventions (recovery) or need assessment (mitigation/prevention). Joblessness, homelessness, financial uncertainties, social isolation, and an increased drug trade because

of the COVID-19 pandemic have converged on a vulnerable population (Ivey & Clifton, 2021). During times of disaster, these conditions are common in Indigenous communities, and the financial uncertainties, social isolation, and addiction issues have been highlighted, along with the rural community evacuation and relocation into urban environments (McGee & Christianson, 2021). By engaging individual key community members in identifying individual needs and incorporating this into crafting crisis communications and community planning for mitigation, response, and recovery needs will provide support for individualism, thus empowering community members to feel more in control of their environment during times of disaster.

### Autonomy

HEAM addresses the need for partnerships to drive the care plan, with shared decision-making and “reciprocal learning” (Hawk et al., 2017, p. 4). With respect to times of disaster, Indigenous communities have unique needs and will require unique responses and recovery strategies. McGee and Christianson write: “Residents must depend on leaders and outside agencies to ensure their safety. There are often no set protocols or guidelines in place, even though Indigenous communities are some of the most at-risk communities in Canada and it has been predicted that their at-risk status will only increase with climate change” (2021, p. 2).

To build autonomy, each community must have involvement and some sense of control when working with higher levels of government during times of disaster. It is common practice for the province/territory to assist Indigenous communities, as is for the federal government to provide resources. To further develop the autonomy of HR during the prevention and mitigation pillars, Indigenous communities have the potential to create effective EM programs. This can be an effective use of support offered by the provincial and federal governments, but it is essential the Indigenous governance develops sustainable and actionable programs so they may be successful in owning EM on the community level. Beyond local governance, when considering the autonomy of community members, it is also vital to inculcate ownership amongst the community members. McGee and Christianson (2021) highlight many anecdotes from the residents of affected communities and share their stories of lack of control over individual choices and resistance to those who exercised autonomy during their times of disaster. Many of these people suffered post-event trauma that can be directly attributed to the experience of having no control over decisions that considerably impacted their sense of personal and familial well-being.

### Incrementalism

This principle includes the acknowledgement of all positive changes, regardless of magnitude, as well as the reality that positive change does not happen quickly. Hawk et al. (2017) also highlight the necessity to incorporate and plan for setbacks, thus mitigating the stigma of failure and the ability to overcome and continue the forward momentum to positive change. This directly applies to EM, as after-action reports are generated in the aftermath of disasters, and often it is determined that errors, setbacks, and contentious decisions are discovered (Cariboo Regional District, 2018;

KPMG, 2017; Kulig et al., 2012; MNP, 2015; Transportation Safety Board of Canada, 2013; Westhaver, 2017). Such reports identify the strengths of the response, issues that require enhancement, and challenges and errors made during the incident to contribute to further growth of mitigation and prevention strategies and to revise response protocols and procedures to ensure success for future events, thus leading to improved recovery. It is expected of EM professionals to conduct after-action reviews and reporting and, in doing so, to be very clear to stress the purpose is not to assign blame. Incrementalism requires communities to strive for forward movement and the necessity of celebration of all achievements throughout the process of the disaster. Effective EM programs should be prepared for setbacks and failures, as well as changing political priorities commonly encountered during disaster. Political fallout can jeopardize the course of the communities’ governance, and it behooves local governments to fully engage community members in order to prepare constituents for the realities of disaster response. It can lead to a reduction in the stigma of failure and blame, thus reducing the effect of disempowerment and the associated trauma.

### Accountability without Termination

In light of the previous principles developing the power one has over one’s approaches to recovery, this principle addresses the need for acceptance that one has overall responsibility for choices and behaviours. Accountability without termination is difficult to connect with EM, as it can be challenging to have individual community members take responsibility for personal decision-making. However, it also does allow for community members willing to do so to take accountability for their decisions, such as to remain in the community in defiance of evacuation orders. Community members’ response to a disaster and the decisions made in the heat of the moment should not be stigmatized in the aftermath of the disaster. Many survivors of disaster may face the same stigmatization if they chose actions that are perceived as questionable, such as opted to refuse evacuation, and the results are negative. The HR aspect here is the need for acceptance on the part of the community member to accept the damage done to life, safety, and personal property that results from their decisions, as is the need for the community to accept that people make human decisions (oftentimes contrary to personal safety) due to emotional states and for personal benefit. These decisions should not be vilified, as when community members are vilified, it increases the potential for trauma once everyone returns and the community begins to attempt to heal.

### HR APPLICATION TO EM PILLARS

EM HR can span all pillars, not simply exclusively response and recovery. EM calls for a shared vision and the necessity for communication across sectors (Bartram, 2020; Goldstein & Suder, 2021; United Nations General Assembly, 2015). EM calls for the all-of-society approach, requiring all segments of the population to be involved in all four pillars. Each of the four pillars of EM can benefit from the call for shared vision and can further address many of the HR elements to mitigate the trauma of undergoing a community disaster.

The application of HR to EM serves the purpose of introducing the real human equation to the experience of those affected by disasters. The forced removal of Indigenous persons from their homes and traditional lands during times of disaster has significant historical association to historical colonial removals, and the placement of Indigenous persons into reception centres that are reminiscent of industrial schools can also be retraumatizing to the majority of Indigenous middle-aged and elderly persons. The long-term effects of adverse experiences during times of disaster mirror those of health-related subjects and thus call for the consideration of HR in effective EM programs.

### Preparedness

In the preparedness phase, the HEAM framework focuses on collaborative, community-led planning that builds capacity and resilience before a disaster strikes. *Humanism* ensures that all planning is done with cultural safety and dignity at the forefront, co-creating protocols with community members. *Pragmatism* recognizes that a “perfect” plan is unattainable, so it focuses on building a flexible, locally led approach that can adapt to the unexpected. *Individualism* is key to tailoring crisis communications and planning to the diverse needs of all community members, ensuring information is accessible and understood. *Autonomy* is central to this phase, as it means empowering and involving communities in the creation of their own EM programs,

thereby giving them ownership. *Incrementalism* allows for a realistic approach by planning for setbacks and treating failures as learning opportunities, which reduces stigma and builds confidence. Finally, *accountability without termination* is fostered through open communication, building the trust essential for communities to own and operate their programs effectively.

### Response

In the response phase, the HEAM framework prioritizes immediate actions that reduce harm, uphold dignity, and empower communities in the midst of a crisis. *Humanism* guides this by ensuring that culturally safe spaces are provided and that people’s choices during evacuation are respected. *Pragmatism* dictates that emergency managers accept the impossibility of perfect coordination and communication, instead empowering local leaders to make agile, on-the-ground decisions. *Individualism* is practised by adapting support to meet the unique needs of different people, such as providing specific resources for youth and elders. The principle of *autonomy* ensures that communities and individuals have a sense of control over their choices during a disaster, a crucial element in reducing the trauma often associated with forced evacuations. *Incrementalism* allows for real-time improvements by actively seeking feedback during the crisis and making immediate adjustments. Finally, *accountability without termination* is upheld by avoiding blame

**TABLE II** HEAM and EM synthesis

Principle	Mitigation	Preparedness	Response	Recovery
Humanism	Mitigates fear through transparent, respectful communication	Ensures cultural safety and dignity in planning	Provides culturally safe spaces and respects people’s choices during evacuation	Focuses on building “the people back better,” not just infrastructure
Pragmatism	Addresses systemic racism and internal political challenges in governance	Accepts that a “perfect result” is not achievable in disaster planning	Accepts that perfect coordination and communication are not always possible	Acknowledges the long-term impacts of disasters on people and social fabric
Individualism	Considers the spectrum of individual needs to alleviate fear and demoralization	Tailors crisis communications and planning to individual community members’ needs	Acknowledges that different people have different needs during an emergency, such as youth and elders	Addresses individual trauma and supports recovery through tailored interventions
Autonomy	Empowers community members through education and shared information	Involves communities in creating their own EM programs	Gives community members a sense of control over their choices during a disaster	Supports community governance to develop sustainable programs
Incrementalism	Conducts post-event reporting to identify areas for improvement without assigning blame	Plans for setbacks and failures to mitigate stigma	Looks at successes and failures to improve future responses	Celebrates all achievements throughout the recovery process
Accountability without termination	Fosters trust in governance through open communication	Encourages community ownership of EM programs	Avoids vilifying people for decisions made in the heat of the moment	Accepts that people’s decisions, even those that seem “questionable,” are part of their recovery journey

This table synthesizes the principles of HEAM (human-centered emergency and disaster management) and EM across the four disaster phases: mitigation, preparedness, response, and recovery. It details how the six core principles—humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination—are applied in each phase. This synthesis provides a framework for integrating a human-centred, harm reduction approach into all stages of EM.

EM = emergency management; HEAM = Hawk et al. model.

or vilification of people for decisions made in the heat of the moment, instead focusing on providing continued support and understanding.

### Recovery

In the recovery phase, the HEAM framework focuses on long-term healing and community-led rebuilding, prioritizing the restoration of people over property. *Humanism* guides this by focusing on building “the people back better,” ensuring that recovery plans prioritize emotional, spiritual, and social well-being alongside physical infrastructure. *Pragmatism* dictates a realistic and long-term approach, acknowledging that healing is a non-linear process that requires continued and flexible support. *Individualism* ensures that recovery efforts address individual trauma through tailored interventions, offering a range of healing options from counselling to traditional ceremonies. *Autonomy* is central to this phase, as it means providing the resources and authority for community governance to lead their own recovery and develop sustainable, culturally relevant programs. *Incrementalism* celebrates all achievements throughout the recovery journey, no matter how small, fostering a sense of progress and reinforcing that every step forward is a victory. Finally, *accountability without termination* ensures that support is never withdrawn as a punishment for perceived failures, reinforcing that a person’s healing journey is the ultimate priority.

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### CONCLUSION

The application of HEAM in this matter demonstrates how healthcare approaches to HR that focus on the human equation can be effectively applied to provide a human element in EM. Many segments of Indigenous living are connected to trauma and strive for post-traumatic growth. When considering HR’s focus on the lack of control over health behaviours, the parallel can be seen with respect to the lack of control people have over their environment and choices when facing disaster. However, community members can make positive choices to protect their health and well-being and the well-being of their communities. The EM sector can benefit from embracing HR principles in order to build back better in innovative ways by applying HR to the very real trauma evident in Indigenous communities when responding to, and recovering from, disasters.

### FUNDING

None.

### CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

### DETAILS OF POSSIBLE PREVIOUS OR DUPLICATE PUBLICATION

None.

### ETHICS APPROVAL AND INFORMED CONSENT

None.

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