



CONNECTING TO CULTURE: SUSTAINING OUR WELLNESS

THE CREATIVITY AND PERSEVERANCE OF FIRST NATIONS IN
BC DURING THE COVID-19 PANDEMIC



*Vernon,
Syilx Okanagan Nation Traditional Territory*

INTERIOR REGION

June 2023



First Nations Health Authority
Health through wellness



ACKNOWLEDGEMENTS

The First Nations Health Authority (FNHA) recognizes the profound and numerous ways the COVID-19 pandemic has affected First Nations in British Columbia (BC), collectively and individually. The well-being and safety of First Nations during the pandemic was made possible by the valuable contributions, innovations and leadership of community leaders, health professionals and staff whose unfaltering work provided support and care to ensure the protection and preservation of their communities.

This report was prepared by the FNHA Evaluation Team and Qatalyst Research Group, with input from First Nations in BC. The learnings, perspectives and experiences shared in this summary report came from engagement with 25 dedicated Chiefs, Leaders, Health Directors and community health professionals in the Interior Region on February 14, 2023, and stories shared by community leads in selected online news articles.

In the spirit of honouring the time and expertise of these community representatives, the FNHA wishes to extend its gratitude to everyone who participated and name the following contributors who expressed their consent to be publicly acknowledged (listed alphabetically):

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

Connie Jasper, Director of Health, Tsilhqot'in Nation

Colleen Lessmann, Health Director, Q'wemtsín Health Society

EXECUTIVE SUMMARY

FINDINGS

In the Interior Region, community leaders, members, and health teams demonstrated collective strength and resilience amidst significant adversity. Leaders continually engaged and supported their health teams. Members expressed their appreciation for their health staff through praise, encouragement, song and prayer. Partnerships with the FNHA, Interior Health, and private businesses were leveraged to meet members' needs. The level of coordination and cohesion achieved during the pandemic can serve as a source of pride and inspiration for future challenges.

Community health teams worked courageously and ceaselessly to address the exhausting challenge of curbing viral spread and managing outbreaks. To reduce exposure and risk, most communities restricted access to non-members, set up checkpoints to limit traffic, and coordinated the delivery of groceries and essential goods to members. Community health staff stood up successful vaccine clinics with the support of Interior Health and the FNHA.

Communities led extensive information campaigns and used a variety of methods to combat the uncertainty and misinformation prevalent during the pandemic. One Nation conducted a pandemic after action review, which generated recommendations to inform the ongoing response efforts and future emergencies.

Communities faced obstacles related to access to testing and timely receipt of results. These challenges were later overcome through the implementation of community-based testing equipment and self-administered rapid tests. The community-based testing devices have the potential to yield lasting benefits for communities beyond the pandemic.

Community health staff thoughtfully adapted the design and delivery of existing community health programming to align with the evolving conditions brought about by COVID-19. Certain services were temporarily suspended, some transitioned to virtual platforms, and others continued in-person with strict safety protocols. Despite many constraints, health teams managed to provide additional mental health and wellness services and meet the increased demand resulting from the pandemic and concurrent crises.

Communities organized food, medicine and other essential goods to ensure members' basic needs were met. Community organizers delivered care packages to Elders, individuals who contracted COVID-19, and others who were at risk or in need. In some instances, health staff practiced harm reduction by distributing drugs and alcohol to help individuals who were infected or at risk. Communities also made special efforts to provide essential

goods to members living away-from-home and ensure they had access to needed services and support.

The pandemic restrictions on large gatherings, including wakes and funerals, had a negative impact on the emotional well-being of members, especially those who experienced significant losses. When restrictions were lifted, many community members came together to honour those who passed during the pandemic. They organized funerals, memorials, and engaged in other cultural practices, which played a critical role in addressing unresolved grief and supporting members on their healing journey.

The communities' successful pandemic response was made possible by the dedication of community leadership and health staff. Their unfaltering efforts during challenging times came at the cost of many personal and professional sacrifices, which often led to exhaustion and burnout. Community leaders supported health staff through training, healing workshops, and gestures of appreciation. Ongoing post-pandemic support is needed for staff members.

To support their communities during COVID-19 and concurrent emergencies, First Nations in the Interior Region called on their ancestral ties to the land and engaged in spiritual and cultural practices. Traditional medicines, healing ceremonies and land-based healing played an important part in sustaining wellness. Hunting, fishing and gardening initiatives encouraged food sovereignty, knowledge sharing, and healthy eating.

Communities developed online workshops for traditional arts and crafts and social events as a means to sustain community connections, engage members and reduce social isolation. Leaders ensured members had the necessary equipment, supplies and support to engage in online activities and cultural events. The positive outcomes of these virtual workshops and cultural events include expanded community programming, strengthened ties among families and members, new relationships between members, connections to others around the world, and increased access to technology among Elders.

CONCLUSION

First Nations communities in the Interior Region experienced significant challenges during the COVID-19 pandemic, which were amplified by the concurrent public emergencies. The seven Nations demonstrated collective strength, resilience, and coordination in the face of adversity. They developed protocols to support prevention, mobilized resources to meet the needs of members at home and away, and leveraged partnerships to support their self-determination. To sustain the well-being of their members and strengthen community ties, the seven Nations called on traditional knowledge, cultural practices and their deep connection to the land. Additionally, community health teams went above and beyond to maintain service continuity for members. They established a wide variety of new supports, services and cultural programming to meet members' needs. While significant work is needed to address the hardships experienced during the pandemic, the communities'

actions have left positive legacies. These include strengthened emergency response and pandemic planning, expanded community mental health and wellness supports, increased cultural programming, heightened awareness among some members of traditional medicines and cultural healing, improved access to technology among Elders, and stronger family ties and global connections.

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INTRODUCTION

Between November 2022 and April 2023, the FNHA undertook a strengths-based review of the experiences of First Nations community leadership, health leads, and staff during the COVID-19 pandemic response. The review sought to complement other COVID-related after action reviews and research studies, and ensure that the perspectives and voices of First Nations communities are highlighted in the pandemic learnings.

This review aims to uplift the voices of First Nations communities to acknowledge achievements in adaptation, innovation and wisdom gained, and support ongoing learning, planning, community wellness, and healing.

This review draws from provincial focus groups, regional and sub-regional focus groups, an online survey, and a media scan.

Trigger Warning

Some content in this review may be sensitive content and could be triggering. For crisis support please contact the KUU-US Crisis Line at 1-800-588-8717 or visit the FNHA's website for [additional support services](#).

FINDINGS

The following sections offer learnings and experiences shared by 25 community contributors, organized into themes.

SUPPORTING ONE ANOTHER

In the Interior Region, community leaders, members, and health teams demonstrated collective strength and resilience amidst significant adversity. Leaders continually engaged and supported their health teams. Members expressed their appreciation for their health staff through praise, encouragement, song and prayer. Partnerships with the FNHA, Interior Health, and private businesses were leveraged to meet members' needs. The level of coordination and cohesion achieved during the pandemic can serve as a source of pride and inspiration for future challenges.

Community representatives described how Nations and communities came together to address challenges and hardships in a coordinated, thoughtful and impactful way. Leaders and health staff emphasized that the collective strength, resourcefulness and resilience of the seven Nations during the multiple concurrent public health emergencies should serve as an inspiration and a source of pride when facing future challenges.

"We provided education and messaging over and over again. We pushed as a Nation for masks, self-isolation and cleaning surfaces. We held ourselves together well...We learned what we are capable of doing together when organized as a Nation."

Colleen Lessman, Health Director, Q'wemtsín Health Society

Leaders demonstrated their support and appreciation for their health teams through ongoing communication and coordination, and regular visits to health centres.

"Our Chief brought Timbits and coffee regularly to honour us. There was a lot of thanking each other at the onset of COVID, and staying strong together."

Community members expressed their appreciation for the health staff, and the support the staff provided for members affected by COVID-19, through songs, prayers, and supportive messages.

"Every evening, every other day at 8 pm, we would sing in our front yards. Songs for the people who were suffering and to keep the community together and show we were still alive. I'd make a fire in the front yard and sing, and one-third of the community could hear me. I'd stop and hear them singing on the hillside. It helped with my spirituality. Singing, and praying together, and being together as a community really helped."



Communities leveraged support from the FNHA, Interior Health, and private businesses to meet members' needs. One contributor described the respectful and productive partnership they developed with the FNHA:

"I'm on the FNHDA Board, so I was able to work on the COVID Response Planning Table with the FNHA. Knowing the boots on the ground, I felt respected and we were team players. They took our recommendations and heard as well. It was true partnership and collaboration."

Contributors in some communities described how pharmacies and grocery stores offered extended hours to ensure access to essential goods and services.

"The grocery stores stayed open until 8 pm. They were really accommodating, the pharmacy was really accommodating"

One contributor described partnering with Telus to get tablets and gift cards. These tools were used to help maintain community connections and support children who were attending virtual classes:

“We had a lot of support outside of the health field. Telus was very helpful because we were having challenges with our children being able to attend school virtually and remain caught up if they didn’t have computers or other equipment. Telus helped us with some tablets and with gift cards for Save On. We had a lot of different organizations stepping up to help our members.”

PREVENTING VIRAL SPREAD

Community health teams worked courageously and ceaselessly to address the exhausting challenge of curbing viral spread and managing outbreaks. To reduce exposure and risk, most communities restricted access to non-members, set up checkpoints to limit traffic, and coordinated the delivery of groceries and essential goods to members. Community health staff stood up successful vaccine clinics with the support of Interior Health and the FNHA.

When the pandemic started, most First Nations in the Interior Region implemented measures to control the spread of the virus, such as closing their communities to non-members and establishing public health checkpoints to prevent transmission. The T̓silhqot̓in Nation, for example, implemented checkpoints staffed by their members to monitor travel within their territory, and to educate residents and non-residents about the community’s protective measures. Despite their effectiveness, the checkpoints faced challenges and financial constraints. A community representative suggested that dedicating resources to ensure the security of such checkpoints would be beneficial for future health emergencies.

“We went into almost full lockdown. We had quite the system in place, and I believe that helped keep the cases down during the first year of COVID.”

“The ability to shut down a community to protect them with road stops and provide information helped to curb the infection rate.”

“We have 18 sites in our community. We needed checkpoints to ensure safety, but [there was] no funding for security.”

“Fast forward [from the 2017 wildfires] three years to spring 2020, to the first wave of the COVID-19 pandemic, which later dwarfed past emergencies to become the new longest state of emergency in British Columbia’s history. A very different set of ‘roadblocks’ were in place. They were the T̓silhqot̓in Nation’s checkpoints, deliberated and decided upon by T̓silhqot̓in Elders and leadership, staffed by T̓silhqot̓in citizens. These checkpoints served to educate T̓silhqot̓in and non-T̓silhqot̓in neighbours and visitors to the territory about travel restrictions and protective measures the Nation had in place to protect its members

from exposure to disease. Meanwhile, they monitored traffic on and off of reserves. Every day, checkpoint staff explained the emergency measures, implored people to abide by them, and withstood verbal abuse. For months T̓ilhqot̓in staff and leaders worked with provincial and federal governments to have these checkpoints recognized—and funded—as legitimate measures. Eight months into the pandemic and after countless hours of advocacy, the Province amended its policy to make First Nations' checkpoints an eligible emergency response expense under certain conditions. It was a welcome policy change, but one that came long after the T̓ilhqot̓in had discontinued the checkpoints because of the mounting costs borne by the communities.”¹

T̓ilhqot̓in National Government and co-authors

Health teams were quick to mobilize efforts to prevent transmission, particularly when responding to community outbreaks. Several communities effectively managed outbreaks through coordination with communities, Internal Health and the FNHA. They worked around the clock to stand up swabbing and testing clinics, and recruited additional staff to support the efforts.

“With all the anxiety and everything, we were able to all come together and work as a great team and ensure that all the members got vaccinated and were given the supplies they needed to stay safe [...] masks, hand sanitizer, disinfectant...Even though it was crazy and hectic, we all managed to come together and work great as a team.”

“We were learning fast as things were unfolding. I remember there was a tabletop exercise on what to do when you start to have a lot of COVID cases in your community, while we were managing a lot of COVID cases in community. I couldn't even participate in the training because I was on phone calls with all these different people from Interior Health and our own nursing team. I think the team pulled extra weight here at the clinic and had to work long and hard hours.”



Nicole & Saige Werstuik
Westbank First Nation
#VaxChamp

“We've had daily meetings, seven days a week, with Chief and Council and sometimes with our nurses. We did a ton of pandemic coordination, isolation, working with Interior Health teams, and with FNHA, patient travel, etc. We had Interior Health nurses come out and do

¹ <https://www.cambridge.org/core/journals/canadian-journal-of-law-and-society-la-revue-canadienne-droit-et-societe/article/crisis-colonialism-and-constitutional-habits-indigenous-jurisdiction-in-times-of-emergency/2E7D176D99FEE3F5221F23A9BC083EB3>

swabbing clinics for us because we didn't have staff when we had an outbreak. A great percentage of people in the community were dealing with COVID-19. It was a weekend and it was just spreading really quickly. We had a massive swabbing clinic and two Interior Health nurses came and really supported us in that."



To reduce travel to urban centres and limit the risk of exposure, most communities delivered groceries and other necessities to members or established “necessity stores” within the community.

“One of the good things here at Kanaka Bar that the previous leadership did was ensure our members stayed [inside]. The past leadership was able to start a necessity store for members to come and shop through us, or request items to go out of town to go pick up for them. We really managed the amount of time community members had to go out and shop in the larger urban centres.”

Once vaccines became available, community health staff worked closely with Interior Health to establish vaccine clinics and administer doses to members. Additional nurses and staff members were hired to support the vaccination efforts.

“We had a lot of collaboration between our health centre staff. We were able to put together a team from the Merritt area and bring them down to the Lytton area to assist with large vaccine clinics down there. As soon as we were told we were given our vaccinations, we were able to bring people together fairly quickly.”

ADDRESSING MISINFORMATION AND UNCERTAINTY

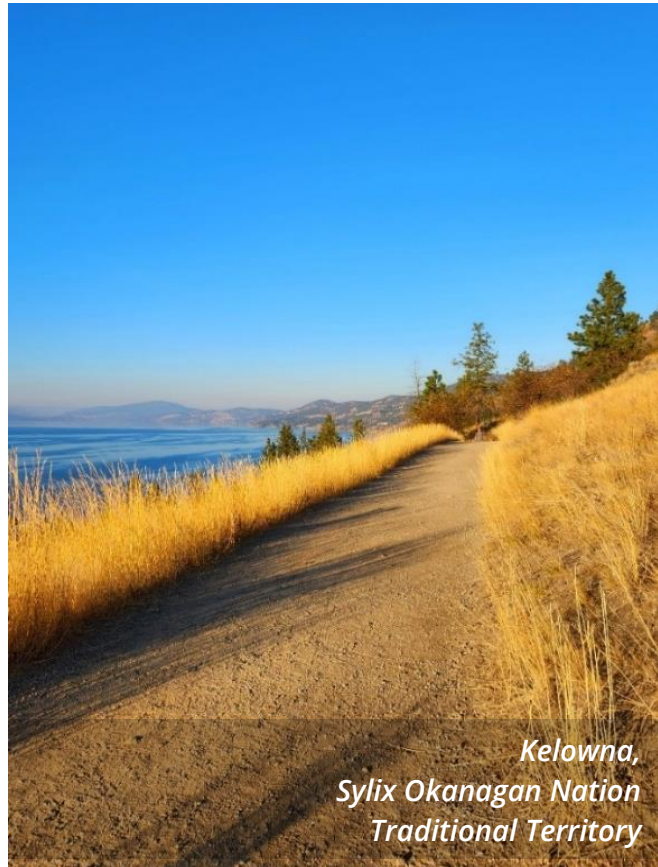
Communities led extensive information campaigns and used a variety of methods to combat the uncertainty and misinformation prevalent during the pandemic. One Nation conducted a pandemic after action review, which generated recommendations to inform the ongoing response efforts and future emergencies.

During the early stages of the pandemic, community leaders, members and health teams described experiencing confusion and stress caused by insufficient, contradictory, and rapidly evolving information, alongside the spread of rumours and misinformation.

“It has been a very interesting and stressful process for sure. The unknown was the hardest part for people. There was too much information and then not enough information. And the information changed all the time. It was really hard to support the communities when nobody knew what was actually going on and what was coming.”

To reach as many members as possible, health teams and leadership collaborated to develop effective communication strategies. These strategies included social media, phone calls, home visits, newsletters, e-blasts, online workshops, and town halls.

“We had to do a lot of educational [work], through Zoom and on the phone with community members...We seem to always be putting out informational resources around stress management, COVID-19, and burnout in our newsletter. At least four times a month, we were delivering informational items at the request of community members, door to door. There was always open communication with our members on what their needs were.”
Josephine Froste, Health Manager,
(Xwisten) Bridge River Indian Band



“We did everything we could to offer updates and education and information to help them. Social media campaign, town halls in our community...Facebook, mail outs etc.”

As an illustration, Adams Lake Indian Band provided updates through their monthly newsletter, website, and Facebook page. Additionally, they ensured that the electric sign outside of the band office was updated with important information. In these updates, the band provided information about quarantine and isolation, vaccines, and helpful numbers to contact. They also kept a record of active and total cases, those who had recovered, and individuals isolating at home.²

² <https://drive.google.com/file/d/112nRDs3UI19ARdEkSSyVvHkmpz6vvatZ/view>

Coverage of the Tsilhqot'in Nation's COVID-19 Report (Dada Nentsen Gha Yatastig)



Tsilhqot'in Nation conducted an after action review of the first phases of their pandemic response and developed calls to action to inform ongoing and future response efforts, which were documented in a report.³ They are currently evaluating the implementation of the calls to action to inform ongoing quality improvement and strategic planning.

"Our Nation did a pandemic report. Same as what we did for the wildfire in 2017. [...] We are now doing a follow-up to find out how many calls to action that we put in the report at the beginning of the pandemic were carried through."

Connie Jasper, Director of Health, Tsilhqot'in Nation

IMPROVING TESTING AND NOTIFICATION

Communities faced obstacles related to access to testing and timely receipt of results. These challenges were later overcome through the implementation of community-based testing equipment and self-administered rapid tests. The community-based testing devices have the potential to yield lasting benefits for communities beyond the pandemic.

During the early stages of the pandemic, communities encountered difficulties in accessing COVID-19 testing, and there were delays in receiving results as they needed to be sent away for processing. These delays, which sometimes lasted several days, impeded the community health staff's ability to identify infected individuals and initiate infection prevention protocols. One participant described the challenges associated with getting timely results:

"Interior Health was taking so long. Well, they were overwhelmed, I'm not blaming them. They were overwhelmed with the amount of testing being done."

Later on, some communities, including Westbank First Nation and Ulkatcho First Nation, received and installed Abbot IDNOW and GeneXpert devices, which enabled them to conduct in-community PCR (polymerase chain reaction) testing for COVID-19. The introduction of these machines, combined with the availability of self-administered rapid tests, resulted in a significant reduction in test result wait times and allowed for more timely notification and prevention strategies. Overall, community health staff and members welcomed the technology and found the increased in-community testing capacity useful and helpful. As one contributor mentioned:

³ <https://www.tsilhqotin.ca/wp-content/uploads/2021/03/TNG-COVID-REPORT-FINAL.pdf>

“In some of our communities, we’re at least three hours away from the nearest labs. Instead of travel taking three hours, it was nice to be able to have those services readily offered in community.”

“[Community members] were very grateful. Especially if you’re sick and already not feeling great, to not have to pack up and travel. To have that accessibility, I think was very meaningful.”

Another contributor highlighted the potential long-term benefits of the community-based testing equipment, not only for their community but also for other First Nations communities:

“We initially had the Abbot ID, but then moved to GeneXpert. The GeneXpert machine also has capabilities for testing like STIs [sexually transmitted diseases], and strep. It will be really great for the other communities to have that [capability] as well.”

Once self-administered rapid tests became available, it was much easier to identify infected individuals and take action to prevent viral spread. One participant described a story of one family that had to take multiple tests until they were confirmed as positive for COVID-19, and the efforts the health staff invested to keep them isolated during that time:

“We had a whole family who tested negative, and we told them every day they were sick and had to test. The sixth day, they came up positive. Their symptoms were COVID symptoms, but they kept testing negative. If they would’ve done one test like a lot of people do, and then say, ‘no I’m good, I got a cold, that’s it’, They would’ve gone out.”

Some leaders and community members praised the dedication and courage of the health staff, who maintained their professional standards and protected the privacy and identity of affected community members.



SUPPORTING SERVICE CONTINUITY

Community health staff thoughtfully adapted the design and delivery of existing community health programming to align with the evolving conditions brought about by COVID-19. Certain services were temporarily suspended, some transitioned to virtual platforms, and others continued in-person with strict safety protocols. Despite many constraints, health teams managed to provide additional mental

health and wellness services and meet the increased demand resulting from the pandemic and concurrent crises.

Community health staff undertook extensive efforts to adapt health services and supports to meet members' needs. Certain non-essential programs were temporarily put on hold, some programs transitioned to virtual platforms, and others continued in-person with additional safety measures. There were also constant updates on how to interact with and support the community during the lockdown. Community health staff quickly adjusted from their normal roles to an emergency response context.

"We had to shut a lot of programming down but our AA meetings continued. Our horse program continued, although they altered it so that the kids had buffer space. They were in much smaller groups, and it was outdoors. I think because of the mental health crisis, it was really important to have this programming happening."

"I was very fortunate that we stayed open but, if anybody got a cold or a runny nose, they stayed home according to protocol."

The isolation and uncertainty experienced during the pandemic negatively impacted the well-being of many, particularly those who were most vulnerable, such as Elders. To meet the increased demand for mental health support, health teams provided a wide range of services. These included counselling and other mental health services, home visits, information materials, and phone check-ins. One contributor described the importance of these supports for the well-being of Elders:

"We were able to support the well-being of the community members that were feeling isolated. During COVID, some of them didn't go out, even if they didn't have COVID. A lot of the Elders refused to go out and refused to let anybody come into their homes. We printed out resource materials and hand it out to them. We had a lot of phone calls. Our mental health worker did one-on-one sessions with them via telephone. We were trying to address the social isolation that everyone was feeling during COVID-19."



The demand for health and wellness services and supports also increased due to the concurrent emergencies and crises, including floods, forest fires, toxic drug supply, and the discovery of unmarked graves of children at the grounds of the former Kamloops Indian

Residential School. Health teams went to great lengths and worked extremely hard to provide community members with additional services and support in response to these challenges.

“And then during COVID, the 215 happened. We provided mental health support along with not just COVID-19, but to dealing with the findings of 215. It was quite the learning experience. I feel like we adapted quickly. We did really well for our membership.”

“But you have to understand that it wasn't just COVID-19 that hit, it was the overdoses that were hitting from the opioids. We had to start putting on healing circles and sessions here at Bridge River for that and we're continuing to do that.”

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

SUPPORTING AFFECTED MEMBERS

Communities organized food, medicine and other essential goods to ensure members' basic needs were met. Community organizers delivered care packages to Elders, individuals who contracted COVID-19, and others who were at risk or in need. In some instances, health staff practiced harm reduction by distributing drugs and alcohol to help individuals who were infected or at risk. Communities also made special efforts to provide essential goods to members living away-from-home and ensure they had access to needed services and support.

Quarantine, self-isolation, and stay-at-home orders created challenges for many community members, especially Elders and those who contracted COVID-19, in obtaining essential supplies. Communities secured supplies of food, medicine, and other necessities, and distributed kits and care packages to affected members. In some instances, health staff practiced harm reduction by providing limited supplies of alcohol, cannabis and cigarettes to infected members so that they could maintain their self-isolation.

“My team delivered a lot of food, medicines, juices as needed. When people were in isolation, we would get a list from them of what they needed, and my team would go shop for them and deliver them to their homes. We didn't have anybody to come and pick them up, so my team put all the boxes together and we delivered it.”

“We were able to prepare kits that had all the pandemic supplies you needed: COVID test kits, hand sanitizers, masks, gloves. We were also able to provide \$100 worth of food per household to whomever had COVID-19...Through other grants, we were able to give out food security boxes...packages of fruit and vegetables, breads, pies...That was a real success that helped a lot of the community members.”

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

“When we went on lockdown, we had supplies to try to keep our people at home. We also occasionally supplied marijuana, cigarettes, and in some cases alcohol, to the best of our abilities to support people [abiding restrictions].”

“When we had somebody in isolation in town, they [Interior Health] would provide drugs or alcohol so that our people didn’t go out and find it, and spread COVID. They were absolutely awesome that way.”

Many communities in the region provided care packages with essential goods to members living away-from-home. These packages were mailed through Canada Post or organized for delivery by either a family member or the health staff.

“Just so that they had something because a lot of them didn’t. You have to understand a lot of them were on social assistance, low-income families, pensions, and just couldn’t afford to go out.”

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

Some communities partnered with the FNHA and other health partners to coordinate access to services and support for members living away-from-home that had contracted COVID-19.

“When we had a membership that got COVID in Kamloops, we contacted the FNHA, and they were the ones that brought them supplies and checked on them. We were very fortunate.”

Contributors described that isolation had significant psychological effects that impacted well-being, particularly if the infected individuals had to be removed from their homes and placed in isolation centers. To address this challenge, some communities chose to provide temporary housing for household members who did not have COVID-19 so that those who had contracted the virus could recover from the comfort of their home.



Vernon,
Sylix Okanagan Nation
Traditional Territory/Syeelhw Nation

“We found transferring patients who had COVID-19 to be a gap. [Therefore,] If there were more [people] in a household, we reserved two rooms at one of the motels here in Lillooet for the family members that didn’t have COVID-19. The family members that had COVID-19 would be in their homes getting better.”

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

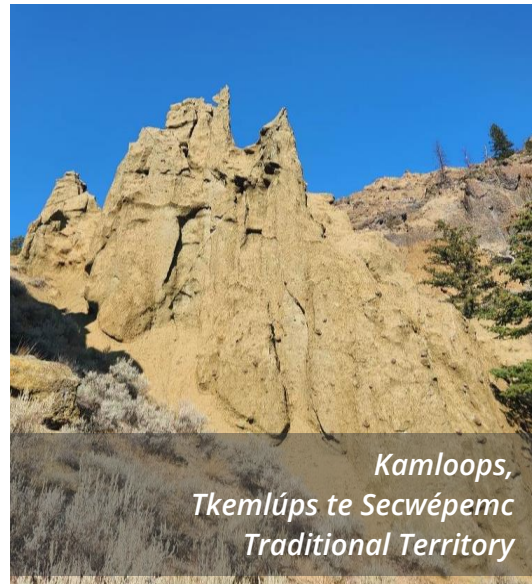
HONORING LOSSES AND ACKNOWLEDGING SACRIFICES

The pandemic restrictions on large gatherings, including wakes and funerals, had a negative impact on the emotional well-being of members, especially those who experienced significant losses. When restrictions were lifted, many community members came together to honour those who passed during the pandemic. They organized funerals, memorials, and engaged in other cultural practices, which played a critical role in addressing unresolved grief and supporting members on their healing journey.

Pandemic restrictions on large gatherings were in place for over two years.⁴ As a result, community members were not able to properly say farewell to their loved ones who had passed away. Contributors described how friends and family members of those who passed during the pandemic experienced unresolved grief and anger, sometimes contributing to increased harmful effects of substance use.

“We lost five members during the first part of the pandemic, which was really hard. We’re quite a small community.”

“We had three people die of COVID, but we also had other people die. We did lose a couple of Elders at this time. I was going to say ‘Life goes on’ but that’s not exactly what happened. The funerals, the wakes and the gatherings are an important part of our grieving process and we weren’t able to do that. There were some angry people, and there were people who used drugs and alcohol a lot more because anger was felt all over the place, not just with the family.”



Rather than preventing gatherings entirely, one contributor suggested measures should have been taken to support safer funerals, wakes, and births through the use of personal protective equipment (PPE) and infection prevention control strategies.

“Our people couldn’t have wakes and celebrate life, so it was hurtful, harmful and traumatic for Elders who lost loved ones and could not honour them...We should have prepped them with PPE — wakes and funerals are important, and our births. Devastating.”
Colleen Lessman, Health Director, Q’wemtsín Health Society

⁴ Restrictions were imposed different regions of BC at various dates depending on reported outbreaks and cases of COVID-19. Province wide gatherings of more than 50 people were banned early March 2020. Outdoor gatherings of people maximum 50 people were later allowed in August 2021. On February 16, 2022, BC lifted most of the long-term restrictions.

After the restrictions were lifted, communities organized events and ceremonies to honour those who had passed away during the pandemic. For example, in June 2021, the Shuswap Band hosted a Day of Indigenous Wellness virtual event in collaboration with the Camp Kerry Society—facilitated through Lumara, which is a grief and bereavement care charitable organization.⁵ This event aimed to provide support and healing for community members who had experienced significant grief and loss.

The communities' successful pandemic response was made possible by the dedication of community leadership and health staff. Their unfaltering efforts during challenging times came at the cost of many personal and professional sacrifices, which often led to exhaustion and burnout. Community leaders supported health staff through training, healing workshops, and gestures of appreciation. Ongoing post-pandemic support is needed for staff members.

Community representatives explained how, before the pandemic, many health staff were already operating at full capacity due to the multiple concurrent emergencies. The pandemic significantly increased their workload, creating unsustainable conditions.

Contributors shared many stories about the long hours, hard work, dedication, and commitment of their health staff during the difficult circumstances of the pandemic.

"I remember, one day I got nine calls for nine different households in our small town that had COVID. I was all over the place. I remember one day I didn't get home until 10 o'clock at night, delivering supplies to households."

"It was difficult to see the mental fatigue of our staff, and how they were able to provide a service [under such conditions]. Mental health is stretched thin. Two nurses worked 24/7 for two years. I can't say enough about them. They dealt respectfully with issues in community and addiction and diseases. Health care support workers were wearing many hats. It was difficult for them to put up with verbal abuse."

Working under difficult circumstances for an extended period negatively impacted the health and wellness of staff, resulting in burnout for many. Community leadership supported staff by offering training and healing workshops. They also expressed their appreciation for their hard work and sacrifice through gestures such as staff lunches and gifts. Contributors emphasized the need for ongoing wellness support for staff.

"I took my staff out and acknowledged them, and gave them gifts and lunch to let them know that they went above and beyond during COVID-19... We brought in healing workshops so that we didn't let them burn out or get stressed out."

Josephine Froste, Health Manager, (Xwisten) Bridge River Indian Band

⁵ <https://www.shuswapband.net/2021/05/19/a-day-of-indigenous-wellness-free-virtual-event/>

"We met regularly to provide emotional support to one another. We were under a lot of stress; it was a difficult time for health directors. We made it a priority for health directors to meet once per month to vent and let their hair down and cry. It was so good for us to have that support."

"Front line workers – I can't imagine what they put up with. Now, they need follow-up. We need to deal with the mental wellness of our staff and communities and the trauma that has happened across the board."

MAINTAINING TRADITIONAL AND CULTURAL PRACTICES

To support their communities during COVID-19 and concurrent emergencies, First Nations in the Interior Region called on their ancestral ties to the land and engaged in spiritual and cultural practices. Traditional medicines, healing ceremonies and land-based healing played an important part in sustaining wellness. Hunting, fishing and gardening initiatives encouraged food sovereignty, knowledge sharing, and healthy eating.

Many contributors explained how community members started learning and practicing traditional healing techniques and traditional medicines during the pandemic. They also described how community health teams supported traditional medicines and cultural healing practices.

"We got some more information on our medicines, which was good. We have some traditional healers in the community who did teach people how to use some of the medicine, which did help."

"Our wellness coordinator every month organized a brushing off ceremony - that's with the eagle fan and with sage. They brush you off and you're able to release any harsh energies."

"The Skeetchestn Indian Band was surrounded by many wildfires in the summer of 2021, and the community used its spiritual connection to the land, ancestral teachings and practices, and ceremony to keep the community safe."

The pandemic also encouraged many community members to spend time on the land and participate in land-based activities, including hunting and fishing, youth camps, and outdoor survival and safety lessons. Community health teams facilitated a wide variety of programming that supported family well-being while aligning COVID-19 precautions.

"Our wellness center [...] encouraged them to get out on the land, keep numbers low and participate in land-based activities."

"The walking was awesome. We got to get out on our land, and in small groups, with separation between the people, which really helped."

To support food sovereignty, knowledge transfer and healthful eating, some communities encouraged gardening programs and supported members in growing fruits and vegetables. For example, Esk'etemc First Nation offered a garden box program where they provided members with garden starter boxes free of charge or at a low cost.⁶



Communities developed online workshops for traditional arts and crafts and social events as a means to sustain community connections, engage members and reduce social isolation. Leaders ensured members had the necessary equipment, supplies and support to engage in online activities and cultural events. The positive outcomes of these virtual workshops and cultural events include expanded community programming, strengthened ties among families and members, new relationships between members, connections to others around the world, and increased access to technology among Elders.

When the pandemic started, many traditional wellness activities and cultural events had to be cancelled or postponed due to reduce the risk of transmission. As noted by one contributor:

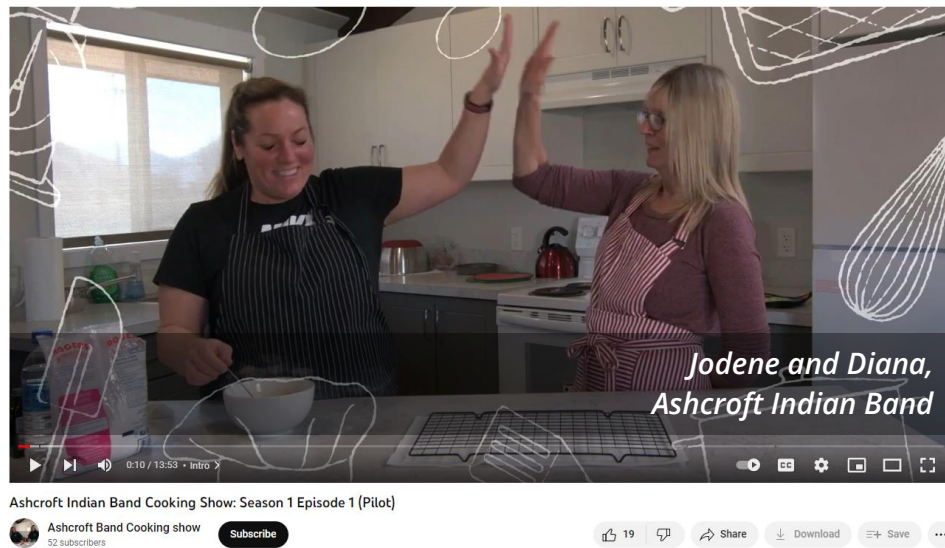
“The things that we could not do were sweats because of the proximity of people as well as our winter dances and those types of things.”

Many cultural activities and social events were later transitioned to virtual platforms. Community members organized virtual drumming and singing sessions, along with traditional arts and crafts workshops for creating earrings, rattles, beadwork, drums, ribbon shirts and tanning hides.

To strengthen and sustain community ties, communities also hosted online ceremonies, cooking shows, bingo games and other activities. For example, the Ashcroft Indian Band created a cooking show so that individuals could learn new recipes and cook comfort food.

⁶ <https://www.fnha.ca/wellness/community-wellness/good-medicine/community-stories>

The first episode was uploaded to YouTube on April 27, 2021, and features two band members making mac and cheese, cheddar meatloaves, and raspberry mousse cups.⁷



To support accessibility and inclusion of members in online programming, leadership invested in IT equipment and Internet access. Community members aided and supported Elders in using technology, often by connecting Elders with young people who could support them.

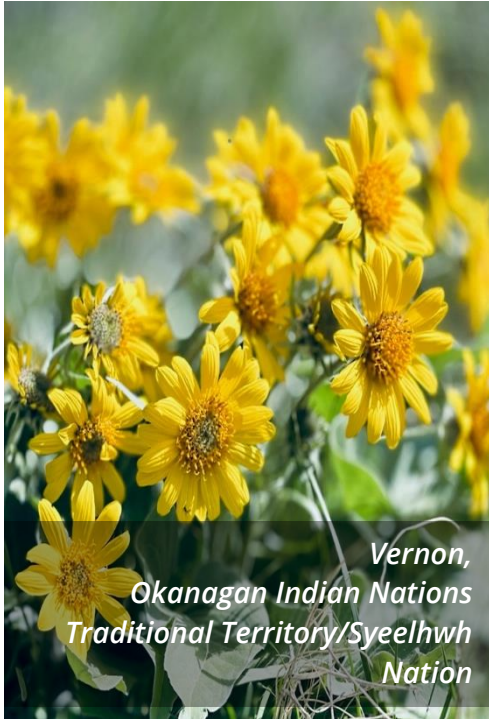
"We did find ways to do our programming through Zoom, which was new. A lot of the people in the communities got to see, work with, and understand more about technology. The education department [ensured] every home had a computer, we were able to use the computers for different programs, which was really great."

One community member spoke of the Elders' desire to engage with the community and participate in events using electronic devices, but they often needed help from youth to understand how to use them. When young people were unavailable, it was challenging to find other community members who could visit the Elders' homes and provide them with a quick tutorial.

Organizers also purchased the supplies needed for the workshops and ceremonies and distributed them to the participants.

"Outreach Health Services provided Zoom workshops, which consisted of doing beading. You sign up for the workshop, they'll put a package together for you with all of the supplies, and then you can pick them up and then they'll have a Zoom link to be able to participate online."

⁷ <https://www.youtube.com/@ashcroftbandcookingshow9351>



Vernon,
Okanagan Indian Nations
Traditional Territory/Syeelhwh
Nation

The increased time at home provided members the opportunity to strengthen family ties. Virtual community events and workshops also enabled some members to connect with and build relationships with individuals they may not have otherwise. One contributor perceived these newfound connections as a positive outcome of the pandemic:

“A really positive outcome of the pandemic was connecting us with people that we wouldn’t have had that option or availability to connect with outside of COVID. That was kind of like a bonus or a plus side.”

Some virtual traditional wellness events drew participants from all over Canada, including non-members and beyond. The increased participation boosted morale and encouraged organizers to create more events and activities.

“There was one time that the land-based healing worker had over one thousand views on his livestream and he had people joining from all over the place. It wasn’t just with our town, our Nation, our community. It was everywhere. I found that really powerful. We have members that live in Ontario or Quebec, and they were joining, so that was really nice. To make those kinds of connections with people that have never really been here—they’re getting to see the mountains, the lake, and participate in all of these events virtually and feel connected.”

Many of the cultural events initiated and organized during the pandemic are ongoing. Some have since transitioned into in-person activities, and they continue to be well-attended and appreciated by community members.

“Now that the majority of the restrictions have lifted, T’it’q’et organized an Elders gathering in September, which was very well attended. We have culture nights weekly, every Wednesday. Our home support workers do an Elders luncheon monthly. The Elders just love it. They’re able to get together, and share a meal and be able to visit and share stories. We’re having a lot of in-person meetings now as well as workshops.”

Other cultural events continue to be delivered online and Elders are able to participate using the computer skills they learned during the pandemic. One contributor described how her mother is still attending weekly cultural events:

“A lot of [Elders] have learned more than I thought like my mom. She’s on Messenger through Facebook. She wasn’t before, and [now] they have prayer meetings once a week because of the pandemic. That’s when it started, and it’s still going on once a week.”

CONCLUSION

First Nations communities in the Interior Region experienced significant challenges during the COVID-19 pandemic, which were amplified by the concurrent public emergencies. The seven Nations demonstrated collective strength, resilience, and coordination in the face of adversity. They developed protocols to support prevention, mobilized resources to meet the needs of members at home and away, and leveraged partnerships to support their self-determination. To sustain the well-being of their members and strengthen community ties, the seven Nations called on traditional knowledge, cultural practices and their deep connection to the land. Additionally, community health teams went above and beyond to maintain service continuity for members. They established a wide variety of new supports, services and cultural programming to meet members' needs. While significant work is needed to address the hardships experienced during the pandemic, the communities' actions have left positive legacies. These include strengthened emergency response and pandemic planning, expanded community mental health and wellness supports, increased cultural programming, heightened awareness among some members of traditional medicines and cultural healing, improved access to technology among Elders, and stronger family ties and global connections.

APPENDIX

METHODOLOGY

The FNHA Evaluation Team facilitated three virtual focus group discussions with Interior Region First Nations communities' leadership and health leads/staff on February 14, 2023. All communities were invited to participate in the Interior Region focus group or provincial focus groups or to provide written input through an online survey.

The discussion groups were organized by sub-region and planned in consultation with FNHA Interior Region engagement staff to support appropriate timing and format. Discussions were conducted using Zoom, with calendar invites, materials and multiple reminders issued to invitees in advance. A volunteer from amongst the focus group attendees opened and closed the discussions with a prayer. The sessions were recorded and contributors were invited to be acknowledged as contributors in the report. The FNHA Evaluation Team members transcribed the recordings. Each session had a door prize.

Community representatives were asked the following three questions:

1. In the spirit of recognizing the good work and honouring what has been learned, is there anything you wish to share about your community's experiences responding to the COVID-19 pandemic?
2. In what ways have community members practiced culture, and supported well-being and healing during the pandemic?
3. Is there anything else you would like to share?

A total of 25 community representatives contributed, including six from the Syilx & Tsilhqot'in, 10 from Secwepemc & Dakelh Dene, and nine from the St'at'imc & Nlaka'pamux. Contributors included two Chiefs, eight Health Directors/Leads, one Emergency Program Coordinator, one Nation Health Planner, and one individual with an unknown role.

Table 1. Focus Group Contributors

Sub-Regional Discussion	Date	# of Contributors
Syilx & Tsilhqot'in	February 14, 2023	6
Secwepemc & Dakelh Dene	February 14, 2023	10
St'at'imc & Nlaka'pamux	February 14, 2023	9
Total		25

The FNHA Evaluation Team also conducted a media scan of stories and articles published online using names of the Families and Nations alongside "COVID-19" and "pandemic" as search terms. Summaries and quotations from the selected articles were incorporated into the report with citations and links to original publications provided in the footnotes.