CONNECTING TO CULTURE: SUSTAINING OUR WELLNESS

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

McBride, Simpcw Traditional Territory

NORTHERN 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 engagements with 24 dedicated Chiefs, Leaders, Health Directors, and community health professionals in the Northern region between November 15 and 17, 2022, 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):

Tia Bunnah, Registered Nurse, Lhtako Dene Nation

Lucille Harms, Health Director, Haisla Nation

Christa Meuter, Health Director, Gitga'at Nation

Ruby Ogen, Health Director, Wet'suwet'en First Nation

EXECUTIVE SUMMARY

FINDINGS

Northern First Nations health professionals and community members practiced kindness, kinship and resourcefulness during the pandemic. Members banded together towards a common purpose and supported one another during difficult times. Community members volunteered their time to support response efforts, and both members and staff developed innovative solutions to sustain community connections and wellness. Health professionals reached out to colleagues in neighbouring communities to offer support and care.

Communities took action to help prevent viral spread, including establishing checkpoints at community entrances, requesting voluntary self-isolation for members travelling outside of the community, coordinating with industries operating in traditional territories to reduce exposure to infected workers, and encouraging vaccinations. In Haida Gwaii, a public competition for original COVID-19 safety videos inspired creativity and humour, while encouraging the adoption of enhanced safety protocols.

To address uncertainty and misinformation, communities mobilized resources; coordinated with the FNHA, Northern Health, and the BC government; obtained regular information from trusted sources; and communicated clear messages to community members. Communities shared new information through organized sessions, translation into local languages, and found communication pathways that were meaningful to community members.

Communities worked in partnership with the FNHA and the BC Government to overcome privacy legislation barriers that prevented communities from receiving positive case notifications. Health staff also developed contact-tracing protocols that preserved community member anonymity, while supporting the self-isolation of individuals potentially exposed to COVID-19.

Rural and remote communities in the North experienced significant delays with accessing COVID-19 testing and receiving results. These challenges were later overcome through the implementation of community-based testing equipment in some communities and the adoption of self-administered rapid tests.

The pandemic exacerbated the accessibility barriers that Northern rural and remote communities face. The introduction of virtual health services, including the First Nations Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Service, supported service continuity for communities. A positive outcome of the transition to virtual services was the ability to better serve members living urban and away-from-home, who had previously been unable to access community health services such as prenatal care. To respond to the increased demand for emergency transportation, communities mobilized personal and business vehicles to transport patients to hospitals. Many communities stood up other innovative solutions.

Stellat'en First Nation employed drone technology to deliver essential supplies, and the Skidegate Early Childhood Development Center developed virtual engagements for children who were unable to attend daycare.

Communities came together to organize and distribute food and other necessities to those who were at risk or in need, such as Elders or those who had contracted COVID-19. These initiatives helped strengthen community bonds and ensured that members felt cared for. In remote areas where food security was a concern, communities were able to negotiate better prices for bulk food purchases and have them shipped to the community via barge.

Communities organized virtual or outdoor gatherings, including dinners, movie nights, holiday celebrations, parades, and drive-throughs. These safe gathering spaces facilitated connections among members and helped to maintain their health and well-being. Some of these gatherings involved clinicians and medical staff who provided advice and support to members.

After the COVID-19 restrictions were lifted, community members came together to honour those who had passed away during the pandemic. Funerals, memorials, and other cultural practices provided an opportunity for members to address their unresolved grief and find support in their healing journey.

The communities' pandemic response was successful thanks to the tremendous efforts of community leadership and health staff. The response entailed a lot of personal and professional sacrifices from teams who worked long hours for months at a time under difficult circumstances.

Community members relied on traditional wellness practices, traditional medicines, and land-based activities for support during the pandemic.

CONCLUSION

First Nations communities in the Northern Region experienced significant adversity during the COVID-19 pandemic, which was exacerbated by the ongoing impacts of colonialism and the region's geography. Many of the Northern communities are remotely scattered across vast distances and have limited access to services. During the pandemic, community members traveled long distances under bad weather conditions in personal or business vehicles to transport patients to hospitals. Challenges associated with timely access to test results were later overcome through implementation of community-based testing equipment and self-administered rapid tests. In rural and remote areas, rapid tests are now considered a priority for future pandemics. Communities' diverse pandemic response efforts were innovative, thoughtful, and tailored to meet each community's unique context, needs, and strengths. Leadership, health staff, and community members maintained perspective on the importance of kinship and connection, land-based healing, and traditional medicines, ceremonies and practices to support wholistic wellness and healing. Despite the tremendous adversity, communities gained valuable learnings about communicable disease infection prevention and

control planning, communication strategies, and reclaiming traditional wellness practices and medicines. Through creative innovations, communities supported food security, provision of essential supplies during emergencies, and the continuation of health services using virtual health services. The wisdom gained, and adaptations and innovations stood up during the pandemic, will help communities in the North to overcome future challenges.

CONTENTS

INTRODUCTION

Between November 2022 and April 2023, the FNHA undertook a strength-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, optional 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 24 community contributors, organized into themes.

SUPPORTING ONE ANOTHER

Northern First Nations health professionals and community members practiced kindness, kinship and resourcefulness during the pandemic. Members banded together towards a common purpose and supported one another during difficult times. Community members volunteered their time to support response efforts, and both members and staff developed innovative solutions to sustain community connections and wellness. Health professionals reached out to colleagues in neighbouring communities to offer support and care.

Community representatives described how community members came together in unity and purpose to protect one another from the pandemic. Leaders and health staff told numerous stories of community members volunteering their time for the common cause, demonstrating kindness and compassion towards each other, and developing creative ideas to support members during challenging times.

"We had people just volunteering their time, standing at the entry to the community. There was no compensation involved for people that were there just because they wanted to keep community safe."

One representative described how the pandemic restored kinship and strengthened community ties because members began interacting more and demonstrating greater care and compassion towards each other:

"[From] some of our Elders, I've heard that there was a lot of the heaviness [from before] but it also brought us a lot closer together. There was a lot of those old kinship, ties that were…watered down. They were stretched out. Technology was able to connect us virtually. Pre-pandemic we forgot to connect in person, and then when the pandemic hit, you know, we've had that natural instinct to care for our families, the old ways we used to do. We check in on people."

Audrey Heath, #VaxChamp
Gitxsan First Nation

Contributors described member-led initiatives to support one another and make others feel cared for. For example, one community representative described how members distributed postcards and encouraged people to write positive notes to each other to show compassion and care:

"We had cards printed out with pictures of our territory on it. Gave them to each household, and just encouraged them to write to someone in the community. When we were able to see each other in person or whatever, [it was encouraged] to write a note connecting to somebody that way."
Christa Meuter, Health Director, Gitga'at Nation

Another health staff member described the difficult experience of hearing about an individual who had passed away from COVID-19 in a neighbouring community. To show her support and care, the staff member reached out to the local nurse who had cared for the patient:

"I just felt so sorry for that nurse. I didn't know who she was, but somehow, I ended up linked up to her. I was able to track her down because the offices were closed. Just to check in to see how she was."
Lucille Harms, Health Director, Haisla Nation

PREVENTING VIRAL SPREAD

Communities took action to help prevent viral spread, including establishing checkpoints at community entrances, requesting voluntary self-isolation for members travelling outside of the community, coordinating with industries operating in traditional territories to reduce exposure to infected workers, and encouraging vaccinations. In Haida Gwaii, a public competition for original COVID-19 safety videos inspired creativity and humour, while encouraging the adoption of enhanced safety protocols.


Crystal Wookey, #VaxChamp
Saik'uz First Nation

Contributors described that emergency response planning and previous experiences with global infectious disease outbreaks had prepared First Nations communities in the North to face some of the challenges posed by the COVID-19 pandemic.

"I think the benefits of making our way through H1N1 and Ebola and SARS were good stepping stones to this [and] helped us [in] addressing this [pandemic]."
Lucille Harms, Health Director, Haisla Nation

"We could be prepared in a sense on paper, but when it came time to having our boots on the ground, doing the work to protect our communities, it was a lot of learning... It's so important to keep tabletop exercises - to make sure that we are reviewing our pandemic plans or infectious disease plans because we never know what diseases are coming next."

Many communities established public health checkpoints to screen those arriving in community and prevent potential viral spread. One community leader emphasized how the checkpoints also helped to slow the inflow and outflow of members and visitors, which reduced community exposure:

"We had a number of community volunteers. Our emergency operations centre staff were very keen in ensuring the movement around the community slowed right down."

One Health Director spoke about the delicate balance between preventing non-members from bringing COVID-19 into the community while fulfilling basic service expectations:

"If people had to travel for medical reasons, then they were asked to isolate when they returned for a few days before resuming contact within the community."
Christa Meuter, Health Director, Gitga'at Nation

Many companies operate in the traditional territories of First Nations communities across the Northern Region. These companies employ large numbers of camp workers, including members of local First Nations communities. Some community leaders described reaching out to industry representatives to coordinate communications and establish protocols for informing local health centres about positive cases among workers from the community.

"As a Nation, we collaborated with the industries in our traditional territory. We met as an EOC [Emergency Operations Centre] weekly, and we pulled the industry in once per month. If we had a Nation member or affiliate that resides in our community [and works in the nearby camp] test positive, they gave permission to notify our health centres… We put support in place for when they entered community."

Tahltan Nation's Emergency Management Committee won the Association of Mineral Exploration award for leadership during wildfire and pandemic and was recognized for facilitating communication between Indigenous communities and industry.[1]

To encourage vaccinations, Dr. Terri Aldred, a member of the Tl'azt'en Nation and a medical director at the FNHA, shared her experience receiving the first dose of the COVID-19 vaccine as part of a diary series in the Globe and Mail:

"On New Year's Day, I received the first dose of the Pfizer vaccine. I felt a mixture of relief, anxiety and hope. Relief because rural and remote Indigenous communities, and the care teams that support them, are a priority to receive the vaccine. Anxiety because due to colonialism, COVID is disproportionately affecting Indigenous people – and due to the legacy of colonization, many Indigenous people lack trust in the health care system. This has made some fearful about the vaccine and reluctant to receive it. I am hopeful, though, that getting the vaccine will set a good example for my patients and inspire others to follow suit.
Following the teachings of my Elders, when I pick and prepare traditional medicines, I should do so with a good heart and a good mind. This is done through ceremony.

Remembering these teachings, I made sure I prepared my spirit to receive the vaccine by smudging and praying. I prepared my body by eating healthy foods and resting. I prepared my mind by learning about the vaccine and asking any questions. And I talked to my husband and family and received their emotional support. Taking these steps help my whole being prepare to receive the medicine.

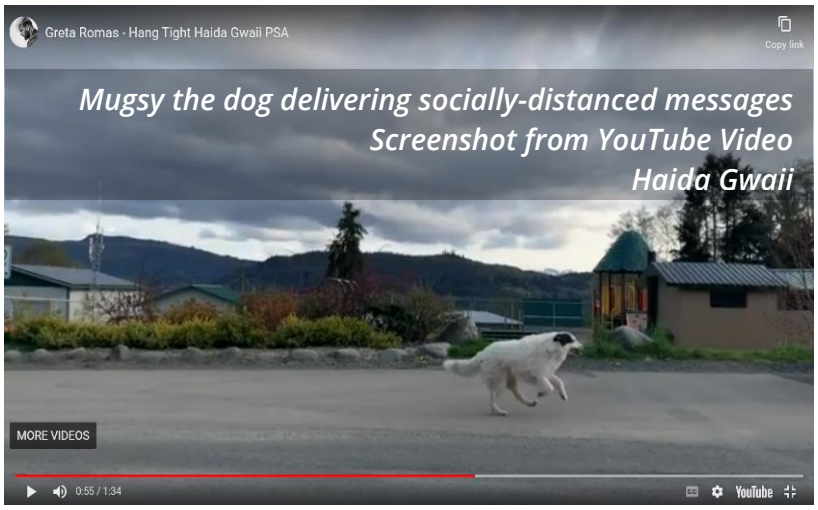
I cried – for all those who are sick, all those we lost, and all who will benefit from the vaccine. Thankfully, I had minimal side effects – I was tired on the first day, had a sore arm the next day, and then I was fine.

The vaccine is good medicine – a gift I humbly received."[2]
Dr. Terri Aldred, Medical Director, FNHA, MTl'azt'en Nation

[1] https://www.terracestandard.com/news/tahltans-emergency-management-committee-wins-2021-ame-award/
2 https://www.theglobeandmail.com/canada/british-columbia/article-injections-of-hope-bc-health-workers-share-stories-of-the-first-few/

A popular Haida Gwaii campaign called “Hang Tight Haida Gwaii” encouraged members to create and submit COVID-19 public safety videos. Members’ submissions communicated safety guidelines through informative demonstrations and engaging narratives. The diverse submissions included songs and comedy skits. Contest winners were awarded cash prizes and pocket cameras.[3]

Seventeen-year-old Greta Romas won the most creative category. In the video, Romas gets a text from her mother asking her to check on Nana (Carole Ives), but the plot thickens when she drops her phone. Instead of texting Nana, Romas sends her dog Mugsy running back and forth, relaying messages between the two.[4]



Mugsy the dog delivering socially-distanced messages
Screenshot from YouTube Video
Haida Gwaii

Katie and Stella Sinkins won the under 15 category of Hang Tight Haida Gwaii with a catchy quarantine workout video.[5]

Katie and Stella Sinkins demonstrating a quarantine workout
Screenshot from YouTube Video

[3] https://www.haidagwaiiobserver.com/community/we-should-be-proud-hang-tight-haida-gwaii-pandemic-psa-winners-announced/
[4] https://youtu.be/TQn-GrvaqaM
[5] https://youtu.be/0l21H4vnT6M

ADDRESSING MISINFORMATION AND UNCERTAINTY

To address uncertainty and misinformation, communities mobilized resources; coordinated with the FNHA, Northern Health, and the BC government; obtained regular information from trusted sources; and communicated clear messages to community members. Communities shared new information through organized sessions, translation into local languages, and found communication pathways that were meaningful to community members.

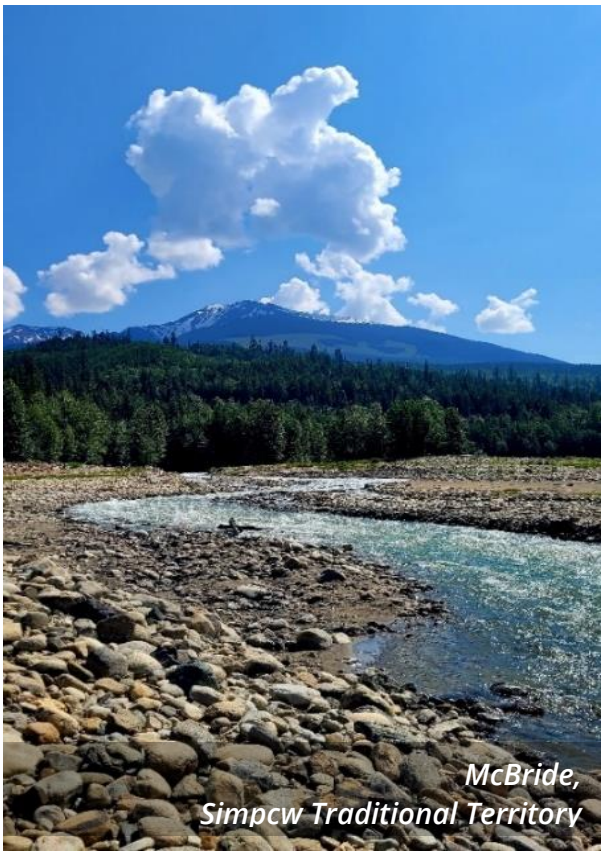
Many community representatives described an environment of uncertainty during the early days of the pandemic caused by the conflicting information shared on social media, TV, and news outlets. People lacked basic information on the pandemic, and on how to best protect themselves and their families from the virus. Even trained health staff lacked knowledge of how to practice their work under the circumstances.

"What I personally noticed is this pandemic brought in a lot of fear, and it wasn't necessarily justified itself. You are now scared to be around people, scared that your normal safety measures were no longer of value."

First Nations communities in the Northern Region came up with a range of innovative approaches to address misinformation, anxiety, and fear. Communities mobilized resources; coordinated information-sharing with the FNHA, Northern Health, and the BC government; obtained information from trusted sources; and communicated clear messages to community members. One contributor described how health staff joined efforts to share information:

"What I really appreciated was how people connected [...] Right away, one of our physicians took the lead and gathered us together - pharmacists, nurses, on-reserve, off-reserve."
Lucille Harms, Health Director, Haisla Nation

"We teamed up with Northern Health and had weekly Zoom meetings. We strategized about information sharing and what was going on in our communities."


McBride, Simpcw Traditional Territory

To spread information about the pandemic, and inform members of how to protect themselves and their loved ones from the virus, communities organized information-sharing sessions,

shared on social media, sent emails, distributed leaflets, and posted community bulletin notices.

> *"We did community information sessions early on. I think they were quite helpful. You can disseminate information, be it written or social media, but we held some community meetings via Zoom that really helped to prevent misinformation and assumptions."*
> Christa Meuter, Health Director, Gitga'at Nation

A community nurse described translating key messages into local Indigenous languages to better inform Elders about the pandemic and strategies to protect themselves:

> *"Our Health Director, our community leaders had the Elders discuss the importance of vaccination and what COVID was, in the Dakelh (ᑕᗸᐦ) South Interior language and also in English. We also posted it on Facebook to have community members and region to view."*
> Tia Bunnah, Registered Nurse, Lhtako Dene Nation

Along with regular information campaigns, community health staff ensured that regular health and wellness services were available and responded to questions about the pandemic.

> *"Continuing the wellness and support [...] so that fear was not constantly there, we tried to get peace of mind back to our community that we are going to be okay, on top of all the fear we provided wellness supports and continued all our events as much as we could for at-home activities."*

IMPROVING TESTING AND NOTIFICATION

Communities worked in partnership with the FNHA and the BC Government to overcome privacy legislation barriers that prevented communities from receiving positive case notifications. Health staff also developed contact-tracing protocols that preserved community member anonymity, while supporting the self-isolation of individuals potentially exposed to COVID-19.

Community representatives noted that a key challenge during the early stages of the response was the lack of information on positive cases in the community. BC privacy legislation prohibited the disclosure of personal health information, which created challenges around sharing information about positive cases with community health staff and leadership. The issue was addressed through the establishment of information-sharing protocols that ensured communities were able to receive information about positive cases without the disclosure of personal and private information.

Health staff described that some community members experienced stigma when sharing positive test results with family and friends and reporting a potential exposure. To address this, health staff in one community established an anonymous contact-tracing protocol where

individuals were notified about a potential exposure, and offered testing and isolation advice, without disclosing the identity of the infected individual.

> *"When we had someone that came in COVID positive, immediately we asked them 'Do you need support to contact people who you were in contact with?' And the answer was always 'Yes.' The stigma around COVID was the fear of telling someone that you had COVID. [It] was first and foremost your responsibility to share with your close friends and your circle. [This way] you don't have to share [the information yourself], but we can generate a list to contact these people for you and say you've been in contact with someone that's COVID positive. We won't share the name. And having our health representative ask 'Are you vaccinated? Are you high risk?', you know, all those things. We helped generate that conversation in a holistic safe way so that we kind of did those interventions and those preventions steps in between."*

Rural and remote communities in the North experienced significant delays with accessing COVID-19 testing and receiving results. These challenges were later overcome through the implementation of community-based testing equipment in some communities and the adoption of self-administered rapid tests.

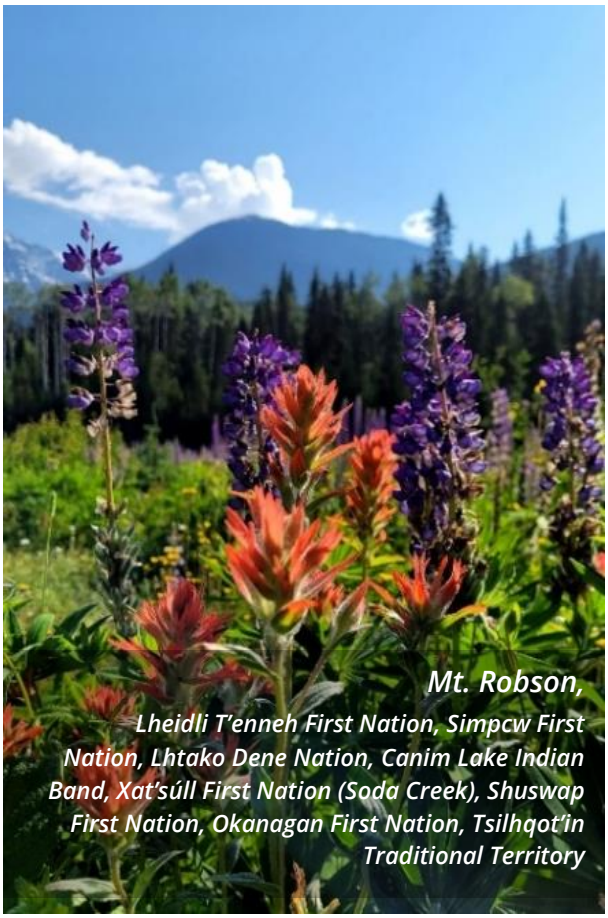
Contributors described that it took several days to weeks for communities in the Northern Region to receive test results. These delays were a significant barrier to timely community health response efforts aimed at preventing further viral spread. Some of the more remote and isolated communities, such as Nisga'a First Nation and Gitga'at First Nation, received in-community COVID-19 testing equipment. The equipment significantly increased their testing capacity, reduced barriers to testing, and improved turnaround time for test results. Later on, communities also received self-administered rapid tests. One contributor identified the rapid tests as a key priority for rural and remote communities in any future pandemic response:

> *"It's been a great asset to the community to have that [...] testing so easily available. Another community was doing it out of health centres, as well as the rapid tests, so that was a very positive thing."*

SUPPORTING SERVICE CONTINUITY

The pandemic exacerbated the accessibility barriers that Northern rural and remote communities face. The introduction of virtual health services, including the First Nations Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Service, supported service continuity for communities. A positive outcome of the transition to virtual services was the ability to better serve members living urban and away-from-home, who had previously been unable to access community health services such as prenatal care. To respond to the increased demand for emergency transportation, communities mobilized personal and business vehicles to transport patients to hospitals. Many communities stood up other innovative solutions. Stellat'en First Nation employed drone technology to deliver essential supplies, and the Skidegate Early Childhood Development Center developed virtual engagements for children who were unable to attend daycare.

Many community representatives described introducing virtual health services to facilitate access, support service continuity, and help prevent viral spread. All contributors agreed that virtual health services were one of the most important aspects of their work during the pandemic response. Most health care services (e.g., counselling, doctor appointments, mental health and wellness) were able to be delivered online. As an added benefit, virtual health services enabled communities to expand coverage to their urban and away-from-home members. The FNHA's First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Service helped offset significant barriers to timely access, particularly for the most rural and remote communities.



Mt. Robson,
Lheidli T'enneh First Nation, Simpcw First Nation, Lhtako Dene Nation, Canim Lake Indian Band, Xat'súll First Nation (Soda Creek), Shuswap First Nation, Okanagan First Nation, Tsilhqot'in Traditional Territory

"We created the Virtual Doctor of the Day Program, and the Addictions Medicine and Psychiatry Program. We have a standard number that a community member can call. They are greeted by a medical office assistant and the patient is then seen that day. Some communities have little or no access to closer to home or in-community care. There are also systemic challenges around racism, and the ability to travel to different locations. Creating the First Nations Virtual Doctor of the Day created an opportunity to reduce barriers and increase timely access to care."[6]
Megan Hunt, Former Executive Director, Primary Healthcare and eHealth, FNHA

"One of the strengths was creating virtual support. Whatever we have in person we set up virtually, so by private invitation, if they register, they can attend everything that we have to offer in the comfort of their own home. What this created was an established space for urban members to also join those supports."

Many communities in the Northern Region are remote and require ground or air transportation to access the nearest hospitals. During the pandemic, some communities experienced a shortage of emergency transportation due to heavy demand. Communities addressed the shortage by mobilizing personal or business vehicles to bring COVID-19 patients to hospitals.

"We did our best and we got our company vehicles all set up to transport the COVID patients if the ambulances weren't ready [...]. They were really overworked, so we took the matter into our

[6] https://www.youtube.com/watch?v=Utld_jU8M-c&ab_channel=FirstNationsHealthAuthority

own hands and transported people to Prince George ourselves because that was our primary care for COVID. It was the closest hospital."
Ruby Ogen, Health Director, Wet'suwet'en First Nation

Some remote communities also experienced challenges with receiving deliveries of critical supplies. Beginning in 2020, a partnership between the Stellat'en First Nation, the University of British Columbia, and Drone Delivery Canada delivered medical supplies to the community using a specialized drone. The project facilitated the delivery of medical supplies and COVID-19 tests.[7]

Additionally, contributors commended the staff at the Skidegate Early Childhood Development Center for their innovative care strategies during the COVID-19 pandemic. The Center used social media to engage children through activities, stories, and songs. The centre manager also shared recordings from staff members on Facebook and offered bagged lunches, gifts, and support to families. The staff recognized that children were trying to understand the situation, and made efforts to address their concerns, even though they could not physically attend daycare.[8]

SUPPORTING AFFECTED MEMBERS

Communities came together to organize and distribute food and other necessities to those who were at risk or in need, such as Elders or those who had contracted COVID-19. These initiatives helped strengthen community bonds and ensured that members felt cared for. In remote areas where food security was a concern, communities were able to negotiate better prices for bulk food purchases and have them shipped to the community via barge.

The quarantine, self-isolation, and stay-at-home orders made it challenging for many community members, particularly Elders and individuals who had contracted COVID-19, to obtain basic supplies. To address this challenge, many communities packed and delivered COVID-19 support boxes and Meals on Wheels to members. The boxes included food, groceries, medication, cleaning supplies, humidifiers, games, and, in some instances, cigarettes, and small volumes of alcohol. One contributor described how they accommodated the needs of all family members when distributing care packages:

"We tried to not only care for the individual who was ill but also the other members of the family. If we knew there were children or adults, we would also provide puzzles, games, colouring books; things to entertain folks to try, to keep them at bay."

[7] https://bc.ctvnews.ca/drone-program-for-delivering-medical-supplies-to-remote-b-c-first-nation-takes-flight-1.5628457
[8] https://www.haidagwaiiobserver.com/community/skidegate-daycare-staff-recognized-for-finding-creative-ways-to-provide-care-during-covid-19/

Contributors described that assisting at-risk members helped to strengthen community bonds, and made people feel taken care of during difficult times.

"It was really key to helping people feel like they weren't alone. Having people dropping off food and acknowledging that they were there, and they were being thought of, was a real good message that went out in the community at the time."

To help address food security challenges, some remote communities were able to negotiate lower prices for bulk food purchases and have it shipped to the community.

"Our community was able to do a huge bulk order and get it barged into our community to give people basics during that time."
Christa Meuter, Health Director, Gitga'at Nation

Manuel Johnson, #VaxChamp
Burns Lake Indian Band (Ts'il Kaz Koh)

MAINTAINING COMMUNITY CONNECTIONS

Communities organized virtual or outdoor gatherings, including dinners, movie nights, holiday celebrations, parades, and drive-throughs. These safe gathering spaces facilitated connections among members and helped to maintain their health and well-being. Some of these gatherings involved clinicians and medical staff who provided advice and support to members.

Community representatives shared many examples of innovative virtual gatherings and celebrations organized by members and staff to provide support, exchange information and knowledge, and facilitate community connection and wellness. Examples included virtual dinners, movie nights, Zoom bingo, online sales, and auctions.

"We would host family movie nights. We would bring in dinner into the community and popcorn, and treats. You know, pick a movie for the community to watch and that was our movie night. It was a way to gather within your household with your family, but also have something to connect other families, watching the movie."
Christa Meuter, Health Director, Gitga'at Nation

Communities also developed creative solutions for hosting holiday celebrations, traditional events, and festivities in a manner that prevented further viral spread. For example, instead of cancelling the annual Baby Welcoming Ceremony, the health staff at the Saulteau First Nation

provided gift cards, made quilts and moccasins for each baby, circulated games, and awarded prizes. These efforts ensured that new families had the supplies and support needed during such a difficult time.[9]

> *"It was important for our health teams to continue to do the things that they always did around special events, like Mother's Day, Easter, Father's Day, and Christmas. So they started to get creative with their methods of providing services. We would do drive-thru Mother's Day breakfast or drive-thru Father's Day brunch. They would do a Christmas parade and sing carols, and drop off goodie bags for the kids. That happened for Christmas, Halloween, and Easter. Just little ways so that there's a little bit of positivity in our communities. It was really important for our staff too, that they were able to do that for the members."*

To sustain connections and promote wellness while maintaining physical distancing, some communities organized safe outdoor gathering spaces. Health professionals often joined these events to offer support to those in need. For instance, one community health worker described providing health services in a gazebo they constructed:

> *"We had a campfire and brought in a mental health clinician... It wasn't a mental wellness workshop or an addictions recovery workshop, it was 'come join us for tea while social distancing.' But we would have topics. The mental health clinician, child and youth mental health [caregiver], and someone that does OAT [opioid agonist therapy] therapy came. We had a specialist that talked about diabetes, [we] talked about traditional wellness and ceremony. We did all kinds of ways to provide those outdoor, safe, healthy conversations. And grief and loss, that was a big one that was at the fire."*

HONOURING LOSSES AND ACKNOWLEDGING SACRIFICES

After the COVID-19 restrictions were lifted, community members came together to honour those who had passed away during the pandemic. Funerals, memorials, and other cultural practices provided an opportunity for members to address their unresolved grief and find support in their healing journey.

For more than two years, the pandemic restrictions prevented large gatherings from taking place. [10] This meant that community members were unable to properly bid farewell to their loved ones who had passed away. Contributors pointed out that the friends and family members of those who passed away during the pandemic have experienced unresolved grief and survivor's guilt.

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[9] https://www.saulteau.com/publications-and-resources/newsletter-archive/march-2021-newsletter/viewdocument/104

[10] 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 B.C. lifted most of the long-term restrictions.

"It was very difficult in the moment to practice cultural traditions when somebody passed. It's something that our community is still working on to fully address and heal."
Christa Meuter, Health Director, Gitga'at Nation

One contributor provided a detailed description of how the restrictions on cultural and funeral ceremonies affected the health and well-being of community members:

"We weren't allowed to have wakes or burials and Potlatch. A lot of those that did pass away of COVID had to be cremated. It affected a lot of community members then, and it still affects them right to this day that they weren't able to lay their loved ones to rest in our cultural way, and to have a proper Potlatch."


Prince George, Lheidli T'enneh First Nation Traditional Territory

Since restrictions were lifted, communities have organized various cultural events, including name giving ceremonies, funeral services, and feasts. These events have served as a way to honour and pay respect to those members whom they were unable to honour previously.

The communities' pandemic response was successful thanks to the tremendous efforts of community leadership and health staff. The response entailed a lot of personal and professional sacrifices from teams who worked long hours for months at a time under difficult circumstances.

Before the pandemic, health staff in most communities were already overwhelmed with work and responsibilities. The pandemic almost tripled their workload.

"It was very, very hard to just do my regular job of Health Director, and doing that [pandemic work] at the same time."
Christa Meuter, Health Director, Gitga'at Nation

A community counsellor noted that health staff continued to deliver services despite fearing for their own health and that of their families:

"None of us were mentally prepared for that at all and yet I've witnessed and seen numerous people step up—nurses, doctors, leaders in the communities—to continue to try to provide the services and even though they had fear in mind for themselves and their families."

First Nations in BC were already overburdened with the toxic drug public health emergency prior to the pandemic. During the pandemic, the number of toxic drug poisonings increased significantly. One community health staff member described how responding to multiple public health emergencies simultaneously affected their workload:

"Along came the opioid crisis with the pandemic, and we had to deal with them at the same time without any support or services open to the public. That put a huge stress on our health care facilities with no staff. You know, there is a lot of staff that chose not to continue to work and that was an option for them. I know in our community it was an option for those who were vulnerable to the sickness, that they were able to be laid off. That put us in a shortage of workers, and then we detoxed people at home, [but] trying to provide the mental health supports for them was very difficult, [and] we had a lot of overdoses in our community."

"With COVID, there were no treatment centres, they were all shut down. Detox—everything was so hard."

Working under difficult circumstances for an extended period affected the health and wellness of staff, and resulted in burnout as life was starting to normalize.

"There were times when we were working for a period of 10, 12, 14, 16 hours a day, delivering food, delivering care packages, figuring out the care packages, trying to get them to manage through the symptoms, checking on them every day"

"I found that I had a lot of staff that after the pandemic, when things start to go back to normal [...] were very burnt out, because they just gave and gave and gave, and then there was just nothing left to give."

Contributors also discussed how their work during the pandemic created challenges in their personal lives and affected their families:

"You get into a focus mode. I mean I have my son living in my house saying, 'Are you going to stop work already, mom? You've been at this since 6:00 this morning.' And then, [you] do actually get to the point where you realize, 'I've got no more to give, and whatever I'm giving is not good anymore.' It's a pretty harsh reality for people to have to take."

Together with contributions from Chiefs, Health Directors, Health Leads, Elders, and Knowledge Keepers from First Nations communities in the north, the Northern Region of the FNHA produced a documentary called "The Northern Response", which is available on YouTube.[11] The video recounts the communities' challenges and showcases their strengths and perseverance in responding to the pandemic.

[11] https://www.youtube.com/watch?v=Utld_jU8M-c&ab_channel=FirstNationsHealthAuthority

FNHA Northern Region
Screenshot from The Northern Response documentary on YouTube

A memorable quote from the documentary was shared by a nursing advisor:

> *"I remember when I was bringing the vaccine to the community, there was someone staying outside and they were really hesitant [...] They were able to come in, I provided them with some education and we sat down together. I think it was around maybe a 20-minute conversation. After we had the conversation, they came to me to get the vaccine. It was just, you know, the full circle. It was really beautiful just walking into the door and providing them with the vaccine, they were so happy to even just grab the Yeti cooler that had the vaccines in it, then get bannock on the way in, and we gave out goodie bags. We had so much positive feedback from our clinics"*[12]
>
> Jadyn Koldeweihe, Former Nursing Advisor for Chronic Conditions, FNHA, Tsimshian First Nation

MAINTAINING TRADITIONAL AND CULTURAL PRACTICES

Community members relied on traditional wellness practices, traditional medicines, and land-based activities for support during the pandemic.

Traditional wellness—which encompasses traditional medicines, practices, approaches, and knowledge—played a critical role in the spiritual, mental, and physical healing journeys of many communities, helping them connect with their land and traditions. Contributors explained how

[12] https://www.youtube.com/watch?v=Utld_jU8M-c&ab_channel=FirstNationsHealthAuthority

the pandemic brought renewed attention to traditional healing practices, particularly traditional medicine. They described preparing and using teas made of various flowers and burning different types of wood that have spiritual meanings and antimicrobial properties.

"During the pandemic, a number of community members came forward and prepared traditional medicines. Balsam teas with other medicinal plants mixed with it. We found that it was one of the best medications that we could provide to all community members. I am living proof that the medicine works, and it works extremely well. I suffer from COPD [Chronic obstructive pulmonary disease] and after I started taking the medicine I can breathe like a lion and sleep like a baby, so I think that is important that we pay attention to traditional knowledge."

One contributor described reaching out to Elders and learning about the traditional wellness practices that worked well during the 1918 influenza pandemic:

"I also found it so important to listen to the Elders [...] I was able to reach out during this time to some of our Elders about the traditional medicines. Now we know Balsam, of course, it's good for pneumonia. That's all researched and everything, but our people were using it, in our medicine."
Lucille Harms, Health Director, Haisla Nation

In some communities, members prepared traditional medicines and distributed them in the community, while other communities prepared the medicine as part of a cultural event. One representative described how they created a system through which family bubbles would go out on the land to collect their medicines:

"We would take family households out on the land. Being able to give back to community and being part of making that medicine for their own household was really meaningful. They didn't prepare medicines for other households, but they did it for their own immediate family, and that was really meaningful."

During the pandemic, some community members began spending more time on the land and engaging in land-based activities. Contributors described how families spent time outside engaged in ice fishing, berry picking, hunting, gathering medicine, or just enjoying the outdoors.

To encourage time outdoors and give families access to gardening spaces, Saulteau First Nation divided their community garden into personal plots. In another community, one contributor described how the health staff started delivering land-based programming as soon as family bubbles were allowed to socialize:

"We took advantage of that six-per-group gathering rule and we took them out ice fishing or we took them out medicine picking, berry picking, fishing, hunting, all that type of stuff. We made sure we still provided the programs and services to our people in that way."

Another contributor shared how engaging in land-based activities on their traditional territories during the pandemic had healing effects:

"It's a healing process. It's away from the people, so I'm comfortable with bringing my kids out doing hunting or gathering medicine or just spending time out in the territory."

Community leaders and health staff emphasized the important role that traditional wellness practices play in promoting spiritual, mental, and physical healing.

Cody Leanne, #VaxChamp Skidegate, Haida Gwaii

Involving Elders, and receiving their blessing, provided health staff with the additional strength and stamina needed to work under difficult circumstances. As described by one contributor:

"We had our Simoogit come and speak and pray [...] so that was a really good event. I can't describe how the feeling was, but it felt really good that we had that support from our hereditary leadership, who were also very [much] a part of our emergency operations committee."

One community used the pandemic as an opportunity to review all of their services and programming from a traditional wellness lens, and integrate traditional methods into the ongoing delivery of western-style services. A community representative described the process:

"We took it as an opportunity to [...] really decolonize the western ways of knowing, and [ask ourselves] 'How do we bring traditional cultural and ceremonial wellness into our facility?' And, 'How do we create meaningful conversations and programs, and services, around holistic wellness?'"

CONCLUSION

First Nations communities in the Northern Region experienced significant adversity during the COVID-19 pandemic, which was exacerbated by the ongoing impacts of colonialism and the region's geography. Many of the Northern communities are remotely scattered across vast distances and have limited access to services. During the pandemic, community members traveled long distances under bad weather conditions in personal or business vehicles to transport patients to hospitals. Challenges associated with timely access to test results were later overcome through implementation of community-based testing equipment and self-administered rapid tests. In rural and remote areas, rapid tests are now considered a priority for future pandemics. Communities' diverse pandemic response efforts were innovative, thoughtful, and tailored to meet each community's unique context, needs, and strengths. Leadership, health staff, and community members maintained perspective on the importance of kinship and connection, land-based healing, and traditional medicines, ceremonies and practices to support wholistic wellness and healing. Despite the tremendous adversity, communities gained valuable learnings about communicable disease infection prevention and control planning, communication strategies, and reclaiming traditional wellness practices and medicines. Through creative innovations, communities supported food security, provision of essential supplies during emergencies, and the continuation of health services using virtual health services. The wisdom gained, and adaptations and innovations stood up during the pandemic, will help communities in the North to overcome future challenges.

APPENDIX

METHODOLOGY

The FNHA Evaluation Team facilitated three virtual focus group discussions with First Nations communities' leadership and health leads/staff in the Northern Region between November 15 and 17, 2022. All communities were invited to participate in the Northern Region focus groups or provincial focus groups held on December 6 and 8, 2022, or to provide written input through email, an online survey, or by phoning a member of the FNHA Evaluation Team.

The discussion groups were organized by sub-region, and planned in consultation with the FNHA Northern Region engagement team to support appropriate timing and format. Discussions took place on 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.

Discussion questions were as follows:

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 24 community representatives contributed, including four from the Northeast, six from Northwest, and 14 from North Central. Contributors included two Chiefs, 14 Health Directors/Leads, four Community Administrators, two Health and Wellness staff/clinicians and two individuals with unknown roles.

Table 1. Focus Group Contributors

Sub-Regional Discussion	Date	# of Contributors
Northeast	November 15, 2022	4
Northwest	November 15, 2022	6
North Central	November 17, 2022	14
	Total	**24**

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.