



CONNECTING TO CULTURE: SUSTAINING OUR WELLNESS

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

Kwakwaka'wakw Traditional Territory

VANCOUVER ISLAND REGION

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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 43 dedicated Chiefs, Leaders, Health Directors and community health professionals in the Vancouver Island Region between February 15 and 23, 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:

Chief naasʔaʔuk (John Rampanen) ʕaʔuusʔaʔ (Ahousaht Nation)

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Jessie Jim, Director of Health, Songhees Nation

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Tami Compton, Health Manager, K'omoks First Nation

EXECUTIVE SUMMARY

FINDINGS

Coast Salish, Nuu-Chah-Nulth, and Kwakwaka'wakw First Nations families demonstrated kindness, kinship and collective strength while responding to the COVID-19 pandemic. Community leadership, health, and administrative teams stepped up to provide support for community members, and communities came together to support one another. Partnerships with the FNHA, service partners and local businesses helped meet members' needs. Some community representatives have suggested that the supportive and collaborative community mentality has continued after the restrictions were lifted.

Communities took action to prevent viral spread by encouraging members to stay home, closing communities to non-members, providing delivery services for groceries and essential goods, adapting community vehicles for safe transportation, and distributing personal protective equipment and sanitization supplies. In one community, members worked together to produce and distribute homemade hand sanitizer.

Strong communication and collaboration with partners, including the FNHA and Island Health, supported communities' successful response efforts, including vaccine delivery.

Through their collaborative pandemic responses, communities gained valuable skills and experience and enhanced their emergency preparedness plans and protocols. The skills, experience and knowledge gained will empower communities in terms of preparedness and response to future emergencies and challenges. Communities are also leading research to understand the impacts of the pandemic on the health and well-being of their members.

Community leaders and health teams collaborated to send timely, clear and strength-based messages to inform and empower members to be safe. Communities used various communication channels, including social media, newsletters, virtual billboards, phone calls, printed handouts, and designated household contacts. To encourage readership, one community incorporated intentional errors in their newsletters and had door prizes for those who could spot them.

The introduction of community-based testing equipment and, later on, self-administered rapid tests helped to support timely and culturally safe testing. The potential for broader application of in-community testing devices will likely have lasting benefits for communities.

Communities supported service continuity by adapting health programs to include virtual delivery and in-person services with safety measures. Health teams went above and

beyond by providing additional mental health and wellness services to address the heightened demand caused by the pandemic and other concurrent crises.

The pandemic disrupted supply chains and created food security challenges for some communities on Vancouver Island. Communities supported access to food for their members by buying in bulk and setting up community distribution centres. Many communities also promoted food sovereignty through traditional hunting, fishing, and gathering as well as setting up communal and family farms. Communities assisted their members living away-from-home with alternative forms of financial aid to support access to food.

Community connections were sustained, and members' wellness was supported, through virtual or outdoor community gatherings, scavenger hunts, book clubs, cooking shows and other activities. Youth showed initiative by entertaining community members through comedic video posts and online cooking shows.

COVID-19 restrictions on gatherings meant that communities were unable to gather and honour loved ones who passed away. Residential school findings mid-pandemic contributed to additional grief and trauma. Since the lifting of restrictions, communities and community members have come together and held funerals, memorials, and other cultural activities to honour losses and support healing.

The communities' successful pandemic response was made possible by the dedication of community leadership and health staff. Community leaders and health staff made many personal and professional sacrifices, working long hours under difficult circumstances and often experiencing exhaustion and burnout. Community leaders supported health staff through training, healing workshops, and gestures of appreciation for their hard work and sacrifice. Ongoing support for health staff is needed.

Culture, language, and tradition helped to sustain wellness and protect against the negative mental and emotional impacts of COVID-19. Health teams and families engaged in gathering, producing and distributing traditional medicines. Communities held virtual Potlatches, organized drumming circles, and engaged in song and dance outdoors. There was increased interest in First Nations language classes, with some members using their time at home in isolation to participate in online language learning. Ceremony and culture were also incorporated into health services, with cedar brushings, song and prayer used at vaccine clinics. Traditional stories of First Nations communities' experiences of previous pandemics were drawn upon for wisdom.

CONCLUSION

Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw families harnessed their strong connection to kinship, culture, traditional knowledge, language, and community to sustain wellness during the COVID-19 pandemic. Communities demonstrated their core values of

supporting all members, including those in community and away-from-home, by promoting mental health, food security and sovereignty, and well-being. Despite the numerous challenges experienced during the pandemic and concurrent emergencies, communities strengthened ties among members and garnered valuable insights to navigate future events or other challenges. These insights included emergency planning and response, incorporation of traditional knowledge, culture and ceremony in health care, language revitalization, community-based testing infrastructure, and food security and sovereignty initiatives.

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

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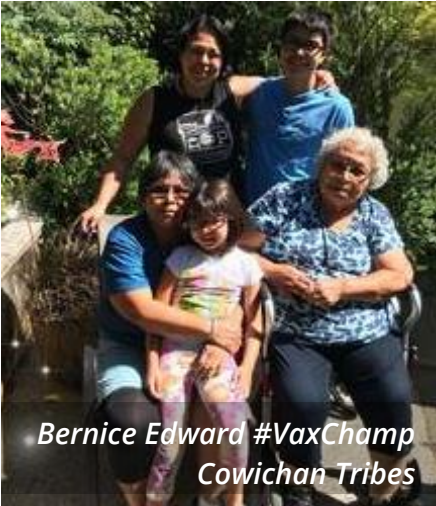
Trigger Warning

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 43 Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw contributors, organized into themes.

SUPPORTING ONE ANOTHER



Coast Salish, Nuu-Chah-Nulth, and Kwakwaka'wakw First Nations families demonstrated kindness, kinship and collective strength while responding to the COVID-19 pandemic. Community leadership, health, and administrative teams stepped up to provide support for community members, and communities came together to support one another. Partnerships with the FNHA, service partners and local businesses helped meet members' needs. Some community representatives have suggested that the supportive and collaborative community mentality has continued after the restrictions were lifted.

Community leaders, members and health teams collaborated to sustain their wellness as well as that of their families and other community members. Contributors noted that the pandemic strengthened sentiments of community and togetherness among some members. They provided examples of members helping one another and demonstrating kindness and compassion. Another contributor suggested that the more supportive, collaborative community mentality has continued after the restrictions were lifted.

“I think it’s an eye-opener that we need to look after ourselves, we need to look after each other, work together as a community, as a team, as a unit, as one.”

Jen Nelson, Health Director, Quatsino First Nation

“There used to be a time where people would just help people for no reason but just to help them and I think that’s something good that’s come out of this because that is still happening today.”

Jessie Jim, Health Director, Songhees Nation

“Look at all of the responses that our departments did for our community. It took all of our departments working together—our housing, our administration, our IT, of course, our health centre, education—all of us came together to support our community as best as we could. It was incredible coming together, I was hearing everybody else sharing, it was great how we came together to work together. I think we’ve become stronger for that and more departmental collaboration.”

As an illustration of cross-community collaboration, in May 2020, three members of the Tla-o-qui-aht First Nation brought a generous gift of fresh ceremonial ground fish to 'Namgis First Nation. The gift was intended to be distributed among community members who were under lockdown. Members of 'Namgis processed the fish, estimated to weigh as much as two tonnes, and distributed it to 190 households. TFN Seafoods, a business owned by Tla-o-qui-aht First Nation, covered the expenses for the gesture. The gift was greatly appreciated by the 'Namgis community and lifted their spirits. Members of 'Namgis sang, danced, and felt honoured by the gesture, which demonstrated the traditional value of helping community members in need.¹

“We were just trying to help out another Nation that has been hurt pretty hard by the virus. We were just helping out a community that needed some help.”²

Chief Moses Martin, Tla-o-qui-aht First Nation

“This is real old-time stuff making that kind of gesture. We’re filled with gratitude. Everybody was extremely happy with what they did for us. This is really an awesome

¹ <https://hashilthsa.com/news/2020-05-13/tla-o-qui-aht-fishermen-deliver-indigenous-community-stricken-covid-19>

² <https://hashilthsa.com/news/2020-05-13/tla-o-qui-aht-fishermen-deliver-indigenous-community-stricken-covid-19>

thing and it goes back obviously to being traditional people. In our tradition, you help people that need help.”³

Chief Don Svanvik, ‘Namgis First Nation

Communities appreciated the response and support provided by Health Directors, decision-makers and partners during the pandemic. They also acknowledged learnings gained from other communities that helped them to support their members during challenging times. As well, community members appreciated funding received for food box programs to feed vulnerable members of the community. These food boxes lowered the risk of exposure to the virus by limiting the need to leave the community during the height of the pandemic.

“[It’s] key to know that there is support coming from a level where there are health directors and [...] decision-makers that sit at the table to be able to put motions forward. Because FNHA, they listen to the voice of the community, and I think the voices were heard and felt.”

Communities also greatly appreciated the assistance they received from the FNHA and Indigenous Services Canada in the form of gift cards and distributions of various types of seafood:

“[With] the price of food nowadays, our whole Nation really appreciated—there were a lot of thanks on our page. They also put it into their Christmas distribution as well so that helped out majorly for Christmas dinners. The gift cards really helped out a lot. With our Nation, we also [...] distributed out prawns, clams, halibut, sockeye, and that really helped out as well. We just got a food thing there a couple of weeks ago, crabs and prawns again, so everybody really likes food distribution.”

PREVENTING VIRAL SPREAD

Communities took action to prevent viral spread by encouraging members to stay home, closing communities to non-members, providing delivery services for groceries and essential goods, adapting community vehicles for safe transportation, and distributing personal protective equipment and sanitization supplies. In one community, members worked together to produce and distribute homemade hand sanitizer.

Early in the pandemic, many communities closed to non-members to limit exposure to the virus. Members were encouraged to stay home, and administrative offices were closed to the public. Although these measures initially created confusion and dissatisfaction among

³ <https://hashilthsa.com/news/2020-05-13/tla-o-qui-aht-fishermen-deliver-indigenous-community-stricken-covid-19>

some members, effective communication from leaders and health teams helped members to understand the importance of these decisions for community well-being over time.



"We did do our state of emergency lockdown. Kept our members in our community, as well as those non-community folks out. That was a shock to have to deal with, but with communication to members, it went fairly well."

"One of the issues with our community is we couldn't keep people out. So our focus had to be on how to keep our community in. We shut down our administration office to the general public, but we had the main staff still coming in and working every day on the main programs."

Communities aimed to reduce exposure by limiting trips to urban centres for food and essential supplies. To do this, members combined trips, and some health teams hired designated Community Liaisons or other staff to transport those in need or acquire supplies on their behalf.

"Our challenge was trying to keep people home and away from the city. I think our community did quite well... If there was somebody that had to leave on essential travel, they'd reach out and say, 'Hey, I'm going into Port Alberni. Do you need anything?' We all came together quite well as a community."

"We are lucky to have a home community care vehicle. We purchased plastic safety guards and were able to transport people to and from town for medical appointments and lab work. We hired a community liaison to help us deliver packages, transport patients, do grocery and medication pick-ups, and drop off swabs before the rapid tests being delivered to community. We are about 15 minutes away from town. That was helpful, and I think it was something that people really appreciated."

Jen Nelson, Health Director, Quatsino First Nation

Contributors appreciated service partners for their respectful adherence to community protocols and closures aimed at ensuring the safety of members. One contributor shared how their community received input from members on rules for service partners to follow when they needed to visit and treat members with illness.

"I am happy that [service partners] always phoned, and I connected them with who to get a hold of. Seeing them accommodate the person who couldn't travel was so comforting. It just reassures us about human nature, how, when it comes to compassion, empathy, you know, the works, that we can pull up our socks and do what is compassionate in the

long run. That was the concern that I was having — Are the people going to be respectful of the closures? And they were.”

Health teams provided masks, hand sanitizers, and cleaning supplies to members in isolation, which helped to prevent viral spread in the household. One contributor described members’ collaborative efforts to make and distribute homemade hand sanitizer when the supply was interrupted:

“When there were no sanitizers anywhere, community members from our trailer park, [on] reserve started making hand sanitizer and bringing it up to the [health] office.”

Jessie Jim, Health Director, Songhees Nation

Strong communication and collaboration with partners, including the FNHA and Island Health, supported communities’ successful response efforts, including vaccine delivery.

Community teams acknowledged the valuable support and resources provided by the FNHA, including isolation support, personal protective equipment (PPE), and community-based testing. These resources were instrumental in helping communities overcome challenges related to the pandemic.

“During the COVID pandemic, I was the community health nurse. We could not have delivered our vaccines in the way that we did without the help of the other [W̱SÁNEĆ] Nations. To this day, I am grateful for the communities being trusting of us to come in to deliver their vaccines. So thankful for the other community health nurses and health teams along with Island Health and the FNHA to support us in that experience because it really would’ve been a much different experience if it were just us alone.”



Jackson, #VaxChamp
Nuu-Chah-Nulth

“[...] there was a great responsiveness and flexibility that was in place during the pandemic through the FNHA, through any other health authorities that were contributing. It was really great to see that there was such a system-wide flexible approach that was being made available in real time. You know, I think that’s really indicative of the potential that’s there for us to be responsive, not only to COVID-19 but to other pandemics and other critical issues that we’re experiencing as Indigenous Nations.”

Chief ṉaasʔaʔuk (John Rampanen)

ᑕaᑭuusʔaᑭ (Ahousesht Nation)

“The added supports from FNHA were also very helpful. The isolation supports, the PPE supports, the testing supports, all of those things really helped us get through as well.”

Through their collaborative pandemic responses, communities gained valuable skills and experience and enhanced their emergency preparedness plans and protocols. The skills, experience and knowledge gained will empower communities in terms of preparedness and response to future emergencies and challenges. Communities are also leading research to understand the impacts of the pandemic on the health and well-being of their members.

In response to the pandemic, communities developed and updated their Communicable Disease Emergency Response Plans with support from the FNHA. In addition to existing resources provided by the Community Health and Wellness planning process, First Nations communities utilized a one-time funding stream to respond to communicable diseases, which supported safe re-opening, isolation supports, public health checkpoints, and recovery.

Through the extensive and collaborative pandemic response, Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw communities gained valuable skills and knowledge and significantly advanced their emergency preparedness plans and protocols. Some communities have prepared stockpiles of supplies for future emergencies. Contributors explained that the skills and tools acquired will empower members to tackle or prepare for other issues or emergencies.

“We hope that we never have to deal with it again, but we have so much experience and know what to do and have things ready... Now I would like to have things stocked in our office...It's nice to know that we have the experience that we can deal with it... We are fully prepared and we have such a good team moving forward to deal with whatever we have lying ahead of us.”

“I think about the opioid crisis, and how transferrable some of these skills are that we gained [...] through the pandemic.”

Chief n̓aasʔaʔuk (John Rampanen)
ᑕaᑭuusʔaᑭ (Ahousaht Nation)

“There's an update in our emergency plan, and we have also updated our health and safety plans. [Home safety plans] were really important. We sent out reminders because that is something you always want to have in your home, not just in a pandemic, but in any kind of situation.”

A partnership between the Nuu-chah-nulth Nations and the research team at Nuu-chah-nulth Tribal Council helped protect national identity and sovereignty while advancing research efforts. The project is focused on studying the impacts of COVID-19, and it arose

from the Nuuchahnulth Nations' desire to document and understand the COVID-19 pandemic and vaccine-related experiences. The Nations are leading the project.⁴

"I'd like to speak about a partnership we were developing with a research team at Nuuchahnulth Tribal Council, researching impacts of COVID, and voluntary testing of blood. Everything is voluntary, all the research. Everything is strictly controlled by our Nation's identity and we have been referencing a number of agreements to protect our interest in the process. I think our leadership endorses... It's been a good process. Well-attended by our Nation."

ADDRESSING MISINFORMATION AND UNCERTAINTY

Community leaders and health teams collaborated to send timely, clear and strength-based messages to inform and empower members to be safe. Communities used various communication channels, including social media, newsletters, virtual billboards, phone calls, printed handouts, and designated household contacts. To encourage readership, one community incorporated intentional errors in their newsletters and had door prizes for those who could spot them.

Coast Salish, Nuuchahnulth and Kwakwaka'wakw Families came up with a range of innovative approaches to provide members with the information necessary to make informed and empowered decisions about individual and community safety. Community leadership and health teams developed extensive communication campaigns using social media, virtual bulletin boards, print media (including handouts and newsletters), and phone calls to reach as many members as possible in a timely manner. These approaches also aimed to address misinformation, anxiety, and fear.



*Kwakwaka'wakw First Nation
Traditional Territory*

"We always had printouts of any updates that I would receive from FNHA in regards to the pandemic and where we were at. Anytime that I would do the distribution of care packages for Elders or members, I would add those in. We always kept the community updated in regards to any new information, any health updates which we still try to do now. Anything we had would either go to our communications person, put on the Facebook page, on our Button Bulletin, which is sent out on our main admin office page, as well as print-outs."

Tami Compton, Health Manager, K'omoks First Nation

⁴ <https://www.nuuchahnulthhealthresearch.org/>

Community leaders and health teams thoughtfully crafted their messages to include supportive language, emphasize communal safety, and reiterate the importance of working together to keep everyone safe.

“During the lockdown, we weren’t there as enforcement, instead we provided information that they needed. I think that reminding members to have understanding and open communication was kind of helpful because it reminded everybody to just be kind and calm and be safe. I think it empowered our community to do what they could to be safe.”

Jen Nelson, Health Director, Quatsino First Nation

Health teams worked to find a balance between providing sufficient information to meet members’ needs and not overwhelming them.

“There was the challenge of balancing information and information overload. So, making sure that people got pertinent information with not so much that they just kind of ended up tuning out.”

One community developed an innovative approach for incentivizing readership by purposefully including minor mistakes in the contents of their newsletter. Readers who identified and reported the errors were entered into a draw for a prize.

“We had inserts in the newsletter and a lot of people would say ‘Oh, we didn’t read the newsletter’ or ‘We didn’t get the newsletter.’ What we did to make sure that people would be reading the important information was to make a couple, just minor, mistakes in them. People that would call in to report the mistakes would be entered into a draw to win a prize like a gift card for Save On Foods, so that way we’d know that they were reading it. I think that helped to get the message out.”

Jen Nelson, Health Director, Quatsino First Nation

Quatsino Nation asked members to designate a household contact responsible for receiving weekly updates, providing updates about the household’s well-being and needs, and being available in case of emergency. Health staff would make weekly phone calls to this designated contact person so that they would stay connected and informed.

“What we did in Quatsino prior to the whole shutdown is we called each household to ask who their main contact would be, should anything happen. We had that list, and weekly our team would call the main contact to see if there was anything else we could do for them and how they were managing in general. I think they really, really appreciated that because it felt like they were still connected to the health team.”

Jen Nelson, Health Director, Quatsino First Nation

IMPROVING TESTING AND NOTIFICATION

The introduction of community-based testing equipment and, later on, self-administered rapid tests helped to support timely and culturally safe testing. The potential for broader application of in-community testing devices will likely have lasting benefits for communities.

Early in the pandemic, there were significant challenges in getting timely COVID-19 test results because the samples had to be sent away for processing. This delayed diagnoses and infection protocols. With support from the FNHA and federal and provincial partners, several communities received GeneXpert devices to conduct in-community PCR (polymerase chain reaction) testing for COVID-19, which supported quicker turnaround times and more culturally appropriate testing. The community health nurses were given training and equipment to collect COVID-19 samples from community members and send them for analysis, which allowed for same-day or next-day results.

“I think it [Community-Based Testing] helped our communities feel supported, and like there was a safe option for them to receive testing. Being remote is a very high-risk factor, and this resource went a long way to making sure our communities were supported in a good way that was culturally appropriate and timely.”

“Before we had the rapid tests, our nurses were trained and available to do swabs so we could do testing in community. We would transport the swabs to the lab and members would have their results either that afternoon or the next day.”

The GeneXpert devices have the potential to provide long-term benefits for the communities. They can test for a range of infectious diseases with high sensitivity once they are properly set up and integrated.

Later in the pandemic, health teams provided self-administered rapid tests to community members. In some cases, the rapid tests were available through contactless pick-up at health centres. Despite their lower sensitivity compared to standard PCR tests, the communities found the rapid tests to be beneficial for infection control.

“We had a chair outside [the health centre] for no contact pick up of COVID tests. Tests would go in a paper bag with members’ names on there and sit outside on the chair for pick up at their convenience. It was a really easy way to do that and still provide what we needed for community members. When I would do home drop-offs of the care packages—a bag with masks, gloves, hand sanitizer, tissues, candles, fruit, sweets, cookies, crossword puzzles, Epson’s salt, etc.— I would knock on the door, back up 10 feet, and have a little chat with each member. To keep that connection was important.”

Tami Compton, Health Manager, K’omoks First Nation

“Rapid testing in our community went relatively well...people as soon as they got sick, they wanted a test, and we know that the initial test results we got weren't really accurate until you've had symptoms for three days. So that was one of the issues I had and trying to explain to people that if you test shortly after, it's not going to be effective, and you're going to have to do again...trying to explain to people, you have to wait a couple of days before I can give you a test, because, of course, everyone was so anxious ... Having them and being able to distribute them was a great benefit.”

SUPPORTING SERVICE CONTINUITY

Communities supported service continuity by adapting health programs to include virtual delivery and in-person services with safety measures. Health teams went above and beyond by providing additional mental health and wellness services to address the heightened demand caused by the pandemic and other concurrent crises.

The community health staff made significant efforts to adapt their patient care practices to meet community members' needs while prioritizing safety and complying with the pandemic restriction measures. To maintain physical distancing requirements, nurses reduced personal visits and adapted to delivering services and connecting with clients and other health professionals over the phone and on Zoom.

“We would have monthly Zoom calls with a doctor and a team member from FNHA just to give updates on COVID and where we were at during that time. Our team would have weekly meetings on what we were doing, and how we could improve. We developed a home safety plan which we sent out to every household so that they would know what to do should somebody in their home develop COVID and have to leave and be sent down Island. Who would look after their kids, who would look after their animals, or who would be bringing food.”

When in-person appointments were needed, staff took extra measures to ensure safety. One health director recalled how two staff members continued to see clients even when COVID-19 cases were high by wearing personal protective equipment.

“That is something I'd like to recognize and honour because there are good people out there and they didn't give up on them. Not that the rest of us did, but they still wanted their clients to have that human feeling of being connected to somebody while everybody was being locked up in their homes.”

Jessie Jim, Health Director, Songhees Nation

In some communities, nurses resumed providing certain in-person services with limited personal contact. These services included routine immunizations, pregnancy tests,

screening for sexually transmitted and blood-borne infections, and harm reduction services.⁵

Additionally, a community contributor expressed their appreciation for the clinical counsellors who went above and beyond to meet the needs of community members during the pandemic. They acknowledged the rise in mental health struggles and anxiety among people during these difficult times.

“Our clinical counsellors are really noticing how much people are struggling with their mental health and anxieties. People’s anxieties are tenfold since the pandemic. So it’s just all of these little supports and things that really help and they’re meaningful and we’re really just trying to reconnect.”

The adoption of remote communications, such as regular Zoom meetings, also supported health teams in maintaining contact with each other, with the FNHA, and with other service partners. As new information and updates were received, they informed their respective teams and adjusted their emergency plans. Additionally, the health teams developed and distributed home safety plans to each household, which addressed concerns such as childcare, pet care, and food supply.

“We updated our emergency plan from that experience, and then we also updated health and safety plans. [...] was talking about the home safety plans, those were really important, we sent out reminders because that is something you always want your home to have, not just in a pandemic, but in any situation.”

SUPPORTING AFFECTED MEMBERS

The pandemic disrupted supply chains and created food security challenges for some communities on Vancouver Island. Communities supported access to food for their members by buying in bulk and setting up community distribution centres. Many communities also promoted food sovereignty through traditional hunting, fishing, and gathering as well as setting up communal and family farms. Communities assisted their members living away-from-home with alternative forms of financial aid to support access to food.

As communities started closing to non-residents and encouraging members to stay home, it became



⁵ <https://hashilthsa.com/news/2020-05-04/nurses-adjust-service-delivery-communities-during-covid-19-pandemic>

increasingly difficult for members to safely access grocery and supply stores.

Additionally, some communities, particularly those located in remote areas, experienced challenges with access to food because of disrupted supply chains. To address this, communities came up with innovative solutions to provide members with healthy and nourishing food. Some communities implemented bulk orders from wholesalers and established temporary distribution centres:



Hupacasath First Nation
Community Farm, Facebook

“Our gym and facilities were all closed, so we could do huge food orders through Cisco and Costco and we had community food distributions. We had a team of volunteers for organizing the gym and putting hampers together. We created a checklist so community members could come and get what they needed most, almost like how they do it at the food bank. This way we were not giving members and families things they didn’t want or would not use, so it was less waste.”

Tami Compton, Health Manager, K’omoks First Nation

“[...] We bought a store on the Island and used that as our whole distribution centre [...]. It was kind of a unique situation where we could get more buying power [...] we could get bulk discounts and we used it effectively during the pandemic.”

Several First Nations also looked to traditional hunting and gathering practices to support food sovereignty, with members gathering foods to distribute within the community. Tami Compton, from K’omoks First Nation, shared that the Guardian Watchmen program of K’omoks First Nation was able to fish and set prawn traps to secure traditional foods for members to supplement their diets.

“We are also fortunate to have a Guardian Watchmen program to provide us traditional foods like halibut, prawns, herring roe, and things of that nature. Which was a great support. Our Guardian Watchman program existed pre-pandemic, and continues on strong today.”

Tami Compton, Health Manager, K’omoks First Nation

“The program changed with the pandemic because they did a lot of on-the-ground, in-town work with the lands. But, during the pandemic, it was easier for them as a small group to go out and do some fishing or set some prawn traps. Things to help keep providing for our community and the food security. Having traditional foods available is such a blessing.”

Tami Compton, Health Manager, K’omoks First Nation

Some communities supported food sovereignty by growing and distributing fruits and vegetables grown in community gardens or by providing gardening supplies to interested members. In some communities, members picked up their fresh produce every week at the garden. In other communities, staff distributed produce from the gardens to households in the community to ensure everyone benefited equitably.



In Hupacasath First Nation, the community garden distribution program was so successful that it was expanded to include non-members who lived in the Port Alberni area.

“We also had our community garden during the summer. Initially, it was everyone on reserve gets a package free every week during the growing season and, during the COVID, we expanded that to anyone living in Port Alberni, even if they weren’t on the reserve they were able to take part in the program.”

“The other initiative that happened on the Island is that every home who wanted a garden box, got a garden box and the soil to put in the garden box, and the opportunity to grow their own fresh vegetables for a period of time.”

Many communities took care to ensure members living away-from-home had access to food. These members received cheques or gift cards for large grocery chains as alternative forms of financial aid.

“In K’omoks, we included our away-from-home members when we did any of the cheque distributions. If we did a food distribution here, we would send the off-reserve or away-from-home members a gift card in-kind. So that they were still included in everything that we did, just in a little bit different manner because you can’t really ship a food box. We would send them either extra money in a cheque form or a gift card of their choice because not everyone has a Walmart or Superstore [...]. We would do mass online orders of gift cards. That was how we tried to stay connected with every single member that we have—on, and off-reserve. We even have some that are in the [United] States, and they received something. We didn’t exclude any members.”

Tami Compton, Health Manager, K’omoks First Nation

Community health care workers created care packages containing essential supplies such as cleaning items, protective gear, medications, and gift cards for groceries. Health teams provided these care packages to households affected by COVID-19.

“When COVID did reach our community, we developed a care package for them, did the shopping and we would have all of the cleaning supplies with masks, gloves, tissue, paper towel, garbage bags, a little garbage container, Tylenol, thermometer. It was like a big tote that was given to each house that had COVID, along with a gift card for Save On.”

Community representatives expressed gratitude for the support that they received from community leadership and health teams, including the care packages and food programs as well as check-ins with Elders.

“Check-ins with the Elders - that was huge, phone calls, food box program for our Elders. Knowing that we had the protective equipment, and knowing that the supports were there for families or people that needed to be isolated. There were food boxes or food programs for that, the community really helped.”

MAINTAINING COMMUNITY CONNECTIONS

Community connections were sustained, and members’ wellness was supported, through virtual or outdoor community gatherings, scavenger hunts, book clubs, cooking shows and other activities. Youth showed initiative by entertaining community members through comedic video posts and online cooking shows.

Community representatives described a variety of events and activities organized by health teams and community members, including scavenger hunts, book clubs and cooking shows, aimed at maintaining community connections and supporting well-being.

“For Family Day, I put out a package for a Community Scavenger Hunt. I went around and took pictures in the community. Together, as a family, they’d drive around the reserve and find these pictures or landmarks. They’d take a selfie with that in the background. Things that they could do as a family, within the community, and within our Nation. It was a lot of fun. Once that was done, they picked up their ‘Family Movie Night’ box with popcorn, butter, popcorn seasoning, Twizzlers, M&M’s and a stuffy for each child to snuggle.”

Tami Compton, Health Manager, K’omoks First Nation

“We started doing things to help community members with their mental health and their fear. We were buying books for community members who wanted to read and start a book club. Plants, so people would hopefully look after them and take their minds off the pandemic.”

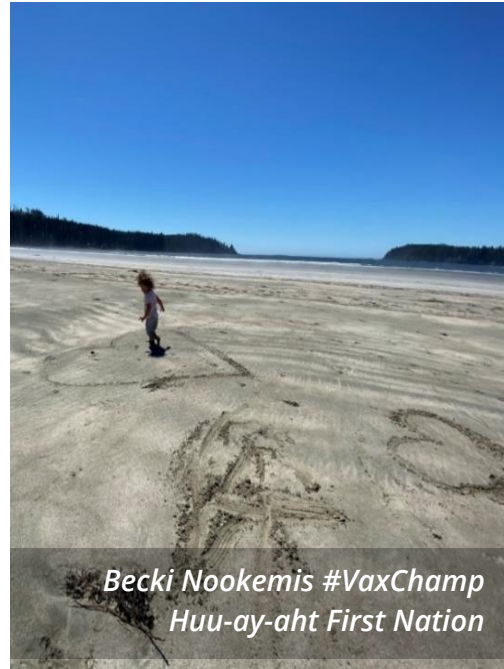
Jessie Jim, Health Director, Songhees Nation

Given the significant impact on youth, communities created dedicated activities to keep them engaged, including land-based healing initiatives. A representative shared a heartfelt story about young people enjoying an outing at a local beach:

"The water was pretty cold but kids went in anyway and [it] took the staff about 10 minutes to get them all out of there. They just wouldn't get out of the water. They just loved the waves."

Youth also entertained members and promoted unity within their communities by creating entertaining TikTok or Snapchat videos, and by broadcasting cooking shows over Zoom.

"We also had youth doing cooking shows and that was very popular, a lot of people tuned in when the youth were cooking and doing their cookie making and bannock making on Zoom. We had people chiming in, I think members who lived up north in the Interior part of BC would also Zoom in from there."
Jessie Jim, Health Director, Songhees Nation



Community members found outlets to remain connected with their family members. Cooking classes on Zoom, in particular, were very popular within the region and beyond.

"We also had cooking classes via Zoom that was very popular, a lot of families would sign up and cook together as a family, the youth were very interested in learning how to cook. We had one member who had just lost a relative and said this was a healing process that he was very thankful for. Everyone that joined said this was an outlet to stay connected with family that they couldn't see on a daily basis"
Jen Nelson, Health Director, Quatsino First Nation

Some communities organized small physically distanced groups that met in person and participated in cultural activities. In one community, a men's group was organized that focused on drumming and creating traditional drums and other crafts:

"I think during the first year of COVID, that's when the men's group started and they were practicing all the safe distancing, they did some [drumming] and they made drums and other things."
Jessie Jim, Director of Health, Songhees Nation

Members held many virtual cultural activities to maintain community connections. One contributor described how one Nation held a virtual potlach:

"It went very well. And I think the other people thought so too. [They] really handled their gift-giving during the Potlatch. They brought it to different people prior to the Potlatch and they just announced who they brought it to so that was something. It just goes to show, with an imagination, people can really do what they want, and when you want to enjoy anything like this."

HONORING LOSSES AND ACKNOWLEDGING SACRIFICES

COVID-19 restrictions on gatherings meant that communities were unable to gather and honour loved ones who passed away. Residential school findings mid-pandemic contributed to additional grief and trauma. Since the lifting of restrictions, communities and community members have come together and held funerals, memorials, and other cultural activities to honour losses and support healing.

Pandemic restrictions on large gatherings were in place for over two years.⁶ As a result, community members were not able to properly say farewell to their loved ones who had passed away. Contributors described the emotional toll of losing Elders and community members without being able to gather, mourn, and follow traditional practices.

“One of the biggest things that we had to go through was suffering losses during the pandemic. We lost Elders, we lost community members, and when you can’t gather, which is what we like to do, it made it very difficult. But we got through it, and now we still have to commemorate some of the losses that we had because people didn’t have the chance to do that, you know, to say their final goodbye when you have a funeral and you only have 10 people allowed when there’s normally 50-100. It makes it very difficult.”

Rose Jack, Community Health & Family Services Manager, Mowachaht/Muchalaht First Nations

“Sadly, as we were going into the pandemic, I lost a brother just before everything started closing down or while everything was closing down. And we weren’t able to gather. It wasn’t just our family that got affected. We had several losses in our community during the time of COVID, so I’m glad that it was raised earlier about what we are going to do for mental health.”

Contributors acknowledged the importance of addressing mental health concerns in the aftermath of the pandemic, as well as the need for further discussions on healing.

“I think that’s going to [be] worth further discussion as we are moving along on how we continue to heal. We also did lose an Elder to COVID, so it was one of the things that really affected us and really made us making sure that we were ahead of the game and always trying to follow the news and follow the information that was provided to us at that time going through this.”

Despite some hesitancy to resume socializing after the pandemic, community members are

⁶ 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.

gradually returning to social activities, including youth-oriented events. These steps symbolize a sense of hope and progress.

“What we’ve noticed after COVID is that we’re just starting to socialize again and the hesitancy to socialize is still there, so kind of recuperating after being isolated during the pandemic. We’ve had a lot of losses, it’s a huge weight on a lot of people. We’re gradually going back to social activities. We had our first indoor tournament in January, we’re going to have another one in March. So those activities that are focused on youth and hope and stuff like that, we’re working on those.”

To bring community members back together after some pandemic restrictions were lifted in 2021, the Nuu-chah-nulth Tribal Council organized a weekly cultural evening of song, dance, and storytelling. This event was initially created in response to the news of the remains of 215 children being found at a former Kamloops Indian Residential School but it continued every week to help communities heal from the difficulties they experienced during the pandemic.

“We had this vision to carry on the drumming circles that had started around the residential school topics, but to include all of the different circumstances our families have faced over the COVID year...just to bring the families out and celebrate by drumming and singing and bringing the community together... the quickest way to healing is through culture.”⁷

Marlo Thomas, Manager of Child and Youth Services, Nuu-Chah-Nulth Tribal Council

Another example of the continued practice of cultural ceremonies during the pandemic was the observance of Orange Shirt Day in September 2020. The Teechuktl mental health team organized a procession in Port Alberni, which included stops at the Port Alberni Friendship Center and the Thunderbird Building. Throughout the event, they sang, made offerings, and distributed packages that included specially designed orange shirts, cedar, and Devil’s club to protect against negative emotions and spirits, all while following COVID restrictions.⁸

The communities’ successful pandemic response was made possible by the dedication of community leadership and health staff. Community leaders and health staff made many personal and professional sacrifices, working long hours under difficult circumstances and often experiencing exhaustion and burnout. Community leaders supported health staff through training, healing workshops, and gestures of appreciation for their hard work and sacrifice. Ongoing support for health staff is needed.

⁷ <https://hashilthsa.com/news/2021-08-03/song-dance-and-storytelling-help-healing-after-pandemic-shutdowns>

⁸ <https://hashilthsa.com/news/2020-09-30/orange-shirt-day-proceeds-despite-covid-19-restrictions>

Some health staff members received bonuses or gift cards as a form of acknowledgement for their efforts in providing care and support during the challenging times of the pandemic. The health staff appreciated the acknowledgment and additional support.

"I know for some of our health staff, because we were really limited, and at the time we were part of KDC (Kwakiutl District Council) Health, those that were working on a regular basis and those that were always there and supporting and putting the care packages they would get a bonus or something of a cheque or a gift card. Just to acknowledge the time that you're putting in. Because I know some days for me, it was like a 12-hour day. You do your work day and then in the evening you're putting together the care packages or you're in the gym putting together the food baskets. And things like that. It was nice to get the acknowledgement and that little extra support for the work that you do."

Tami Compton, Health Manager, K'omoks First Nation, Kwakwaka'wakw

MAINTAINING TRADITIONAL AND CULTURAL PRACTICES

Culture, language, and tradition helped to sustain wellness and protect against the negative mental and emotional impacts of COVID-19. Health teams and families engaged in gathering, producing and distributing traditional medicines. Communities held virtual Potlatches, organized drumming circles, and engaged in song and dance outdoors. There was increased interest in First Nations language classes, with some members using their time at home in isolation to participate in online language learning. Ceremony and culture were also incorporated into health services, with cedar brushings, song and prayer used at vaccine clinics. Traditional stories of First Nations communities' experiences of previous pandemics were drawn upon for wisdom.

Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw families embraced their culture during the pandemic. Individuals, families, and small social circles took to the land to engage in traditional activities, which was an opportunity to spend time with friends and family, keep active, and minimize the risk of exposure to COVID-19.

"I do know that there were a lot of people that were getting out on the land, picking traditional foods, bathing, brushing, those kinds of things. I think that one of our strengths is that we're land-based, and that even though in our isolation, people can still go out and be in nature."

The pandemic further increased the need for, and interest in, traditional medicines. Members continued gathering and sharing traditional medicine with friends and family for medicinal and cultural benefits. Tami Compton described how the Guardian Watchman program of K'omoks First Nation gathered traditional medicines for tea and distributed them among members, along with information packets on how to prepare and use them:

“Throughout the pandemic, and even still today with the cold and flu season, we put together medicine packages. They are available for anybody in the community who is interested in the traditional teas. We put together packages (little paper bags) with all of these medicines together, or whichever [traditional medicine] they prefer with all of the information that goes with it. It has a description of each of the medicines, what the health benefits are, and how much they can consume within a day.”

Tami Compton, Health Manager, K’omoks First Nation

The pandemic led to increased interest among community members in learning Indigenous languages through online classes.

“I was sharing language instruction courses throughout the pandemic. There were a lot of opportunities to engage with people who suddenly had more time on their computer to be part of language revitalization [...]”

Chief n̄aasʔaʔuk (John Rampanen)

ᑕᐱᐱᐱᐱᐱᐱ (Ahousesht Nation)

Many communities integrated ceremony and cultural practices in their vaccine clinics. ᑕᐱᐱᐱᐱᐱᐱ (Ahousesht Nation) welcomed the nurses bringing the vaccines to communities with singing and cedar boughs. Furthermore, individuals who were feeling anxious or hesitant about receiving the vaccine had the opportunity to get cedar brushing.



Cedar Boughs used for brushing at ᑕᐱᐱᐱᐱᐱᐱ (Ahousesht Nation) vaccine clinic

“When we had our vaccine clinics, we also had some Elders and family Chiefs come in and do the blessing of the vaccines before our clinics as well.”

“[...] the NTC (Nuu-chah-nulth Tribal Council) nurses, as they walked up the ramp, there were the traditional welcome, songs, and walking the vaccines to the hall and more ceremonies and chants as they entered the hall, but at the same time as you entered the hall, there were cedar [boughs] around, there were traditional healers who were offering brushing for those who were experiencing anxieties or hesitant but were there at the hall.”

“They had the opportunity to be brushed off before they got the vaccine, and then again, after the vaccine, so there was a really gentle process of receiving the vaccine. When you are talking about the culture, that was like the best thing that I could see in the community, being so open and embracing of this process.”

Another contributor described learning about the experience of Indigenous communities during previous pandemics to draw lessons and improve preparedness for similar challenges in the future:

“We’re starting to look at traditional stories or historical stories of earlier stages of pandemic[s], so measles, smallpox, whopping cough, TB, Spanish Influenza. We’ve gone through a ringer when it comes to these pandemics as Indigenous people. What did we learn from the not-too-distant past? And what have we just learned through this pandemic? There’s possibility of other similar situations in the future and we should be prepared for them. When we trace back all the way, a 100+ years of surviving pandemics, what are the key insights that we’ve learned moving forward?”

Chief n̄aasʔaʔuk (John Rampanen)

ʕaḥuusʔaḥ (Ahousaht Nation)

In 2020/21, artists Hjalmer Wenstob and Timmy Masso from the Tla-o-qui-aht First Nations collaborated to create a performance and healing song in response to COVID-19, which is available on YouTube.⁹



“Looking back, Nuu-Chah-Nulth people and artists worked to record history and events through songs, performances, totem poles and stories. As they were locked down from the COVID-19 pandemic, Tla-o-qui-aht artists Hjalmer Wenstob and Tim Masso knew it was an event like no other that needed to be recorded as a history of today. Bringing together Nuu-chah-nulth language and art, the two collaborated to create a healing song and performance, to highlight and record the global COVID-19 pandemic.”¹⁰

Quote from YouTube video description

⁹ https://www.youtube.com/watch?v=HmCk_njh5Wo&ab_channel=HjalmerWenstob

¹⁰ https://www.youtube.com/watch?v=HmCk_njh5Wo&ab_channel=HjalmerWenstob

Continuing cultural practices was key to upholding the community members' morale. As highlighted by a contributor from the Nuu-chah-nulth communities, cultural practices helped community members feel good during isolation.

"Feeling good is a good medicine when you're isolated so there is always a way that you can make people feel good."

CONCLUSION

Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw families harnessed their strong connection to kinship, culture, traditional knowledge, language, and community to sustain wellness during the COVID-19 pandemic. Communities demonstrated their core values of supporting all members, including those in community and away-from-home, by promoting mental health, food security and sovereignty, and well-being. Despite the numerous challenges experienced during the pandemic and concurrent emergencies, communities strengthened ties among members and garnered valuable insights to navigate future events or other challenges. These insights included emergency planning and response, incorporation of traditional knowledge, culture and ceremony in health care, language revitalization, community-based testing infrastructure, and food security and sovereignty initiatives.

APPENDIX

METHODOLOGY

The FNHA Evaluation Team facilitated three virtual focus group discussions with Vancouver Island Region First Nations communities' leadership and health leads/staff between February 15 and 23, 2023. All families were invited to participate in another focus group held on February 23, 2023, or to provide written input through an online survey.

The discussion groups were organized by cultural family and planned in consultation with the Vancouver Island 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 43 community representatives contributed, including seven from the Kwakwaka'wakw Family, 11 from the Nuu-chah-nulth Family, eight from the Coast Salish Family and 17 from all three families. Contributors included Chiefs, Health Directors/Leads, Community Administrators, Health & Wellness staff/clinicians and other individuals.

Table 1. Focus Group Contributors

Sub-Regional Discussion	Date	# of Contributors
Kwakwaka'wakw Family	February 15, 2023	7
Nuu-chah-nulth Family	February 16, 2023	11
Coast Salish Family	February 15, 2023	8
All 3 families	February 23, 2023	17
Total		43

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.