

# Concerns Expressed by the UBCIC Membership in Relation to COVID-19, & Requests for Advocacy and Recommendations for Policy Reforms

*Submission to:*

*Via:*

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**The Union of B.C. Indian Chiefs**

*“The Union of B.C. Indian Chiefs strengthens Indigenous Nations to assert and implement their Aboriginal Title, Rights, Treaty Rights and Right of Self-Determination as Peoples. The UBCIC works collectively amongst Indigenous Nations in B.C., providing a cohesive voice in support of Indigenous Nations and communities.”*

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## **A. Introduction**

### **1. Content**

The following report is the product of a month-long data-gathering initiative aimed at expanding the UBCIC's understanding of the diverse challenges faced by First Nations' in meeting the existing and emergent needs of their communities during the COVID-19 pandemic. All active UBCIC members were invited to participate in phone interviews – lasting between 15 to 80 mins in length – or to provide feedback via email. 32 members provided direct feedback, with 3 members providing feedback via email only. Refer to Appendix 1 for a spreadsheet containing UBCIC member responses documented via point-form notation.<sup>1</sup> For a list of the questions used to guide these interviews, refer to Appendix 2.

### **2. Background**

This report follows the release of COVID-19 Resource Guide, produced by the UBCIC in partnership with the BCAFN and the First Nations Summit (First Nations Leadership Council, or FNLC), which provides a comprehensive overview of the various sources of COVID-19 related funding, and support services available to First Nations in British Columbia. The Resource Guide offers further information on how to access these various sources of support, including links enabling direct access to relevant webpages offering additional information, step-by-step application guides, and application templates. The funding and support service opportunities outlined in the Resource Guide are specifically geared towards the particular needs of Indigenous communities, businesses, and individuals – including workers, families, parents, children and youth, students, seniors, those with disabilities, and those with mental health concerns – as offered by the Governments of British Columbia and Canada, as well as by private entities.

To ensure that the UBCIC membership extracted the maximum benefit possible from this Resource Guide, Marie-Elise Laforest was contracted to support members in accessing these various sources of support. Over the course of her contract, Marie-Elise Laforest contacted 161 UBCIC members via phone, and/or email when members were unavailable via phone. There were two members for which

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<sup>1</sup> This spreadsheet contains raw data, and has not been subjected to a copy edit. This appendix is intended for internal UBCIC use only.

contact details could not be located (Skatin First Nation, and Kwaw-kwaw-Apilt First Nation), one member who blocked the phone number used for call-outs (Hwilitsum Band), and one member whose line was consistently 'busy' and lacked a voicemail service (Ts'il Kaz Koh First Nation).

While UBCIC members were generally appreciative of the Resource Guide, there were only four members that requested support in accessing sources of COVID-19 funding and support. Marie-Elise Laforest provided assistance locating sources of support beyond those provided in the resource guide: Da'naxda'xw-Awaetlala First Nation, Kwikwasut'inuxw Haxwa'mis First Nation, Witset First Nation, and Yale First Nation. For a complete list of email correspondences related to these requests, refer to Appendix 3.<sup>2</sup> However, there were several (undocumented) instances in which the Breakfast Club of Canada and United Way were offered as a potential source of funding during phone interviews.

Additionally, Marie-Elise Laforest was tasked with conducting interviews with UBCIC members interested in providing feedback on the diverse challenges faced by First Nations' in meeting both the existing and emergent needs of their communities during the COVID-19 pandemic. UBCIC members were informed that these interviews would be conducted in support of the UBCIC's ongoing advocacy work and governmental policy reform initiatives.

## **B. Priority Concerns Expressed by UBCIC Members**

### **1. Health Services**

#### **a. PPE and Sanitation Supplies**

The capacity of First Nations' to offer timely and effective medical and community support services has been significantly impacted by a lack of access to sufficient personal protective equipment (PPE) and sanitation supplies (M95 masks, hand sanitizer, examination and/or surgical gloves, cleaning products and equipment, etc.). Lengthy delays in the distribution of PPE supplies from the First Nations Health Authority (FNHA) and supply shortages have caused the suspension of in-person medical care and in-home support services due to safety concerns. These are serious concerns for seniors and those with pre-existing medical conditions requiring on-going and/or monitored care. These challenges have forced many First Nations to purchase additional supplies to ensure the health and safety of their community members – including home-made, reusable cloth masks.

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<sup>2</sup> This appendix is intended for internal UBCIC use only.

## **b. Testing**

Access to timely COVID-19 testing is a primary concern both for rural First Nations communities, and for those lacking dedicated a community health service. Community members requiring COVID-19 testing due to potential instances of exposure face significant barriers – access to transportation, licencing, lengthy travel requirements, and associated financial burdens – in accessing these services. This means that strict travel restrictions and isolation protocols have had to be implemented within First Nations communities to reduce the risk of exposure. It was frequently reported that First Nations selected dedicated staff to periodically travel into urban centres to bulk purchase essentials. These staff are subsequently subjected to inflexible, 14-day isolation protocols. These unaccommodating measures were also imposed upon community members, often seniors, requiring essential travel to urban centres to receive regular medical care – physiotherapy, chemotherapy, dialysis, etc.

## **c. Pharmaceuticals and Personal Medical Supplies**

The initial disruption of regularly scheduled air and water transport services to rural, coastal communities inaccessible by land transport caused delays in the delivery of prescription pharmaceuticals and necessary personal medical supplies (epipens, inhalers, etc.).

## **d. Technology and Connectivity**

Substandard infrastructure connectivity, particularly in rural communities, has resulted in a myriad of concerns related to both the delivery of, and access to vital health services. First Nations communities commonly rely upon outdated and considerably limited connectivity services which hinder access to 811 HealthLink, 1-888-COVID19, Telehealth, Virtual Doctor of the Day, and other alternative service delivery options. This poor connectivity infrastructure has been a critical impediment to the delivery of alternative service options implemented by community health services due to the ongoing social distancing recommendations. There were frequent reports of limited bandwidth and poor reception causing interruptions in both internet and telephone services. There were also reports of homes without access to these services due to infrastructure gaps or financial limitations. Access to these alternative service delivery options is also a concern for those members – commonly seniors, and those with limited financial resources – without the requisite technologies (computers, house phones, smart phones, tablets, etc.), or technical knowledge necessary to access these services.

#### **e. Health Service Staff and Facilities**

While some First Nations, particularly those located near urban centres, have the capacity to offer adequate medical support to their communities by way of well-established health services, other First Nations do not possess this same capacity. Many First Nations – particularly those in rural locations – rely on bi-weekly, weekly, or even bi-monthly support from visiting nurses and/or doctors servicing multiple communities via outdated and ill-equipped health service facilities. The suspension of these visits (March – June) caused great concern for both seniors, and for those with pre-existing medical conditions requiring on-going and/or monitored care. This was an especially acute concern given the similar suspension of in-person appointments at private doctors' offices.

#### **f. Community Support Services**

It was reported that inadequate access to PPE (masks, examination and/or surgical gloves, etc.), and sanitation supplies resulted in the suspension of in-person and in-home support services due to the risk of COVID-19 exposure. This resulted in a service gap for community support work addressing instances of domestic violence (which disproportionately impacts women and children), child neglect and/or endangerment, and drug/alcohol addiction.

#### **g. Medical Transport**

Of particular concern for First Nations communities inaccessible by road is the additional burden placed upon the British Columbia Ambulance Service's air ambulance service due to the COVID-19 pandemic. In some cases, alternative air ambulance services such as TEAAM were contracted by First Nations to ensure the timely transport of patients requiring emergency medical assistance. This need for alternative transport options has resulted in additional financial expenditures.

#### **h. Isolation Housing**

Many First Nations reported that they do not have the infrastructure capacity to effectively support the 14-day isolation protocols necessary to reduce the risk of COVID-19 exposure and transmission. For those First Nations struggling to meet the on-going demands for safe housing (resulting from the poverty of existing housing infrastructure and population increases), locating appropriate isolation facilities has been an immense challenge. This is of particular concern for First Nations communities in which multi-generational households are common. In these households, close relationships and shared caretaking roles makes maintaining physical distancing and isolation protocols difficult. Seniors

are, therefore, at increased risk of exposure due to the unavailability of alternative isolation facilities following instances of COVID-19 exposure within the family unit. Establishing appropriate isolation facilities has placed an additional financial burden on First Nations, in some cases requiring the renovation and/or furnishing of existing facilities (school gyms, etc.) or the reservation of local motels/hotels/B&Bs. The inability of First Nations to hire and/or contract trades workers due to COVID-19 has further exacerbated the existing housing crisis.

**i. Mental Health, Addiction, and Domestic Violence:**

First Nations commonly reported that the COVID-19 pandemic has resulted in a significant impact on the mental health, and physical wellbeing of community members. Stress over the real/potential effects of COVID-19 on job security and personal/community health both exacerbated and produced experiences of depression, anxiety, and addiction among community members. The implementation of social distancing and isolation protocols have also contributed to declines in mental health due to feelings of loneliness and alienation resultant from the suspension of both family and community events – including mortuary rites and other cultural events. Strict social distancing and isolation protocols (and associated job losses, at-home work models, school closures, and travel restrictions), along with these noted mental health declines, have also intensified instances of domestic violence as families are increasingly confined to their homes, unable to visit friends and family or access family crisis services.

**j. Racism and Discrimination:**

Experiences of unethical, racist, and discriminatory treatment by health care professionals have reportedly caused many First Nations community members to avoid hospital and/or institutional care. These experiences, both past and present, have contributed to general feelings of distrust amongst community members, placing those requiring medical care at greater risk of decreased mental and physical health outcomes. The COVID-19 pandemic has made this an acute concern, while further highlighting the depth and severity of systemic racial discrimination.

**k. Governmental Communication and Processes:**

First Nations reported strong dissatisfaction with (and, in some cases, uncertainty over) the formal process by which critical information – regarding confirmed and potential instances of COVID-19 infection – is disseminated to impacted communities by the provincial government. Chief Don Tom,

Tsartlip First Nation, stated that he had exerted pressure on the Vancouver Island Health Authority to streamline the existing communications process. The Vancouver Island Health Authority currently identifies health directors, health managers, etc. as the primary points-of-contact for First Nations communities, with band chiefs being provided only general information about confirmed or potential instances of infection. One anonymous First Nation expressed that the communications process implemented by Northern Health was largely ineffective. As explained, Northern Health first contacts the FNHA, the FNHA then contacts the community's visiting doctor who, in turn, notifies the First Nation. This causes lengthy delays in the dissemination of vital information which could be used to mount a timely and effective response aimed at mitigating the risk of community exposure.

## **2. Indigenous Community Support Fund**

A general dissatisfaction was expressed by First Nations with respect to the formula used to determine the amount of emergency relief funding dispensed to communities via the Indigenous Community Support Fund. The use of this funding formula – based upon population, remoteness, and community well-being index scores – did not sufficiently provide for the current financial needs of First Nations responding to this unprecedented public health crisis. There were numerous reasons that First Nations felt this formula to be largely inappropriate. It was often expressed that the use of Canada's 2016 Census data to determine current population statistics was ineffectual. These population statistics are significantly outdated given the exponential growth of BC's Indigenous population over the past four/five years. Moreover, the use of simple population data failed to account for the particular demographic composition of each First Nations community, as certain categories of person require different levels of individual and community support – children, seniors, those with medical conditions, those with mental or physical disabilities, and those with mental health concerns (including drug and alcohol addiction).

## **3. Community Isolation and Territorial Jurisdiction**

The primary concern for many First Nations (particularly rural communities, and coastal communities inaccessible by land transport) is an inability to effectively maintain community isolation protocols. Despite the declaration of an official 'state of emergency', and/or the implementation of community isolation protocols by First Nations, there are wide-spread instances of non-members (mainly non-indigenous persons) attempting to gain access to reserve lands and traditional territories

for reasons deemed non-essential, including: day trips, overnight camping trips, hiking excursions, non-subsistence hunting, and the purchase of food/drink and fuel. First Nations reported significant financial expenditures towards the enforcement of community isolation protocols.

First Nations commonly reported purchasing signage and physical barriers which have been posted at community access points. These measures are often insufficient, however, and several First Nations (Gitga'at First Nation, Kanaka Bar Band, Tahltan Band Council, and two other anonymous First Nations) reported instances of difficult encounters with non-members wishing to gain access to, or refusing to vacate community lands. Neskonlith Indian Band expressed concern over instances of theft on reserve lands as perpetrated by non-members. Faced with frequent visits by non-members to community lands, one anonymous First Nation purchased newspaper and radio advertisements to disseminate this important information regarding the closure of community lands to the wider public.

The continuation of resource extraction, industrial development, and tree planting activities is another source of significant concern. Non-members are traveling and lodging near First Nation reserve lands increasing the potential for COVID-19 exposure for community members. According to one anonymous First Nation, license and/or permit holder companies have not effectively communicated provincial/federal protocols to their employees regarding safe operations during the COVID-19 pandemic (mainly that employees are barred from entering reserve lands).

The employment of private security guards, or community guardians (Indigenous Guardians Pilot Program), is the central means by which most First Nations have ensured the health and safety of their communities. Posted at community access points, these security guards inform potential visitors of existing community isolation protocols, and check that those individuals (including members, and essential service workers) both leaving and returning to community lands possess the necessary administrative approvals. For coastal communities inaccessible by land transport, a particular concern is the lack of support provided by Emergency Management BC (EMBC), Indigenous Services Canada (ISC), and the Department of Fisheries and Oceans in funding marine security guards to prevent non-members from mooring at community docks.

While these security guards provide an essential service – preserving the health and safety of First Nations - both EMBC, and ISC have failed to take responsibility for funding this essential service. According to the Tl'etinqox Government (and one other anonymous First Nation), reimbursement funding was made available for only one security guard performing only 40 hours of work. This is fundamentally inadequate to maintain community isolation protocols. The Tl'etinqox Government

reported that an EMBC representative inaccurately stated that there would be funding available to cover the full cost of employing private security guards. The inaccuracy of this information was only revealed after the submission of a reimbursement request to EMBC. This dearth of funding has, therefore, resulted in significant financial burdens for communities, and further represents a fundamental failure on the part of the Governments of British Columbia and Canada to provide for the health and safety of First Nations.

These concerns are a particular challenge for certain First Nations receiving the uneven support of RCMP detachments, municipal police forces, and municipal governments in enforcing these important health and safety measures. For instance, the Tl'etinqox Government reported that their local RCMP detachment claimed a lack of jurisdiction on reserve lands. While a Band Council Resolution (BCR) was passed to allow for the RCMP to exercise policing power on reserve lands, the RCMP provided no support during the initial period of community lockdown. However, First Nations that reported strong relationships with RCMP detachments or municipal police forces noted that community liaison officers were a vital resource in building community trust and promoting cultural understanding amongst local police.

#### **4. Food Security and Access to Essential Goods**

For many First Nations, food security and ongoing access to essential goods is a central point of concern given disruptions to vital supply chains, and both community and individual budget constraints. Supply chain disruptions caused widespread shortages, and/or increases in the price of popular grocery items (especially proteins), toilet tissue, PPE supplies, and vital sanitation products as uncertainties over the potential impact of COVID-19 led to province-wide panic buying. This was a major concern for community members with limited financial resources (including pensioners, and those experiencing pay reductions or job loss due to COVID-19), and those deemed most vulnerable (children, and seniors).

Social distancing restrictions also caused community members to wait for excessive periods of time (in some cases, several hours) in outdoor cues. This was a significant barrier for seniors and those with physical limitations in acquiring groceries and other essential goods (including prescription medication). Social distancing requirements has also prevented members from utilizing carpooling as an effective strategy to ensure that those members lacking the appropriate licencing, or financial, mental, and/or physical capacities necessary for vehicle ownership (especially seniors) have access to

food and essential goods. First Nations utilized various strategies aimed at overcoming these obstacles, while further reducing the risk of COVID-19 exposure for community members.

The bulk purchasing of groceries, and other essential goods – usually in support of hamper programs – is a common method of meeting the basic needs of community members. Rural communities generally rely upon food delivery services, such as that offered by Sysco Canada, to allow for the bulk purchasing of these essentials. First Nations have also elected to cover freight costs to ensure the continued delivery of food and essential goods to privately owned community stores. Overt displays of racism by non-indigenous persons, however, are a barrier to this strategy. One anonymous First Nation reported that staff assigned to the bulk purchasing of these essentials experienced overt expressions of racism resulting in the provision of counselling services to support the mental health of impacted staff. The limitations placed on the bulk purchasing of essential goods by certain retailers, however, also prevented the implementation of this strategy by some First Nations. This also negatively impacted community members in rural locations who rely on monthly/bimonthly bulk purchasing due to the physical and financial burdens of traveling into urban centres.

These vital hamper programs were supplemented (or wholly supported) by existing community gardens and the seasonal harvesting and/or hunting efforts of generous community members. First Nations without hamper programs or community gardens, however, reported that members have been relying on the bulk purchasing of non-perishables which possess lower nutritional values than fresh produce.

First Nations have also provided direct financial support for both existing and newly established meal programs offered via community schools and meal centres. However, these strategies require immense financial expenditures – depleting emergency funds and diverting funds previously allocated for other purposes. While some First Nations were successful in applying to the limited number of funding opportunities available to support food security (including the Breakfast Club of Canada, and the United Way), many are left struggling to find adequate funding. To this end, food banks and breakfast programs administered by local schools are essential in meeting the growing need of vulnerable community members.

Aside from the Indigenous Community Support Fund, there is limited funding available for the bulk purchase of essential goods (including toilet tissue, PPE supplies, and vital sanitation products). Tl'etinqox Government reported that Telus Communications Inc. organized a delivery of paper towel,

hand soap, and hand sanitizer as a form of temporary assistance during the height of the COVID-19 pandemic. Moreover, the only support received from EMBC was a financial reimbursement for \$87.00 worth of bottled water.

## **5. Off-Reserve Membership**

### **a. Funding and Support Services**

Despite a general acknowledgment that Friendship Centres offer much needed support services to First Nations residing in urban areas, there is a common dissatisfaction over the appointment of these institutions as the primary means by which off-reserve members are to receive government funded support during the COVID-19 pandemic. Many off-reserve members are simply unable to access the various support services administered by Friendship Centres or require support beyond that offered by these institutions.

The inability of Friendship Centres to provide direct financial support to members requiring assistance in meeting their basic needs (housing, sustenance, telecommunications, etc.) is a significant concern given that the funding received by First Nations through the Indigenous Community Support Fund was not intended for use in supporting off-reserve members. The suspension of vital social programs – including shelters (catering to youth, women, victims of domestic violence, and homeless persons), meal centres (providing free meals, or meals at reduced cost), and the closure of hostels, motels, etc. – due to the threat of COVID-19 exposure further exacerbated these significant concerns, particularly for homeless members.

First Nations are also frustrated that the distribution of funding to Indigenous organizations offering support to off-reserve members was not automatic. Friendship Centres were expected to apply for vital financial support via the Indigenous Community Support Fund. It was commonly reported by First Nations that off-reserve members seeking assistance at Friendship Centres were told that no additional funding had been acquired in association with the growing demand placed on such institutions due to the COVID-19 pandemic. As relayed by First Nations, this was either the result of a failure to apply by the April 23, 2020 deadline (given the poor communication of this vital government funding opportunity, and/or limitations in the administrative capacities of these institutions), or a lack of sufficient funding having been made available by the Government of Canada to support off-reserve members. According to Chief Don Tom, Tsartlip First Nation, only 23 of the 500 applicants were successful in receiving additional funding.

A further concern for off-reserve members living in rural regions (or simply living at some distance from a local Friendship Center) are the physical barriers and financial burdens associated with private and/or public transport. It was also reported that Friendship Centres were unable to assist off-reserve members with many their more particular requests, including the filing of emergency funding application forms (CERB, CESB, etc.). Lastly, an additional hurdle for some off-reserve members is the social stigma associated with accessing publicly funded support services given the recent increase in overt displays of racism (including acts of verbal and physical violence) in the province.

#### **b. Isolation Housing**

Faced with the existent pressures of an on-going housing crisis, First Nations reported various strategies to support the social distancing and isolation protocols necessary to reduce the spread of COVID-19 infection. Due to notable infrastructure shortfalls, First Nations have commonly discouraged off-reserve members from returning to their home communities. First Nations in remote regions (inaccessible by ground transport) reported that off-reserve members were eventually barred from returning – unless required for reasons of health and safety – through the implementation of strict travel deadlines. Refer to **1. Health Services – h. Isolation Housing** – for further details.

### **6. Transportation and Travel**

While it was reported that First Nations appreciate the support of BC Ferries in maintaining community isolation protocols through the enforcement of travel restrictions, there were concerns over internal delays in the approval of essential travel requests. At the appeal of First Nations concerned about the possibility of COVID-19 exposure from both community members and visitors, BC Ferries have required staff to confirm that all passengers possessed official paperwork demonstrating that they had received community approval for essential travel. However, as First Nations adapted to both the social distancing requirements brought on by COVID-19 (resulting in staff working from home, or with reduced administrative capacity), and workload increases (as staff struggled to respond this public health crisis) requests submitted to band offices and/or to higher level First Nations associations/councils/governments were initially delayed.

## **7. Accessing Economic Benefits**

First Nations face several barriers in accessing much needed provincial and federal streams of COVID-19 related funding. One concern is the lack of clarity surrounding the designation of staff providing necessary support to community members as essential workers. This has created uncertainty in the financial capacity of First Nations communities to retain staff given the growing budget constraints associated with emergency response provisions. Failures on the part of both the Government of British Columbia and the Government of Canada to recognize certain staff providing vital support to community members as essential workers has created further frustration, and placed additional financial burdens on First Nations governments and privately owned Indigenous businesses looking to provide necessary support services to community members. First Nations reported that staff employed by band offices, the Indian Homemakers Association, and meal centres do not qualify as essential workers.

A further concern is the ineligibility of community Health Service staff for the B.C. COVID-19 Temporary Pandemic Pay given delays in the implementation of a corresponding federal wage top-up program. With respect to those funding streams aimed at supporting individuals (including CERB and CESB), some community members have simply been unable to access these sources of financial aid. Community members with outstanding income tax returns and those currently unemployed (but not eligible for Employment Insurance) were ineligible for CERB and CESB. This has resulted in further burdens on First Nations subsequently required to offer additional assistance to these community members in the form of financial and/or service supports.

## **8. Indigenous Businesses**

First Nations expressed increasing concern over the often crippling financial losses experienced by Indigenous businesses due to the COVID-19 pandemic, particularly those in the tourism, hospitality, retail (grocery stores, gas stations, etc.), service (day cares, language/cultural programs, etc.), and entertainment sectors (community theatres, etc.) following the implementation of social distancing and/or community isolation protocols, and the establishment of domestic and international travel bans. It was reported that First Nations frequently rely on the revenues generated by government owned Indigenous business for the provision of a diverse array of community support services, including the on-going operation of band offices.

This is particularly true of First Nations with smaller population sizes. According to one anonymous First Nation, applications for financial support have been consistently rejected (most recently by the BC Capacity Initiative) with the expressed logic that funding communities with smaller population sizes does not provide the sufficient social impact to make such investments worthwhile for funders.

As reported, some Indigenous businesses have been unable to recover from their financial losses. This circumstance has been exacerbated by the additional costs associated with renovations enabling effective social distancing, and by the financial losses associated with service capacity reductions made in compliance with provincial social distancing regulations.

## **9. Technology, and Connectivity**

Substandard infrastructure connectivity, particularly in rural communities, and a lack of necessary technologies (computers, house phones, smart phones, tablets, etc.) has resulted in a myriad of concerns related to the capacity of workplaces/schools to maintain their usual operations, and for workers/students to perform their work/study tasks. Many First Nations communities rely upon outdated and considerably limited connectivity services. This has been exacerbated by the increased volume of internet users sharing these services as workplaces/schools implemented remote work/delivery plans to support social distancing.

There were frequent reports of limited bandwidth and poor reception causing interruptions in both internet and telephone services. Within remote and/or rural communities, many residential buildings simply lack access to these services due to infrastructure gaps or financial limitations. This is a significant concern for those members with limited financial resources who also lack the requisite technologies necessary to continue their work/studies from home. First Nations utilized various strategies to address these concerns, including signing contracts with companies such as Telus Communications Inc. and Shaw Communications Inc. to improve connectivity infrastructure (including improvements to bandwidth capacity, and for the provision of telecommunications service to previously unserved residences). First Nations also reported using of emergency, and educational funds to purchase required technologies for workers/students.

However, these strategies often required immense financial expenditures – drawing upon limited emergency funds, and diverting funds previously allocated for other purposes. According to Chief Don Tom, Tsartlip First Nation, the First Nations Technology Council, the FNLC, and ISC are discussing the establishment of a dedicated fund for the purchase of technology in support of distance learning.

## **10. Childcare**

Despite the province's implementation of last phase of its reopening plan (Phase 3), many parents have been unable to return to work due to the closure of childcare facilities, and/or the risk of exposing vulnerable family members to COVID-19. Many working parents rely on parent/grandparents to provide an essential source of childcare. Mothers and/or single parents have been particularly affected by the lack of childcare options during working hours.

## **11. Reduced Staffing – FN Governments and Businesses**

First Nations reported widespread staffing shortages due to: the redistribution/depletion of available community/emergency funds by band offices in support of essential emergency services/programs; the financial losses experienced by Indigenous businesses due to COVID-19; a lack of viable childcare options for staff with young children; and staff anxieties over the risk of COVID-19 exposure. This has caused the delay and/or suspension of many essential services including the delivery of food/essential goods hampers, the provision of in-home healthcare, and community outreach programs, and even regular band office operations. This has also placed increased pressure on those staff continuing to work during the COVID-19 pandemic, resulting in unsustainable levels of physical and/or mental strain.

## **12. Natural Resource and Industrial Development Proposals**

For rural communities, the continued receipt of natural resource and industrial development proposals is a point of frustration given the reduction in both administrative and governance staff capacities to effectively respond to these requests. Staff are focused on the development and administration of emergency response measures, often while working from home with reduced capacity (technological and/or connectivity limitations, the inability to access to paper files stored in on-site locations, and childcare responsibilities).

## **13. Developing and Implementing Emergency Response Plans**

Nearly all First Nations reported the implementation of an Emergency Response Plan (ERP). For those First Nations with experience in the creation and implementation of effective ERPs (commonly related to seasonal flooding, slides, forest fires, and possible tsunamis), the process of adapting existing ERPs was not an onerous task. Despite community experience responding to recent epidemics

(SARS, and H1N1) providing some prior knowledge, the severity of the current pandemic made the development and implementation of a COVID-19 ERP unique.

For those First Nations unfamiliar with emergency response planning, this process has been particularly challenging. Rather than being able to offer an effectual and proactive response, communities have been forced to merely react to the rapidly changing socio-economic circumstances. Uneven support from EMBC and ISC have, therefore, caused widespread frustration. First Nations that did receive planning support from EMBC, a general satisfaction with this service was expressed.

Utilizing both emergency and existing community funds, many First Nations have established emergency operations centres (EOC) and/or teams to facilitate these processes. A handful of First Nations also reported hiring a consultant to assist with the creation of COVID-19 specific ERPs. Once again, however, these strategies have been a significant financial burden for communities given the minimal emergency response funding received through the Indigenous Community Support Fund.

Due to an initial uncertainty over the content of a pandemic ERP, many First Nations reported an initial failure to include a strong communications plan. This prevented the timely dissemination of vital information to community members. Substandard infrastructure connectivity, particularly in rural communities, and a lack of necessary technologies (computers, house phones, smart phones, tablets, etc.) exacerbated ongoing concerns over community communications processes. To this end, rural communities often relied upon the distribution of paper flyers to provide important updates to households.

Following the provincial announcement of Phase 3, several First Nations reported that their EOC teams were in the process of developing corresponding plans to reopen their economies. However, many First Nations expressed a desire to maintain their community isolation protocols until a reliable vaccine is made available to the public.

### **C. Stated Requests and Recommendations:**

The UBCIC membership put forward various explicit requests for funding and/or service support, and recommendations for the address of the concerns discussed in section **A. Priority Concerns Expressed by UBCIC Members.**

## 1. Advocacy for Improved Governmental Communications:

- **Instances of COVID-19 Infection:** First Nations are calling upon the Governments of British Columbia (regional health authorities), and Canada (the FNHA, and ISC) to streamline the formal processes by which critical information – regarding confirmed and potential instances of COVID-19 infection – is disseminated to impacted First Nations.
- **Information Overload:** First Nations are requesting some degree of coordination between the FNLC, the FNHA, regional health authorities, ISC, and EMBC to limit the amount of duplicate information being presented to communities faced with reduced administrative capacities.
- **Customer Service Capacity:** First Nations are recommending that the Governments of British Columbia and Canada increase their customer service capacities as there have been significant delays in the receipt of appropriate responses to questions regarding time sensitive concerns (including funding opportunities, and the delivery of essential supplies and/or support services). These capacity increases should include improved staff training, more effective internal communications processes, and stronger communications processes between governmental bodies. There were frequent reports of customer service staff stating that they were unsure of the answer (claiming that they would ‘check,’ and subsequently failing to respond), or providing inaccurate/contradictory information. First Nations further reported that having a dedicated customer service representative/agent at ISC, EMBC, the FNHA, and/or regional health authorities significantly improved the accuracy, and timeliness of responses.
- **Financial Transparency:** UBCIC members have consistently voiced concerns over the lack of financial transparency displayed by public bodies tasked with providing vital services to First Nations communities. There was a general dissatisfaction expressed by First Nations over the delivery of essential emergency funding, supplies, and support services by the Governments of British Columbia and Canada during the COVID-19 pandemic. First Nations are specifically calling for increased accountability, and improved financial transparency for the following public bodies: the FNHA, ISC, and EMBC.

## 2. Advocacy for Funding Increases

- **Indigenous Community Support Fund:** First Nations are requesting that the UBCIC and the FNLC advocate for a reassessment of the formula used to determine the dispensation of funding to communities during public health crises such as epidemics/pandemics.
- **Economic Restart Planning:** First Nations are calling for the Government of British Columbia to develop an effective economic restart plan which addresses the needs of their communities, including the allocation of direct economic stimulus funding for Indigenous businesses.
- **Technology and Connectivity:** There is a distinct need for connectivity infrastructure upgrades (expansion of telecommunication networks to rural areas, increased bandwidth capacity, extension of service to residential addresses), and technology upgrades (computers, house phones, smart phones, tablets, software, etc.). There is a call for the establishment of a dedicated stream of funding for this particular purpose.
- **Health Services:** First Nations are requesting that the Governments of British Columbia and Canada invest substantial funding towards:
  - providing accessible province-wide **COVID-19 testing** – in both urban and rural regions – via hospitals, clinics, care facilities for those with mental/physical disabilities and/or seniors, community health service centres, and visiting nurses/doctors;
  - acquiring **sufficient supplies** (determined on the basis of both current, and future needs) of PPE, and a variety sanitation products/equipment;
  - improving the efficiency of those **distribution networks** by which these much needed supplies are distributed across the province – particularly to rural communities;
  - bolstering the capacity of **emergency response services** – air, ground, and sea ambulances – during public health emergencies such as epidemics/pandemics;
  - constructing, renovating, and/or retrofitting **health service facilities** to improve the capacity of First Nations to offer quality medical care to community members – including the provision of temporary (isolation) housing, and COVID-19 testing services.

- **Recognition of Essential Services:** First Nations are calling for the recognition of a wider range of health care providers and community support staff as essential workers given the vital role of these workers in the insurance of community health and wellbeing. According to UBCIC members, the provincial/federal essential worker designation should be applied to:
  - governance/administrative staff (including EOC staff);
  - meal centre staff;
  - food (and essential goods) distribution program staff;
  - social/health/community support workers providing both on-site, and in-home care in the form of medical attention, counselling services, the delivery of essential supplies, and general support for seniors, parents/children, victims of domestic violence, those with mental/physical disabilities, and those with mental health concerns – including drug/alcohol addiction.
- **Food Security:** First Nations are calling for the provision of substantial funding to improve food security (particularly in rural communities), implicating a variety of possible opportunities for investment:
  - the creation/expansion of community gardens;
  - the establishment/ongoing operation of community meal centres, and school administered breakfast/lunch programs for those in need;
  - food/essential goods hamper programs.
- **Off-Reserve Members:** UBCIC members from across the province are requesting that additional funding for urban and/or off-reserve community members be provided to First Nations governments directly (rather than being channelled solely through a select number of Friendship Centres) during public health crises such as epidemics/pandemics.
- **Delivery of Emergency Support Services:** First Nations are calling for further funding to support the ongoing administration of vital support services during this public health crises given the depletion of both emergency and community funds during the early months of the COVID-19 pandemic – as argued, the funding received allowed for the instigation, but not long-term maintenance of certain vital services.
- **Emergency Response Preparedness:** One anonymous First Nation suggested that there is a real potential for EMBC, ISC, the FNHA, and the FNLC to collaborate in the creation of

comprehensive 'check-lists' detailing the essential supplies required for a range of emergency circumstances (including floods, tsunamis, forest fires, land/mudslides, epidemics/pandemics). Municipalities, and First Nations governments could refer to these 'check-lists' when developing/revising emergency response plans. However, a more effective approach would be for EMBC, ISC, the FNHA, and the FNLC to coordinate with First Nations governments to assess the emergency preparedness of communities across the province and support the acquisition/distribution of required supplies based on these 'check-lists'.

- **Community Isolation Enforcement:** First Nations are seeking on-going funding (and financial reimbursement) for the employment of security guards and community guardians, and the purchase of signage (community closure notices), and physical (no-post cement) barriers.

### **3. Advocacy for the Respect of Aboriginal Title and Rights**

- **Re-Opening Public Parks:** First Nations are requesting that the reopening of public parks (local, and provincial) be delayed until such time that communities are confident that this will not pose a threat to the health and safety of their community members. This will require the support of local municipalities and the Government of British Columbia.
- **Public Knowledge and Enforcement:** First Nations are seeking increased support from municipal/provincial/federal governments in both communicating crucial information regarding community isolation protocols to the general public and enforcing these isolation protocols. This is a critical concern for First Nations facing extensive resource extraction, seasonal tree planting, industrial development, and non-subsistence hunting/fishing activities within their traditional territories. One anonymous First Nation suggested stricter punishments – steep fines – for those individuals, and/or companies which breach these protocols.

### **4. Advocacy for the Address of Racial Discrimination**

First Nations are calling for the FNLC to engage in advocacy, and governmental policy reform work to address the systemic racism rampant within Canada's health care sector, and further evidenced in everyday acts of racial violence born from ignorance, and fear.

## 5. Requests for Administrative and/or Service Support

- **Emergency Response Plan Templates:** UBCIC members are requesting emergency response templates specifically geared towards public health crises such as epidemics/pandemics. This could be relayed to EMBC, the Government of British Columbia given that these public bodies have already produced such materials. For details, refer to the following:  
<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/eoc-forms>.
- **Governmental Support Services:** Chief Judy Wilson, Neskonlith Indian Band, is calling for the Governments of British Columbia and Canada to take responsibility for the on-going administration of essential governmental support services related to the mitigation/prevention of domestic violence, and child abuse/neglect, and the treatment of drug/alcohol addiction, and other mental health concerns during public health crises.
- **Inter-Community Support Network:** Chief Don Tom, Tsartlip First Nation, has suggested that the FNLC facilitate conference sessions, or round table discussions in which First Nations from across the province can share their experiences and ask questions aimed at improving their emergency response capacities. This would provide an opportunity for communities to benefit from the extensive knowledge held by First Nations who have successfully met the needs of their community members through funding applications, partnerships with both public bodies and private entities, etc.

## 6. Miscellaneous Requests for Support

- Lytton First Nation has requested research, and administrative support from the UBCIC in aid of a unique initiative currently in its early stages – ie. the Lytton First Nation Economic Development Corporation's ongoing investigation of community-based healing and the potential uses of traditional medicines. Moving forward, the UBCIC will also engage in advocacy, and governmental policy reform work to further support this initiative.<sup>3</sup>
- One anonymous First Nation has requested the UBCIC engage in advocacy and governmental policy reform work to promote the interests of communities with small population sizes. The community is particularly concerned about the lack of respect shown by the Governments of

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<sup>3</sup> The UBCIC has already assigned a generous volunteer – law student – to assist with this initiative.

British Columbia and Canada, and private entities (operating in the resource extraction and industrial development sectors) in recognizing Aboriginal title and rights, and b. the disinterest expressed by both public bodies, and private entities in providing vital funding to support governance, and administrative operations.

- First Nations also expressed their gratitude for the UBCIC's steadfast commitment to promoting/defending social and environmental justice, sustainable development, renewable energy alternatives, and territorial jurisdiction.