DADA NENTSEN GHA YATASTɬG

Tŝilhqot'in in the Time of COVID: Strengthening Tŝilhqot'in Ways to Protect Our People

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SUPPORT

DADA NENTSEN GHA YATASTƗG

I AM GOING TO TELL YOU ABOUT A VERY BAD DISEASE.

Tŝilhqot'in in the Time of COVID: Strengthening
Tŝilhqot'in Ways to Protect Our People

MARCH 2021

Contents

Forward

As Tŝilhqot'in people, we have a profound respect for the land. It is our responsibility to take care of Mother Earth—her rivers, lakes and waters; the air in which we breathe; the nen (lands) and resources; and the animals, birds, berries and plants.

Our Yedanx Deni (Elders from the Past), the powerful visionaries, told us stories that there would be bad fires, floods and that a bad disease would come. We have endured extreme wildfires and as a result of the destruction to our forests and earth floor we now have floods every year. Now we have the deadly pandemic.

The Yedanx Deni taught us to respect our Tŝilhqot'in ancestral traditions and to live off the land. Our Dechen Ts'edilhdan (Tŝilhqot'in Protocol) governs our rituals and way of life. As a Nation we need to put strong emphasis on reviving our ancestral teachings and practicing them every day so that we can give energy back to the lands.

Our world has taken for granted every gift that Mother Earth provides. All of us must give thanks for the gifts that we take. We have all moved too far away from these practices and we are enduring the consequences now.

Tl'etinqox Elder Angelina Stump
Tŝilhqot'in Women's Council

The Tŝilhqot'in is a nation of warriors. We have fought for the protection of our people for centuries. Today's fight is in many ways similar to that of the past. The COVID-19 pandemic is one of the greatest fights our Nation has faced since the Chilcotin War and smallpox. My grandmother told me a story about the time of the smallpox: our Tŝilhqot'in medicine people tried to develop a medicine and to their best judgement they had ordered each family group to isolate for one year. After one year when everyone gathered again, only 20% of our overall population survived. We knew the power of isolation as a Nation and we know now what it will take to maintain the health of our Nation. We carry the weight of this dark history with us, determined that history will not repeat itself.

Today, as we face COVID-19, we see the impacts of isolation, addictions and systemic racism in our health care system and from those that live in our territories. Isolation and funding programs like the Canadian Emergency Response Benefit have magnified problems in our Nation. Increased substance and alcohol use, child apprehensions, youth suicide, and domestic violence are just a few examples. Above all of this, we have zero faith in the governmental emergency response dollars—there is no clarity toward what expenses are eligible. Under our own control we can provide clarity and develop our own policies.

As a leader, as a Chief, I am responsible to govern. Relying on others to provide us with information and financial and human resources is not the full solution. Being dependent on another government only continues a cycle of oppression. We work in our communities; we live in our communities and we see our people daily—no outside agency can say they know the needs of people as we do.

This report will further enforce the Calls to Action from *The Fires Awakened Us*, and newly enforce the COVID-19 Calls to Action. We will not continue to have to document our experiences to receive acknowledgement. We have Aboriginal title and we are still the only Nation that has proven Aboriginal title in the Supreme Court of Canada. Honour our governance, it is our jurisdiction.

Nits'ilʔin (Chief) Joe Alphonse

Executive Summary

Dada Nentsen Gha Yatastɨg translated literally means "I am going to tell you about a very bad disease." This report does exactly that—it documents the leadership of the Tŝilhqot'in Nation in a time of unprecedented, global crisis. Woven through this report are two themes. First, the Tŝilhqot'in Nation has led a coordinated and largely successful pandemic response through the exercise of its laws and jurisdiction. Second, despite exercising this jurisdiction, the Nation has faced numerous systemic and institutional constraints when seeking support from its government partners, impeding coordinated emergency response. This report follows on *Nagwediẑk'an gwaneŝ gangu ch'inidẑed ganexwilagh (The Fires Awakened Us)*, the Tŝilhqot'in Nation's report on the 2017 wildfires. Like its predecessor, this report culminates in a number of Calls to Action intended to allow the Tŝilhqot'in Nation and its government partners to harmonize provincial and federal measures with Tŝilhqot'in jurisdiction to transform the lives of the Tŝilhqot'in people. This report is specific to the COVID-19 pandemic. But the message that materializes is that the emergency is not simply the pandemic. Rather, the underlying and ongoing emergency is the persistence of colonialism in Canada, and its impacts on daily life.

The Tŝilhqot'in Nation is made up of six communities spread over a large swath of territory in Central Interior B.C., as well as a large and dispersed off-reserve population. As a Nation, the Tŝilhqot'in exercise jurisdiction over the whole of their traditional and unceded territory. A portion of this territory is also declared Aboriginal title, established by the Supreme Court of Canada in 2014 (*Tŝilhqot'in v. British Columbia*). Through the exercise of Tŝilhqot'in jurisdiction, combined with strong community cohesion and some luck, tremendous efforts have been devoted to preventing and containing the spread of COVID-19.

Chapter 1: The Tŝilhqot'in Nation's Response

The report documents the exercise of Tŝilhqot'in law and jurisdiction over COVID-19 response. The Tŝilhqot'in were not prepared for a global pandemic but undertook a rapid, coordinated Nation and community-level response nonetheless. This included asserting their jurisdiction by issuing a State of Emergency, implementing community By-laws, and establishing checkpoints monitoring travel in and out of communities. The learning-curve was steep and the Nation accomplished much in the early days of the pandemic response: a rapid transition to remote and virtual operations; the coordination of food and supply distribution directly to communities; the provision of dedicated bilingual communications to Tŝilhqot'in citizens; and quick access to COVID-19 swab testing. Leadership also anticipated the immediate needs of each community. With a growing concern about human and financial capacity of the Nation to meet these expanding, pressing needs, the Nation sought an immediate and comprehensive financial contribution

from their *Collaborative Emergency Management Agreement* (CEMA) partners. The funding was not granted as requested, but a portion of funding was provided through newly established Canada-wide COVID-19 related funding. While these funds addressed basic service provision, it still left the Nation struggling to meet many outstanding demands and using limited existing resources which left many needs unfunded.

Chapter 2: Systemic Racism, Tŝilhqot'in Resistance and the Colonialism of COVID-19

Tŝilhqot'in leadership anticipated the potentially devastating impacts of the pandemic, drawing on the Nation's long history of disease brought by settlers and the lived experience of ongoing colonialism. Decades of measles, smallpox, and flu—sometimes brought intentionally by colonizers—decimated Tŝilhqot'in communities. "You don't know where you might dig into these unmarked gravesites," recounts one Tŝilhqot'in Chief, referencing the fact that ancestors were buried in shallow graves because of the sheer number of lives lost. He continues, "[w]e [know] the power of isolation as a Nation and we know now what it will take to maintain the health of our Nation. We carry the weight of this dark history with us, determined that history will not repeat itself."

The Tŝilhqot'in experience of the COVID-19 pandemic can only be understood in the context of this set of historic relations between the Tŝilhqot'in and settler populations. It was not—and is not—Indigeneity that puts Tŝilhqot'in people at risk of COVID-19. It is rather colonization and the ongoing policies and practices of British Columbia and Canada that generate poor health outcomes. Tŝilhqot'in knowledge, practices (including language, connection to the land, and traditional medicine) and self-determination, all of which the Tŝilhqot'in drew on during this pandemic, are important protectors of health. At the same time, Tŝilhqot'in leadership understood that its pandemic response was hemmed in by ongoing colonization. Systemic discrimination in the health care system

creates a barrier to seeking out COVID-19 testing and, if needed, treatment. Inadequate housing and infrastructure put basic pandemic practices of physical distancing and self-isolation out of reach. The technology gap experienced by Indigenous peoples in Canada makes access to remote work, school and support services impossible for some. In the face of these challenges and constraints, the Nation has tackled compound hurdles, for example, working collaboratively with a local bank to counter anti-Indigenous racism, and effectively managing flood response in the midst of the pandemic. The strength of the Tŝilhqot'in Nation is an important protective factor against COVID-19.

Chapter 3: Data Sovereignty & Communication

An avoidable exposure incident early in the pandemic highlighted the urgent need for better coordination with government partners to support Tŝilhqot'in leadership in pandemic response. Alongside other Indigenous Nations, the Tŝilhqot'in Nation has advocated for a data partnership with the province, which would provide the Nation with expanded health data about COVID-19 case locations. This extensive advocacy has taken considerable effort on the part of the Nations and resulted in modest agreements by the province. Data partnership agreements, which support Indigenous leadership, are needed to realize provincial commitments to reconciliation and respecting Indigenous jurisdiction—including the spirit underlying the *Declaration on the Rights of Indigenous Peoples Act*. Emerging tools for community-led data collection and management may provide another pathway to allow the Tŝilhqot'in to exercise full jurisdiction over public health information within the Nation.

Chapter 4: Implementation & Enforcement of Tŝilhqot'in Jurisdiction

In all areas of pandemic response, ambiguity and complexity over jurisdiction has hampered the implementation and enforcement of Tŝilhqot'in jurisdiction. Provincial and federal policies and

resources are structured to serve individual band councils and do not fully support the Nation (the collective governance system of the Tŝilhqot'in people) or the Nation's coordinated approach to pandemic response. The Nation has been able to use the CEMA table to advocate for Tŝilhqot'in needs and to navigate through the jurisdictional complexity created by provincial and federal policies, but continued discussions and advocacy always come at the cost of depleting limited human resource capacity for addressing pressing on-the-ground pandemic needs. The multitude of different streams of COVID-19 relief funding imposed significant administrative burdens on stretched staff, left significant gaps in coverage (e.g. off-reserve members), and was not adequate to meet community needs. In particular, clarifying eligibility and obtaining funding for community checkpoints—a crucial pandemic response measure—was a considerable strain on the Nation. While the province eventually agreed to reimburse checkpoints as an emergency management expense, it came long after the communities had to stop implementation due to financial constraints. Enforcement of Tŝilhqot'in COVID-19 measures was also undermined by difficult relations with the RCMP. In some cases, calls for RCMP assistance were repeatedly ignored. In another community, the RCMP violated the duly-enacted COVID-19 By-law. The pandemic has challenged pre-existing intergovernmental emergency management protocols and has required all government departments to adapt. But it is clear significant work is needed to harmonize Tŝilhqot'in, federal and provincial laws and to build cooperative enforcement relationships in support of Tŝilhqot'in jurisdiction.

Chapter 5: Health & Social Impacts

The Tŝilhqot'in Nation has worked tirelessly to protect Elders and vulnerable Tŝilhqot'in citizens with pre-existing medical conditions from COVID-19, but the health and social impacts of the pandemic are far more sweeping than the disease itself. The pandemic has laid bare the ongoing impacts of colonialism on Tŝilhqot'in communities. Mental health crises,

substance abuse, family violence, which were already concerning, are now exacerbated. Profound losses have occurred during the pandemic and leadership and staff do not have adequate training and support to guide the communities through this trauma and grief. By revealing that existing work on culturally-safe health care was occurring in silos, the pandemic brought together community health and mental health care practitioners to share learning, experiences and resources. These new connections will serve the communities well moving forward. Through the first wave of the pandemic, Tŝilhqot'in citizens drew strength from being on the land, which grounds people to their culture and traditions. Land-based healing activities were one of the only methods for the communities to connect in a physically safe manner and were well-received. Enhanced resources are needed to continue and expand these important programs. These successes show a path forward for the Nation in enhancing and accelerating efforts for Tŝilhqot'in-led education, mental health and healing, knowledge exchange, and economic development with a dedicated support network from B.C. and Canada.

There have been many achievements of the Tŝilhqot'in Nation and its people in the midst of the global pandemic. Ongoing collaborative work with B.C. and Canada has been a vital part of the Tŝilhqot'in Nation's pandemic response. Further work remains to be done. While the Calls to Action from this report and its predecessor report may seem substantial, they are long overdue and entirely possible to fulfill. The Calls to Action are grounded in the belief that true and lasting partnership can be achieved and is nothing to fear. The struggle over jurisdiction and the colonial systems and habits of government may have characterized our relationships in the past, but they do not need to define the future. The Tŝilhqot'in have established, with patience and diplomacy over the years, a foundation for relationships based on the principles of respect, recognition, and reciprocity. For too long, First Nations have borne the costs of not building these relationships. The Calls to Action are a further step in this direction.

Introduction

The Tŝilhqot'in Nation is all too familiar with handling emergencies. In 2017, the Nation confronted what was, at the time, a record-breaking wildfire in the province. Tŝilhqot'in communities cope with flooding and landslides which unfortunately occur at regular intervals. The 2019 Big Bar landslide, which threatened the already-dwindling Fraser River salmon migration, prompted the Nation to issue a declaration of emergency due to the immediate threat to the Nation's food security. At the time of writing, the Nation is deep into its pandemic response, working every day to prevent the rapid transmission of COVID-19 in Tŝilhqot'in communities. At the same time, it is managing the multitude of systemic inequalities experienced by Tŝilhqot'in people that the pandemic has so plainly laid bare.
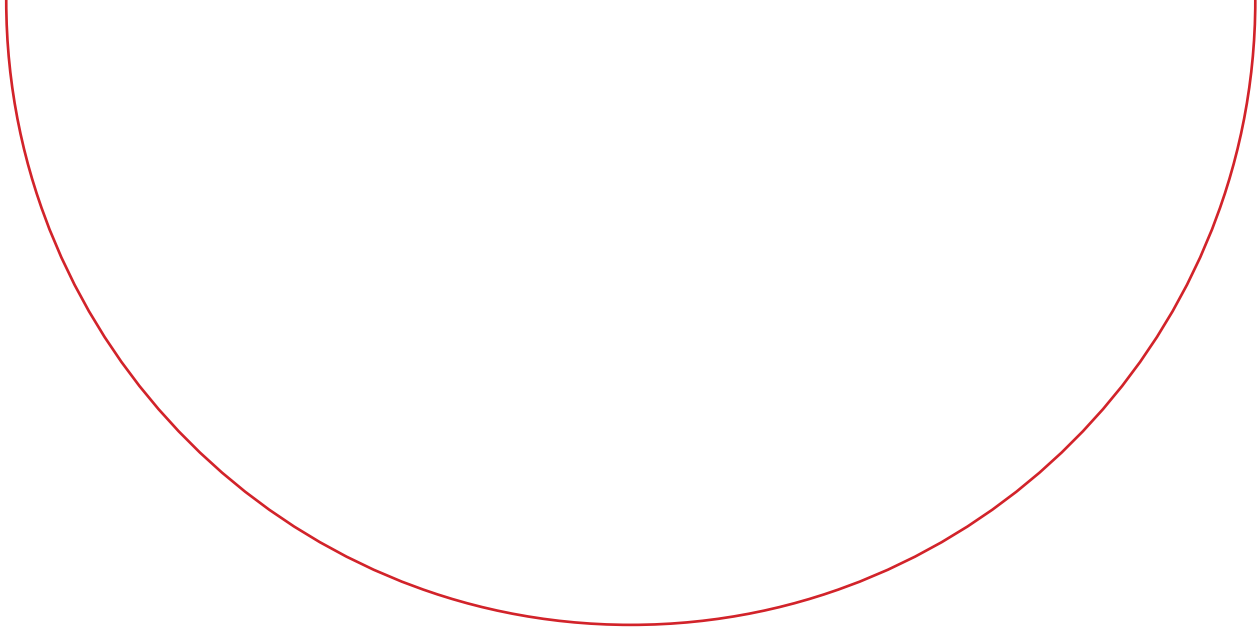
This report documents the leadership of the Tŝilhqot'in Nation in a time of unprecedented global crisis. The Nation's experience with past emergencies has helped the Nation's leadership, staff and citizens to rise to the challenges of the pandemic. The report documents the exercise of Tŝilhqot'in law and jurisdiction over COVID-19 response: the successes of coordination, relationship-building and social connection in a time of physical isolation. It also documents the immediate needs of the communities and the challenges the Nation faced in seeking to meet those urgent needs. This report is specific to the COVID-19 pandemic. But the message that emerges is that the emergency is not simply the pandemic. Rather, the underlying

and ongoing emergency is the persistence of colonialism in Canada.

This report follows on *Nagwediẑk'an gwaneŝ gangu ch'inidẑed ganexwilagh (The Fires Awakened Us)*, the Tŝilhqot'in Nation's report on the 2017 wildfires. Like its predecessor, this report describes the experience of the Nation in a time of emergency, it documents how the Nation exercised its jurisdiction to protect Tŝilhqot'in communities and citizens, and it identifies challenges and barriers that emerged as the Nation worked with and alongside B.C. and Canada to address the pandemic. The report culminates in 40 Calls to Action specific to the pandemic response. These call on all of the parties responsible, including the Tŝilhqot'in, to learn from the pandemic and to work together to give full effect to Tŝilhqot'in jurisdiction and to transform the lives of the Tŝilhqot'in people. It further emphasizes the need to implement Calls to Action from *Nagwediẑk'an gwaneŝ gangu ch'inidẑed ganexwilagh (The Fires Awakened Us)*, and it also endorses a number of important recommendations from regional, national and international organizations for affirming and protecting the rights of Indigenous peoples during and after the COVID-19 pandemic.

Outline

The pandemic is an unprecedented emergency in our time. Its duration has dwarfed that of emergencies of the recent past. Its scope has touched every dimension

of life within the Tŝilhqot'in Nation and amongst the Tŝilhqot'in people. The immediate impacts of the pandemic are visible and significant. The long-term impacts of the pandemic are potentially profound and it will be some time before they become clear. No report can capture the complexity of experiences during the COVID-19 pandemic. What this report does reveal, however, is the enduring presence of two themes. First, that the Tŝilhqot'in Nation has led a coordinated and largely successful pandemic response through the exercise of its laws and jurisdiction. Second, in exercising this jurisdiction, the Nation has faced numerous systemic and institutional constraints when seeking support from its government partners. These two themes are woven throughout the five substantive chapters of this report.

The report proceeds as follows. Chapter 1 details the fundamentals of the Nation's emergency response: it sets out the timeline of the early and rapid pandemic response, the laws and measures implemented by the leadership and the reactions to these measures. To properly understand the Nation's response, one has to appreciate the history of the Nation, the myriad ways in which colonialism has made the Tŝilhqot'in vulnerable to the pandemic, and how the Tŝilhqot'in have persisted in the face of systemic discrimination. Chapter 2 provides this essential context, highlighting how systemic discrimination impacts access to health care, infrastructure and technology. Chapter 3 then focuses on data as a central feature of pandemic

response. The chapter details how poor data-sharing and communication by B.C. and Canada has put the Nation at risk of exposure to COVID-19. It describes how evidence-based decision-making by Tŝilhqot'in leadership has been hampered by B.C.'s reluctance to conclude a data-sharing protocol with the Nation. Chapter 4 focuses on the implementation of Tŝilhqot'in jurisdiction and the subtle but pervasive ways in which provincial and federal agencies have hampered Tŝilhqot'in pandemic response measures, namely through funding processes and enforcement assistance. Chapter 5 documents the pandemic's health and social impacts on the Tŝilhqot'in people. It also outlines some of the steps needed to bring Tŝilhqot'in health under Tŝilhqot'in jurisdiction and support the wellbeing of the Nation as a whole. The report concludes by considering the long-term impacts on the nation and how, in the face of it all, the Tŝilhqot'in people found strength in traditional ways and connection to land. The report suggests that these are the teachings that emerge from the pandemic response and these are what guide the calls to action.

Methodology

In the spring of 2020, Tŝilhqot'in leadership identified the need for a detailed study into the COVID-19 pandemic, its impacts on the Nation, and the responses to the pandemic by the patchwork of provincial and federal government agencies. Leadership requested to reconvene the project team

This report is specific to the COVID-19 pandemic. But the message that emerges is that the emergency is not simply the pandemic. Rather, the underlying and ongoing emergency is the persistence of colonialism in Canada.

from *Nagwediʐk'an gwaneŝ gangu ch'inidʐed ganexwilagh (The Fires Awakened Us)*: Crystal Verhaeghe, ʔEsdilagh member and community project lead, Dr. Jocelyn Stacey (Assistant Professor, University of British Columbia, Law) and Emma Feltes (PhD Candidate, University of British Columbia, Anthropology). With the support of Jody Nishima, Senior Advisor—Social Table Negotiations at the Tŝilhqot'in National Government, the project team worked collaboratively to interview those involved in Tŝilhqot'in pandemic response, from leadership, to government partners, to the frontline. In total, the team interviewed 46 people, including: Chiefs, Councillors, the Tŝilhqot'in Women's Council, emergency operations centre staff, health directors, health care providers and other community staff. Representatives from Indigenous Services Canada and the Ministry of Indigenous Relations and Reconciliation (British Columbia) were also interviewed for this report. Representatives from Emergency Management B.C. also provided input on its role and its lessons learned for this report. The depth of expertise and experience of all participants have generated this report. With research assistance from law student Jade Dumoulin, the project team reviewed literature on Indigenous health, privacy law, Aboriginal law, and emerging global reports on COVID-19 and the rights of Indigenous peoples. The team followed policy developments by B.C., the First Nations Health Authority (FNHA) and Canada as well as notable COVID-19 developments in other jurisdictions. This research has informed the analysis that is contained in the chapters of the report. Appendix B contains a bibliography.

The report has benefited from the feedback from those interviewed to ensure that their perspectives are accurately reflected in the report.

CHAPTER 1:
The Tŝilhqot'in Nation's Response

"We're prepared to get people to leave communities, but it is different to keep them in their communities. It's a totally different beast." —Jenny Philbrick, Executive Director, Tŝilhqot'in National Government

The Rapid Initial Stage of Pandemic Response
Like many nations, the Tŝilhqot'in were not prepared for a global pandemic. The response required a coordinated, Nation-level approach to share resources and knowledge amongst the six Tŝilhqot'in communities. As the Nation has done before, everyone moved swiftly together knowing that to act in concert would make their efforts stronger.

At the beginning of March 2020, the Tŝilhqot'in National Government (TNG) Health Hub was alerted to the risk that COVID-19 posed to Indigenous communities by their provincial health partners, the Interior Health Authority and the First Nations Health Authority (FNHA). The Nation began to raise awareness within Tŝilhqot'in communities by posting information fact sheets on its Facebook page and directing Tŝilhqot'in citizens towards the Public Health Agency of Canada and Indigenous Services Canada websites to gather up-to-date information.

On March 16, 2020, as the reality of the pandemic in Canada rapidly clarified, TNG implemented immediate precautions. Meetings, events and work-related travel were all postponed, to be reassessed at the end of the

month. While the risk in the interior of B.C. at that time was low, TNG acted on the basis that WHO had issued its highest level of alarm. TNG committed to providing daily updates on the status of COVID-19 via social media, the TNG website and emails to community-level staff. It also notified citizens to refill and stock their medications and outlined the recommended health care measures that citizens should take if they experienced symptoms.

From this day forward, TNG began planning for the possibility of community exposure. This required coordination between the Nation-level Tŝilhqot'in Health Department and community Health Directors to ensure communities had the information and support they needed. It also required coordination between the TNG Emergency Operations Centre (EOC) and the Tŝilhqot'in Health Department, the latter of which took the lead. Despite the experience of the Nation in past emergencies, the pandemic was novel, and planning was new and often unconventional. The TNG EOC, through their emergency management relationships, received Westbank First Nation's pandemic plan and tailored it to the Tŝilhqot'in Nation. The template pandemic plan was then disseminated

COVID-19 World Health Organization (WHO) Timeline[1]

2019

December 31

Wuhan, China reports a cluster of cases with 'viral pneumonia of unknown cause'

2020

January 9

Chinese authorities determine the outbreak was a novel coronavirus

January 11

Chinese media report their first death from the novel coronavirus and lab confirmed cases begin to be reported outside of the People's Republic of China

January 26

Canada reports 5 confirmed cases

January 30

World Health Organization Director-General declares the novel coronavirus outbreak a public health emergency of international concern (PHEIC)

February 11

WHO names the virus COVID-19

February 11

Over 100,000 cases reported globally

March 11

WHO declares the disease a pandemic

[1] "Timeline: WHO's COVID-19 response" World Health Organization. 2020. Web. 1 Oct. 2020. https://www.who.int

to the six communities for adaptation to suit their individual needs. These individual plans were implemented by the community health departments.

On March 17, 2020, B.C.'s Provincial Health Officer declared a public health emergency. The following day, the B.C. government declared a provincial state of emergency. The combined declarations allowed for the exercise of exceptional measures in response to the threat of the pandemic. In the coming days province-wide measures were implemented in rapid succession: school closures, public space closures, self-isolation measures, prohibitions on mass gatherings and recommendations on social (physical) distancing. TNG started to send out notices of local closures that would affect their rural, isolated and remote communities.

On March 20, 2020, TNG announced its offices were closed to the public. At the same time, Nation-level and community staff worked around the clock on COVID-19 related issues. The Nation was all too aware of the extreme vulnerabilities within their communities and the needs of Tŝilhqot'in citizens on-reserve and off-reserve. Initial efforts focused on obtaining Personal Protective Equipment (PPE) for health care and front-line workers from FNHA and arranging for bulk distribution of cleaning and hygiene products. Coordination within and outside the Nation and establishing solid lines of communication dominated the agenda in the early days of the pandemic. Regular meetings were held between leadership, managers, EOC staff, Health Directors and community health nurses. Staff and leadership were also in regular communication with Interior Health and the FNHA Interior Regional Team.

By March 23, 2020 the Nation was able to provide access to an Interior Health Nurse Practitioner who had existing relationships with the communities and who was ready to administer swab testing for COVID-19. Months later, community health nurses advanced through training and readiness interviews to administer testing within the communities they serve. From there, they were able to register for medical service plan (MSP) billing numbers to allow direct access to tests, a registration process that at the time of writing is still underway.

Tŝilhqot'in Nation Coordinated
Emergency Response to COVID-19

YUNEŜIT'IN FIRST NATION GOVERNMENT

XENI GWET'IN FIRST NATION GOVERNMENT

ʔESDILAGH FIRST NATION

TŜILHQOT'IN NATIONAL GOVERNMENT

TŜIDELDEL FIRST NATION

TL'ESQOX FIRST NATION

TL'ETINQOX GOVERNMENT

TŜILHQOT'IN NATIONAL GOVERNMENT EMERGENCY OPERATIONS CENTRE (TNG EOC)

Xeni Gwet'in Emergency Manager

Yuneŝit'in Emergency Manager

Tŝideldel Emergency Manager ⟷ **EOC DIRECTOR** ⟷ Tl'esqox Emergency Manager

ʔEsdilagh Emergency Manager

Tl'etinqox Emergency Manager

OPERATIONS | **LOGISTICS** | **PLANNING** | **FINANCE**
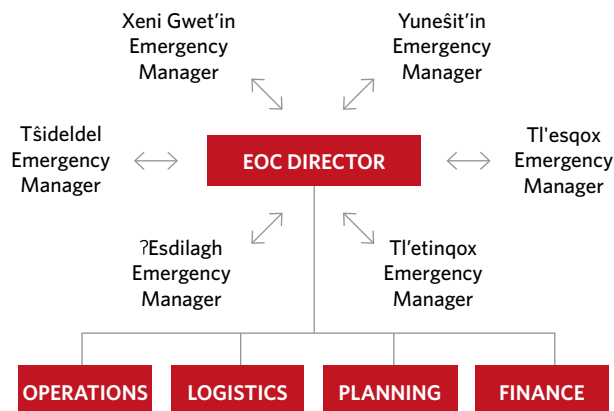
TŜILHQOT'IN NATION HEALTH HUB

Xeni Gwet'in Health Director

Yuneŝit'in Health Director

Tŝideldel Health Director ⟷ **TNG HEALTH DIRECTOR** ⟷ Tl'esqox Health Director

ʔEsdilagh Health Director

Tl'etinqox Health Director
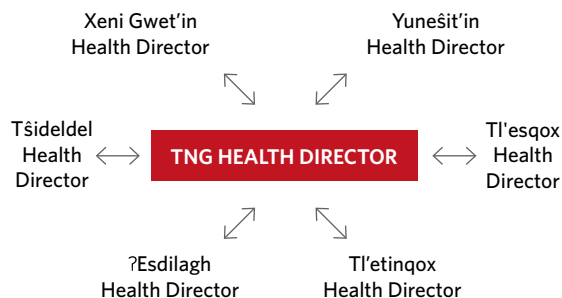
TŜILHQOT'IN NATION
REGULARLY SCHEDULED MEETINGS DURING COVID-19 STATE OF EMERGENCY

Tŝilhqot'in Leadership (Chiefs) Meeting with TNG EOC Director & TNG Health Director

Tŝilhqot'in Emergency Operations Meetings

TNG EOC Director & Community Emergency Manager Meetings

TNG Health Hub Meetings (Health Directors)

Health Directors & Emergency Operations Managers Meeting

TN Mental Health Clinicians Meeting

TN Health Nurses Meeting

Before the end of March 2020, the Nation released information about COVID-19 in the Tŝilhqot'in language for non-English speakers and Elders. TNG Tribal Chairman, Nits'il?in Joe Alphonse and his staff provided video updates posted online. Nits'il?in Francis Laceese of Tl'esqox, supported by the TNG Cultural Ambassador, Peyal Laceese, posted a healing drum song to encourage the citizens to remain strong and resilient.

An enormous amount of learning occurred on the part of staff in these first, hectic weeks of pandemic response. Community EOCs and the TNG EOC had to learn how to operate with staff working remotely. The teams implemented new software, platforms for electronic approvals and learned the new language of the pandemic (e.g. "PPE" for personal protective equipment). One of the new challenges of pandemic response was coordinating across communities without the ability of meeting face-to-face to gain an understanding of how to best support community priorities and needs.

Early Requests for Assistance
The well-known health vulnerabilities within Indigenous populations (addressed in Chapter 2 of this report) mobilized TNG to seek early intervention funding from its government partners to protect Tŝilhqot'in citizens from the entry of the virus into the community and the potential rapid spread that was anticipated from an exposure event.

Canada, British Columbia and the Tŝilhqot'in Nation are partners through the *Collaborative Emergency Management Agreement*, 2018 (CEMA), an historic tripartite agreement which commits to affirming the Tŝilhqot'in Nation and Tŝilhqot'in communities as "true partners" with the provincial and federal governments in emergency management. CEMA recognizes systemic racism in emergency management and reflects a shared commitment to ensuring that the Tŝilhqot'in people are protected by efficient, effective, and seamless emergency services, on par with those of non-Indigenous communities in

the province. In practice, CEMA provides a forum for the three governments to work together to implement changes necessary to reduce impediments to Tŝilhqot'in governance and to build a transparent and collaborative multiple-agency emergency response system to protect Tŝilhqot'in citizens, property and territory.

Significantly, the agreement supports the Tŝilhqot'in Nation's efforts to build a seamless collaborative emergency management response system that reflects Tŝilhqot'in values, needs and jurisdiction. The pandemic presented an urgent case for such a system, one that adequately addresses the heightened needs of the Tŝilhqot'in. Through the CEMA framework, TNG submitted a comprehensive financial request to Minister Marc Miller and Minister Carolyn Bennett on March 31, 2020.

The request identified immediate and anticipated critical needs exacerbated by the pandemic and which could not be adequately addressed with the existing limited capacity of Nation and community staff. The request acknowledged that while emergency funding was at the time flowing directly to communities, the Nation was opening up conversations with their partners under CEMA to develop a plan to address urgent needs in a coordinated manner. The Tŝilhqot'in request included:

- **Increased human resource capacity for a Nation Case Support Worker, Education and Youth Coordinators, Prevention and Assessment Care Workers and Social Assistance Navigators** to: help citizens on and off-reserve navigate the health care system, social assistance programs, and school district requirements and processes; assess each home to determine the needs of each household; and extend addictions and mental health supports;

- **Connectivity through internet, mobile phones and computers,** as many households do not have communication networks, impeding learning, social connectivity, and vital pandemic updates;

- **Bilingual information resources in print, digital and video form,** to develop and disseminate detailed and up-to-date information via mail, online, and door-to-door;

- **Response and planning support**, to adapt pandemic plans to each community, prepare for a potential outbreak, and circumvent anticipated impacts to mental health and wellbeing through land-based, socially-distanced cultural activities;

- **Preparation for isolation,** including safe houses, isolation buildings, and health care worker temporary lodging, as well as commercial refrigerators, monitoring and security support, infection and prevention supplies, and emergency sustenance and staples for longer-term isolation.

Months later, a letter addressed August 11, 2020 from the B.C. Regional Director General of ISC noted that the government was not able to address the partnership request for support in its entirety. Funding had been directly sent through the Indigenous Community Support Fund, Emergency Management and Income Assistance Programs and the B.C. Crisis Supplement. It pointed TNG towards the FNHA for additional COVID-related supports. It further outlined that Indigenous individuals could access the Canada Emergency Response Benefit, Canada Child Benefit and special Goods and Services Tax credit payment.

The unfortunate reality is that TNG accurately anticipated the needs of the communities and, if anything, underestimated the challenges that lay ahead. While the above resources outlined by ISC were eventually provided to individual communities, these resources have only served as a minimal stop-gap to mitigate the worst of the pandemic's impacts. Moreover, much funding follows a deficit-reimbursement model and requires additional administrative capacity that taxes an already over-taxed Nation. Chapter 4 details how funding programs used by the Province and Canada have undermined the exercise of Tŝilhqot'in jurisdiction.

Tŝilhqot'in Jurisdiction in a Pandemic

Tŝilhqot'in leadership exercised—and continues to exercise—inherent jurisdiction to protect Tŝilhqot'in citizens from COVID-19. On March 31, the Tŝilhqot'in declared a state of emergency. B.C.'s elevated COVID-19 numbers and rapid spread of the virus led the TNG to close access to their communities except to residents and essential workers. The declaration of a state of emergency remains in effect at the time of writing. Refer to the following page.

In this instance, the exercise of Tŝilhqot'in jurisdiction mirrored the COVID-19 orders and measures put in place by governments across Canada and around the world to restrict travel and promote physical distancing. Three of the six Tŝilhqot'in Band Councils

T Ŝ I L H Q O T ' I N   N A T I O N A L   G O V E R N M E N T

MEDIA RELEASE

FOR IMMEDIATE RELEASE
March 31, 2020

Tŝilhqot'in Nation Declares State of Emergency in response to COVID-19

Williams Lake, BC (March 31, 2020): The Tŝilhqot'in National Government has declared a State of Emergency in response to the escalating threat of the coronavirus (COVID-19) on behalf of the six Tŝilhqot'in communities: Tl'etinqox, Tl'esqox, Yuneŝit'in, Tŝideldel, Xeni Gwet'in and ʔEsdilagh.

The Tŝilhqot'in Nation declares this State of Emergency as an exercise of its inherent jurisdiction and authority to protect the health and safety of elders, citizens and communities as a paramount responsibility.

The State of Emergency is effective immediately and will remain in effect until further notice.

Please note that access to all Tŝilhqot'in communities is closed to visitors as a precaution to protect elders and members, except for access by caregivers, medical and emergency personnel and essential services. Each community may have its own specific restrictions and exemptions that should be confirmed by visitors before accessing the community for any purpose.

To date, the Tŝilhqot'in Nation has had no confirmed cases in any of the six communities. However, the Tŝilhqot'in Nation supports the recommendations and orders by the government and the public health authorities to prevent the spread of COVID-19.

The Tŝilhqot'in Nation calls on its citizens and communities to protect elders and loved ones by staying home or safely on the land unless it is absolutely necessary or essential to leave home.

The State of Emergency declaration calls on the Federal and Provincial Governments, local governments, health authorities and all other involved parties to provide immediate, effective, coordinated, culturally appropriate and Indigenous-led support to the Tŝilhqot'in Nation, Tŝilhqot'in communities and all Indigenous peoples, consistent with the principles of self-determination.

The Tŝilhqot'in Nation remains confident that its citizens and communities will persevere in this State of Emergency, and it is heartening to see Tŝilhqot'in drawing on traditions, songs, language and medicine to keep the Nation strong during this outbreak.

D O W N T O W N   O F F I C E   L A K E S I D E   O F F I C E

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issued COVID-19 By-laws in April (see Appendix D), while the others implemented COVID measures through Band Council Resolutions and public notices. Still grounded in Tŝilhqot'in inherent jurisdiction, these measures also followed Canadian law under the *Indian Act*, which empowers Band Councils to enact By-laws "to provide for the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases" (*Indian Act*, section 81(1)(a)).

The By-laws and other measures recognized the responsibility of each community for the well-being of its citizens. These measures further highlighted a heightened responsibility due to challenges of poor housing conditions, widespread underlying health conditions, low household incomes and limited access to medical services.

The community COVID By-laws prescribed measures to encourage physical distancing, which have now become standard pandemic response measures. For instance, the By-laws included:

- Restricted entry to reserves;

- Maximum limits on the number of people gathering in a home;

- Self-isolation requirements for those with COVID-19 symptoms, a positive test, a close contact to a confirmed case, or for those who returned from outside of Canada or another high-risk location.

The By-laws authorized COVID Emergency Directors to designate compliance and enforcement officers to monitor compliance with COVID measures within the communities, and to educate citizens about them. Community members were hired into these new staff roles or existing staff were assigned to them by council resolution at the time of enactment. The By-laws empowered the officers to ask questions of citizens regarding COVID-related symptoms and to enforce the By-laws by issuing fines when needed.

Communities then established monitored checkpoints on roads into and out of reserve communities, at

which officers implemented the travel restrictions in place. These measures were advertised to community members and the general public. Each community established their checkpoints a little differently based on the unique needs of their members, their geographic location, and their capacity.

Internal guidelines set out procedures and guidance for COVID-19 officers (Procedure for COVID-19 Officers). These guidelines include physical distancing protocols for officers as well as their duty of confidentiality regarding the information they collect. The guidelines emphasize the primary objective of safety, provide extensive guidance on conflict de-escalation and encourage officers to call the RCMP in any situation of concern. Enforcement of the By-laws is taken up in Chapter 4. Unfortunately, the RCMP provided little support with enforcement, leaving leadership with little recourse.

Implementing Pandemic Measures: TNG Pandemic Coordination Plan
Once the TNG EOC was in full operation, TNG developed a TNG Coordination Plan. This was based upon the British Columbia Pandemic Provincial Coordination Plan, which identified a strategy for Provincial cross-ministry coordination. The TNG Pandemic Coordination Plan included an Action Plan which set out the COVID policies that the EOC and staff would follow.

Included in these measures was the activation of a Tŝilhqot'in State of Emergency Information line for questions related to the COVID-19 emergency. The TNG EOC and the TNG Health Department worked collaboratively to manage emergency and health related needs. The TNG EOC systematically started to coordinate logistical details such as food and equipment deliveries and develop signage (e.g. reminders for hand washing, physical distancing). The whole time, TNG implemented physical distancing practices for staff, as well as remote and distance work policies.

Community Food Delivery

While the Health Hub, with the support of the EOC, worked to prepare for community exposure, TNG staff worked on measures to prevent the risk of community exposure in the first place. An immediate concern was the frequent travel by community members from reserves to Williams Lake or Quesnel for food and other needed supplies. Each trip brought with it the potential for exposure and the spread of illness within the communities. The TNG EOC was fortunate to have been connected to Sysco, a commercial food delivery system. Sysco was also experiencing the disruptive early effects of the pandemic which shut down much of their restaurant clientele. TNG and Sysco came up with a mutually-beneficial relationship to arrange for wholesale food and cleaning supply distribution to the

Tŝilhqot'in communities. Other important relationships were also struck: Tŝideldel worked with a local cattle rancher to purchase beef for community members; and the Nation worked with coastal First Nations to bring in fish.

Food delivery responded to a number of significant concerns within the communities, in addition to the risk of exposure in town. Low-income households could not afford to stock-up on the needed two-week supply for self-isolation. Kids who received school lunches risked missing out on an essential healthy meal once schools were closed. Traditional foods—moose and salmon—were inaccessible, in part because of past environmental emergencies. The loss of access to traditional foods had negative impacts on physical, mental

and spiritual health. Community meal provision was suspended over the month of April due to health risks. Coordinated, wholesale food delivery meant that households on reserve had access to healthy, low-cost food. It meant that these households did not have to worry about grocery store shortages or whether they would have sufficient supplies to manage a two-week lockdown.

Organizing food delivery was a significant accomplishment during a hectic time in pandemic response. Staff had to negotiate and clarify eligibility with provincial and federal agencies to obtain needed approvals and funding. Delivery staff had to follow strict safety protocols: specific drivers were assigned to each community, delivery staff had to maintain physical distancing, trucks and supplies were rigorously cleaned to ensure illness was not being brought into the community through food delivery. [1]

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[1] Unfortunately, due to funding structures, providing the same level of service to food-insecure citizens living off-reserve posed a greater challenge. This is addressed in Chapter 4.

Staff who were not immunocompromised were deemed 'essential workers.' They filled the multitude of community needs by stepping into emergency operations roles. For example, the TNG Employment Coordinator became a conduit to support citizens in accessing relief under Canada's COVID-19 Economic Response Plan.

Community Response to COVID-19 Measures
At this early stage of the pandemic, provincial public health information was updated and available daily for Canadians. TNG was confident that it was receiving current, detailed and reliable health information about the virus itself, its transmission and appropriate individual protective measures. TNG used this information to provide regular updates to Tŝilhqot'in citizens. However, necessary information for community and Nation-level policy responses was not being provided, e.g. geographic data about the prevalence and risk of exposure to the virus in or near communities (see Chapter 3).

The pandemic demanded widespread and rapid changes to daily life in order to prevent the exposure of Elders or others with health conditions to COVID-19. The response was unlike anything the communities had experienced before, despite enduring numerous emergency events in the form of fires, floods and landslides. The communities were not well-prepared for the mass behavioural changes required to keep safe.

Despite the steady stream of information about the threat of the pandemic, many Tŝilhqot'in citizens were reluctant to accept that COVID-19 was a serious and life-threatening virus. Since COVID-19 had not directly affected any Tŝilhqot'in citizens, at least not initially,

the risk seemed remote or impossible. Further, the latent distrust of the health care system among some citizens, due to a long history of systemic racism (see Chapter 2) undoubtedly impacted the perception of the pandemic in the Nation. The Tŝilhqot'in Health Department worked with leadership, community and Nation-level staff, to reinforce the message that the virus posed a serious risk to Tŝilhqot'in communities and that, in the event of an outbreak, there would be a significant strain on the capacity of community health staff. Messaging cautioned that the provincial health care system could become overwhelmed, as was occurring in other jurisdictions around the world. Health staff and leadership were troubled with the lack of compliance with the Public Health Orders, even when the information was conveyed by the community or Nation themselves.

TNG later released a State of Emergency Checklist with key messages to the communities to help ease tensions, provide assurance and demonstrate the Nation's coordinated response. See pages 26 and 27.

CONCLUSION
The Tŝilhqot'in National Government and each community has managed and continues to manage the pandemic in a remarkable fashion and with a great amount of effort. Each community faces unique circumstances: remoteness and isolation, financial and human capacity, the needs of individual members. As we will now see in Chapter 2 these unique challenges are magnified by the traumatic history of disease and the ongoing reality of colonialism and systemic racism that make Indigenous peoples especially—and unnecessarily—vulnerable to the COVID-19 pandemic.

STATE OF EMERGENCY CHECKLIST

WE ARE ACTIVATED.

Dedicated teams are in place at TNG and the Communities to handle this State of Emergency.

- TNG EOC team is activated, roles and responsibilities are clear and understood.
- Emergency Leads are activated for each Tŝilhqot'in Community ("Community Emergency Leads"), roles and responsibilities are clear and understood.
- Back-ups have been identified for TNG EOC members and Community Emergency Leads

WE ARE CONNECTED.

Our teams are connected internally, across our communities and sister organizations, to government and health authorities and to our leadership.

- TNG EOC is connected to Community Emergency Leads, with regular (minimum daily) check-ins established
- TNG Health is connected to Community Health Leads with, with regular (minimum daily) check-ins established
- TNG EOC and TNG Health are working in tight formation
- TNG EOC updates TNG Leadership and staff with a written bulletin on a regular (daily) basis
- TNG Leadership meets regularly by phone (currently Thurs morning) and as needed for update and direction
- TNG Health is connected to Denisiqi and Yeqox Nilin, with regular check-ins
- TNG is connected to senior officials at EMBC and ISC, with regular check-ins
- Tŝilhqot'in Leadership is connected, as needed, with provincial and federal Ministers

WE ARE INFORMED.

We are tracking and sharing the best, current information and sharing this information regularly and effectively.

- TNG Health is tracking the best, current health information on a regular basis
- TNG EOC is tracking the best, current emergency response information on a regular basis
- TNG Health and TNG EOC are coordinating with TNG Communications to provide daily (or more frequent) public updates
- TNG Communications is distributing clear, simple public health documents (e.g. How to Self-Isolate)

WE ARE READY TO RESPOND.

We have a plan to support the Nation and communities through each stage of this State of Emergency and we are ready for contingencies.

- TNG Health and TNG EOC have plans in place to activate for various contingencies, e.g.: 1) cases confirmed in Williams Lake; 2) cases confirmed in community; 3) widespread cases in a community or multiple communities; 4) widespread cases across the Nation.

- TNG Health and TNG EOC have developed and shared these action plans with Community Emergency Leads, Sister Organizations, Health Leads, etc.

- In particular, TNG EOC has a plan to centralize ordering of food and supplies for delivery to communities to reduce trips to and from community by individuals

WE ARE RESOURCED.

We have the resources and the information that we need to deploy them.

- TNG is tracking available resources from government and public health authorities ("Emergency Funds")

- TNG is supporting TNG Communities to access the Emergency Funds and understand the spending parameters

- TNG EOC and TNG Health are coordinating with Community Leads to maximize use of Emergency Funds, provide advice, fill gaps, etc.

- TNG is actively advocating for additional Emergency Funds from government partners to meet the needs of the Nation and Communities

WE ARE TSILHQOT'IN.

We will draw on Tŝilhqot'in teachings, values, culture and language to response to this State of Emergency and keep our people strong and resilient.

- TNG will demonstrate positive strength and resilience, drawing on Tŝilhqot'in culture and values

- TNG will incorporate Tŝilhqot'in language and culture into updates and planning

- TNG will encourage Communities and members to draw on Tŝilhqot'in culture, songs and connection to the land to remain strong and grounded during this State of Emergency

- We will look after and care for each other through this State of Emergency and in particular – and through coordination with our Sister Organizations – give particular care and attention at every stage to our elders, women, children and most vulnerable members

CHAPTER 2:

Systemic Racism, Tŝilhqot'in Resistance and the Colonialism of COVID-19

For the Tŝilhqot'in people, COVID-19 is not just a flu-like virus. It is a disease that brings up generations of trauma from colonization. European viruses and bacteria spread by colonizers—sometimes deliberately—have had a devastating effect on all Indigenous people, including all Tŝilhqot'in.

Tŝilhqot'in history recounts past pandemics, which are known to have decimated the Tŝilhqot'in people over a period of more than a century, reducing the population by at least two-thirds. While smallpox is most notorious, for generations the Tŝilhqot'in people were impacted by other illnesses, including measles, influenza, dysentery, pertussis, chicken pox, diphtheria, typhoid, and tuberculosis. Even the "common cold," while common to Europeans, could have serious consequences for Indigenous communities. Some illnesses, as seen in the sidebar, go unnamed to this day.

Even before Europeans came into Tŝilhqot'in lands, these diseases were likely carried to Tŝilhqot'in

people through trade with other Indigenous nations who had been exposed to them. These illnesses were new to the people, who had no immunity to them, sweeping through families and communities, often with catastrophic consequences. While some diseases were not choosey and affected everyone equally, others targeted Elders and the very young. The impact of these was particularly devastating, as communities lost both their newest and oldest generations simultaneously.

Documentation of these epidemics can be found in Tŝilhqot'in oral history, missionary accounts, and in the journals of traders at the Fort Alexandria trading post. Known as "post journals," these records kept by the Hudson's Bay Company documented daily life, correspondence, and social and environmental conditions at their trading posts. More recent diseases, occurring in the 20th century, are more commonly known and documented in the epidemiology literature.

Past epidemics spread through colonization to Tŝilhqot'in people

1845
Dysentery and another unknown illness

1848
Measles, affecting young people and Elders most acutely

1849
Unknown illness, characterized as like "the croup"

1852
Unknown illness, affecting Elders most acutely

1855
Unknown smallpox-like illness, affecting Elders most acutely

1862-1863
Smallpox

1889-1890
Influenza

1918-1920
Influenza (H1N1) known as the "Spanish flu"

1957-1958
Influenza known as the "Asian flu"

The earliest epidemics of the 1840s were known to be cataclysmic, particularly the 1848 measles epidemic. At its start, the post journal reported, "all [First Nations] of the Rapids and Barge who had gone down to Kamloops in quest of food last fall are lying sick-dead or dying along the river.... there is serious ground for uneasiness..." (HBC, Feb. 17, 1848). This uneasiness unfortunately bore out, as this became one of the most fatal epidemics for the Tŝilhqot'in. The coming of another, unclassified illness the following year added to the devastation. The post journals report a "sickness" terminating in death among "the adults and children of the fort" noting the absence of medicine for this disease (HBC, Oct. 17, 1849). A month later, a trader lamented, "I am sorry to say that many of the [First Nations] are sick and as many have already died of the same disease a kind of croup...others will die..." (HBC, Nov. 26, 1849).

Smallpox, and particularly the 1860s smallpox epidemic following the Fraser River and Cariboo gold rushes, remains notorious in Tŝilhqot'in history. The epidemic is known to have spread from Victoria, where a steamer of gold miners coming from San Francisco carried the disease to B.C. When Indigenous traders and labourers camped near Victoria began contracting and dying of smallpox, the police forced them to leave, towing them up the coast (Lange 2003; Ostroff 2017). The disease spread from Bella Coola to the Chilcotin Plateau.

According to the post journals, not all Tŝilhqot'in suffered equally. In fact, according to the Alexandria journals, ʔEsdilagh lost very few people to this epidemic. However, other Tŝilhqot'in communities—along with the Dakelh in Quesnel and Kluskus Lake, and the Secwepemc at Williams Lake—suffered high infection rates and tragically high mortality throughout the epidemic, which lasted for months. Harrowing entries in the post journals describe this deadly disease, from which "very few recover" (HBC, Dec. 4, 1862), decimating whole communities:

> A Chilcotin came here this morning for medicine for the small pox. He reports several [First Nations] of that quarter dead recently many more suffering at present from this prevalent malady (HBC, July 3, 1863).

> Mr. Saunders... arrived from the Chilcotin camp and reports the small pox raging... a great many already dead... (HBC, Feb. 11, 1863).

About this time, Oblate Missionary, A.G. Morice wrote:

> By the side of the boon conferred on this country [by the goldrush]... came a terrible curse, which at the end of 1862, afflicted the southern part of New Caledonia, and almost converted it to an immense graveyard. Smallpox... played havoc among the Chilcotins, decimating

"Indigenous collective memory is marked by pandemics." —(UNSR 2020, p 8)

them until almost those parties only who were away in the mountains were left to represent the tribe. (Morice 1906[1971], p 307).

Although a vaccine was available at the time, it wasn't widely available to families who lived further away from trade centres. Although there is little evidence either way, it is possible that ʔEsdilagh people suffered fewer smallpox illnesses because they had been vaccinated at Fort Alexandria. In any case, ʔEsdilagh oral history confirms that smallpox was mostly avoided by community members at Alexandria. ʔEsdilagh Elder Thomas Billyboy, in his 2005 court testimony for the Tŝilhqot'in title case related how Tŝilhqot'in and Dakelh people went to the forest and mountains in an attempt to avoid the illness:

"Memories of past pandemics, compounded with the daily experiences of racism endured by Tŝilhqot'in people before and during the COVID-19 pandemic have led to an unmistakable feeling of distrust."

> *when the smallpox came, everybody ran from that place. Carriers went north, because there was too much smallpox. Everybody was dying. Tŝilhqot'in stayed around further back.... People would come from the mountain* [above Fort Alexandria] *and trade* [at Alexandria] *and go back up the mountain.* (2005, p 26-27, line 1-27).

By the end of the smallpox epidemic, and after several decades enduring the onslaught of other viruses and bacteria, the Tŝilhqot'in population fell to numbers never foreseen. Some estimate that one-third of all First Nations people lost their lives in a few short years (Duff 1969:42). For the Tŝilhqot'in, the results were even more dire. In particular, infection rates surged after a trader sold the Tŝilhqot'in smallpox-infected blankets (Duff 1969:42). Consequently, the already-reduced population was further reduced by two-thirds (Morice n.d.:39). All of this devastation set the stage for the 1864 "Chilcotin War," in which Tŝilhqot'in drove surveyors from Tŝilhqot'in lands after they threatened the community with smallpox.

And yet, it wasn't over. Less than three decades later, the 1889-1890 flu ravaged the world, and by this time, the Tŝilhqot'in were firmly connected globally. Another three decades later, the "Spanish flu" travelled the globe, killing millions of people from 1918-1920. Tŝilhqot'in citizen Eugene William saw the coming of the Spanish flu in a dream, in which soldiers "shot this disease with all kinds of colours going through the sky" (Glavin et al, 1992). The ensuing flu further devastated the Tŝilhqot'in, bringing haunting memories of the past. It is thought to have killed so many Tŝilhqot'in people

Tsilhqot'in National Government
April 3 · 🌐

TNG Cultural Ambassador, Peyal Laceese of Tl'esqox, shares a cultural video on the significance of a sage offering. He shares that the sage offering is a traditional cleansing medicine for the Tŝilhqot'in used to bring positivity to a person, home or space. The current COVID-19 situation is an opportunity to harvest the traditional medicine to take away negativity and help our hearts and spirits be in a good place.

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that there are stories of haphazard burial sites all over the territory. "You don't know where you might dig into these unmarked gravesites," recounts one Tŝilhqot'in Chief. "These stories make it real now." To this day, "Indigenous collective memory is marked by pandemics" (UNSR 2020, p 8).

This history shows that disease and colonization are intimately intertwined. Disease was both a tool of dispossession and a "harbinger" of the devastation that was to come (Kelm 1998, p xv). Extensive research demonstrates that health disparities experienced by Indigenous peoples in B.C. over the last two centuries are not just the unfortunate and inevitable product of Indigenous and European bodies coming into contact. Rather, ongoing health crises experienced by Indigenous peoples today have been directly and systemically created by colonial policy and legislation (Kelm 1998; see also Wilk et al 2017; Allan and Smylie 2015; Greenwood and de Leeuw 2012; Czyzewski 2001). "Aboriginal ill-health was created not just by faceless pathogens but by the colonial policies and practices of the Canadian government" (Kelm 1998, p xix). By the same token, steps taken to rebuild Indigenous health, including steps taken

coming out of the COVID-19 pandemic, will need to be equally systemic in nature.

Memories of past pandemics, compounded with the daily experiences of racism endured by Tŝilhqot'in people before and during the COVID-19 pandemic have led to an unmistakable feeling of distrust among Tŝilhqot'in people, and even the fear that COVID-19 could be purposely spread to Tŝilhqot'in communities.

Far from being victims of systematic racism and colonial policy, Tŝilhqot'in people have always shown resistance asserting their own knowledge, cohesion, and jurisdiction over the wellbeing of their own communities and citizens. Tŝilhqot'in medicine and medicinal knowledge have not been usurped. Traditional medicinal knowledge continues to be shared within the Nation to this day. The COVID-19 pandemic thus follows on the heels of a long history of colonization and Indigenous resistance. Many of the same dynamics are now being revived in response to this pandemic.

Colonialism as a Determinant of Health
Indigenous peoples in Canada are understood to be especially vulnerable to COVID-19. Known co-morbidities of COVID-19, such as diabetes, heart disease and obesity, are found at a higher rate amongst Indigenous peoples than non-Indigenous peoples (Matthews 2018, p 827). The prevalence of underlying health conditions among Tŝilhqot'in citizens was a crucial consideration for Tŝilhqot'in leadership acting through the State of Emergency, COVID-19 By-laws and Orders.

The data depicted on page 33 demonstrates higher rates of such conditions, that "Indigenous peoples are more likely to have multiple diverse health conditions" (Turpel-Lafond 2020, p 67-69):

At the same time, mental health concerns are also heightened in Indigenous communities. Indigenous peoples have higher mortality rates due to suicide, chronic illness, and substance abuse compared to

Far from being victims of systematic racism and colonial policy, Tŝilhqot'in people have always shown resistance asserting their own knowledge, cohesion, and jurisdiction over the wellbeing of their own communities and citizens.

non-Indigenous populations (Matthews 2018, p 827). Higher rates of domestic violence have been reported in Indigenous communities as a result of COVID-19 (UN/DESA Policy Brief #70 2020, p 2). The pandemic has brought disruption and trauma, exacerbating these mental health, substance abuse, and domestic violence concerns (these broader health and social concerns are addressed more extensively in Chapter 5).

However, "Indigeneity is not a 'risk factor' for COVID-19" (Behn Smith 2020). Cultural and community strength and connection to the land are all significant protective measures in the face of disease. Research indicates that both self-determination and the use of Indigenous languages are important determinants of Indigenous health (Ladner 2009; McIvor et al 2009). It is rather the social determinants of health that make Indigenous peoples at risk of COVID-19. Put differently, it is "[r]acism, not race, that is a risk factor for dying of COVID-19" (Wallis 2020). As the United Nations Special Rapporteur on the Rights of Indigenous Peoples has reported, "Indigenous communities are at increased risk because of the systemic inequities and discrimination they face, and COVID-19 has further exacerbated racism against indigenous men and women across all continents, including stigmatization when indigenous communities are accused of not respecting preventive measures or of having high infection rates" (UNSR 2020, p 9).

IN 2017–18, FIRST NATIONS PREVALENCE RATES WERE GREATER THAN OTHER RESIDENTS IN 14 OF 16 CONDITIONS (FIRST NATIONS RATES > 1%)

Condition	First Nations	Other Residents
Colorectal Cancer*	1.4%	1.1%
Breast Cancer	1.4%	1.4%
Stroke*	1.4%	0.7%
Epilepsy*	2.0%	0.9%
Rheumatoid Arthritis*	3.2%	1.1%
Heart Failure*	3.3%	2.1%
Chronic Kidney	3.3%	2.5%
Coronary Angiogram*	3.6%	3.2%
Ischemic Heart	6.7%	5.9%
Episodic depression*	8.3%	7.1%
Cancer (1st encounter)	8.7%	8.8%
Diabetes*	11.0%	8.4%
Episodic Mood & Anxiety Disorder*	11.6%	10.0%
Osteoarthritis*	13.7%	9.0%
Asthma*	18.5%	12.0%
Hypertension	18.9%	18.7%

■ First Nations   ■ Other Residents

CREDIT: (*In Plain Sight* 2020)

"We are a remote community located two hours from the nearest hospital and do not have the amenities at our disposal. We knew it was just a matter of time when COVID-19 would directly affect our community— socially, we have been impacted deeply. With the Nation, together, we are stronger and all efforts are devoted to keeping our community safe."
—Nits'il?in Otis Guichon Sr., Tŝideldel Government

What is more, access to adequate health care is undermined by systemic racism. In her recent, high profile investigation into allegations of anti-Indigenous racism in the province's health care systemwide—*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*—author Mary Ellen Turpel-Lafond indicated that to address the problem of racism in health care "...requires cultural humility, anti-racist mindsets and tools and human rights approaches...[it] is the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices, profiles and behaviors that perpetuate racism." It involves "...eliminating racism from our policies and institutions, understanding how the present exists upon colonial and racist foundations, and committing to educate oneself and take action to create conditions of greater inclusion, equality and justice" (Turpel-Lafond 2020, p 7).

Changes may be witnessed at the grassroots level, often without formal support, but changes need to be made from the top. The report stated that "approximately 9000 people" contributed their firsthand accounts of injustice that have long been repressed (Turpel-Lafond 2020, p 31). Further, it exposed that "[w]ithout exception, every health care leader— within government, health authorities, regulators and other health care organizations—acknowledged that racism exists in their organizations and their health care systems" (Turpel-Lafond 2020, p 34).

In Plain Sight confirms what Tŝilhqot'in communities have known

and experienced for generations. Longstanding discrimination in the region has prevented many from accessing health services they need. Work to embed practices of cultural safety into the Interior Health Region is ongoing (FNHA 2017), but there is a long way to go to build trusting and respectful relationships between the provincial health care system and Indigenous peoples in the interior. Recent hospital experiences of Tŝilhqot'in citizens attest to the need to be a constant, vocal advocate for one's own health care or on behalf of other Indigenous people. Lingering mistrust in the health care system continues to act as a real barrier to seeking COVID-19 care, both testing and treatment. The wide range of experiences with the health care system sows further mistrust within communities as members may blame each other for not taking appropriate steps and then risking exposure.

Canada has long been criticized for gaps in Indigenous health care policy, and for a "jurisdictional patchwork" that exacerbates systemic barriers and fails to keep up with the resurgence of Indigenous self-government (Lavoie 2013, p 5). The 2011 transfer of responsibility for Indigenous health programs in B.C. to the First Nations Health Authority was a landmark step in the creation of a community-driven health system with autonomous oversight from Indigenous leadership (FNHA 2013). Nevertheless, there is still a long way to go to address the colonial determinants of health, legislative barriers to Indigenous jurisdiction, and institutional barriers to accessing health care, and to rebuild

trust in a health care system that continues to profile and marginalize Indigenous people.

COVID-19 Testing & Vaccination

The lack of control over COVID-19 health procedures, protocols and orders was concerning for the community health departments. Initially, most community health nurses were not equipped to provide testing. Any individual with symptoms would need to self-isolate and travel alone to a testing centre. Depending on the community, this could mean one to three hours travel. As a practice, community health departments provide supports for travel—there are many citizens who do not have licenses, insurance or even vehicles. This meant that the driver or chaperone, often a family member or friend, would risk exposure, and be required to self-isolate as well. An even larger impediment was the overarching issue that Tŝilhqot'in citizens were apprehensive to get tested due to experiences of racism and strong distrust of the local hospitals.

Early in the pandemic, a Family Nurse Practitioner who had long provided medical services to the Tŝilhqot'in began administering tests in some of the communities, sometimes going to considerable lengths to be accessible to Tŝilhqot'in citizens. Having worked in the region for a long time, this individual had a demonstrated relationship built upon trust. The nurse practitioner hosted a Facebook page with information about COVID-19, reported cases, and information on testing and general precautions. This proved to be an effective and appreciated avenue for communication and to encourage testing.

The nurse practitioner has since retired. While some community health nurses are yet to be fully authorized to carry out COVID-19 testing independently, testing is available in all communities. This is a significant protective measure given the rural geography of Tŝilhqot'in communities and the barriers described above. In addition to more training of community health nurses, interviewees also suggested the addition of a local testing site at the Alexis Creek Health Clinic.

Late in 2020, the Canadian Public Health Authority announced that adults in Indigenous communities were a priority group for COVID-19 vaccination. FNHA later announced that a "whole community" approach would be taken for First Nations in B.C. in an effort to build community immunity, beginning with remote First Nations (FNHA 2020b). The implementation of priority vaccination is a significant boon to the Nation, with the first Tŝilhqot'in community vaccinations starting mid-January 2021. Heartening photos and videos of the first vaccinations of the Tŝilhqot'in people were posted on their website.

Health Care Provision

Citizens' regular health care needs are normally served through community health clinics, many of which share space with their respective band offices. However, with the mandated changes to workplace health and safety, shared space made it challenging to social distance. With constantly evolving health care stipulations to wade through, community health departments had a formidable task before them. Implementing completely new

Confronting Systemic Racism and Moving Forward Together

Early in the pandemic, the Tŝilhqot'in Nation had a scare, an exposure to COVID-19 in Tl'etinqox (discussed in Chapter 3). The Nation acted swiftly, announcing a 14-day lockdown in all communities to prevent further exposure and spread of the virus. In anticipation of the lockdown, Tŝilhqot'in citizens travelled to Williams Lake to purchase needed supplies. News of the exposure had circulated around Williams Lake. Tŝilhqot'in citizens reported being racially profiled and confronted at the Royal Bank of Canada (RBC) in town. Any Indigenous-looking person would be approached and asked if they were from Anaham (Tl'etinqox) and denied access to tellers if they answered yes. They were directed to use the ATMs, where many had limits on the amounts that they could withdraw, for example, when depositing their social assistance cheques. They were denied the ability to access their own financial resources, cash cheques and withdraw money at a critical and already financially stressful time. It was a traumatic and deplorable illustration of the ongoing racism experienced by Tŝilhqot'in people.

Once the Tŝilhqot'in National Government was alerted to these incidents, it contacted the head of RBC. RBC immediately apologized, agreed that it was wrong, and stopped what was happening at the Williams Lake branch. Further, RBC issued an apology letter to the community and distributed grocery gift cards to Tl'etinqox households. Moreover, this incident introduced an opportunity for learning and relationship building between RBC and the Tŝilhqot'in. Since then, RBC staff have been taking Tŝilhqot'in-specific training, led by the Nation. Out of a horrible situation grew a welcome example of an institution making things right to the satisfaction of the affected community.

procedures for providing health care to Tŝilhqot'in citizens required a lot of work and innovation at the outset.

Band offices, schools, and community health clinics—all places that people rely on for both health and social services—had to close their doors to the public, offering only limited services and in a much different manner than people were used to. This has "disconnected" citizens from leadership and community supports. Some people perceived working in the band office in this new climate to be negative, where everyone was tense and on high alert.

While more remote communities made sure that access to regular health care and necessary specialists were still available, new systems of accessing those services—triage over the phone, screening, physical barriers between citizens and staff—have been challenging for many. With so much anxiety about the pandemic, as well as confusion about the guidelines for the operation of health centres, many families were hesitant to get their other medical needs met, such as children's immunizations and other appointments which require going into the clinic. While this created a significant level of stress for both staff and citizens, communities banded together to come up with creative ways to support community needs.

Community health nurses who already had a trusting relationship with citizens had the most success in introducing new systems. Nurses would dress in PPE to deliver prescriptions to community members at home, and more home care was dispatched. However, some communities have struggled to hire a sufficient number of culturally trained home care staff, and this capacity issue has become acute.

Generally, the pandemic has highlighted that health care practitioners work in silos. Sometimes, when a nurse or another staff member turned over, the community would not receive notice of the change. What's more, the use of three different medical records systems causes technical and continuity

"COVID-19 has brought our housing crises to the forefront. We have a makeshift building—a portable building which was our library—that we have converted to become an isolation facility if we need it. This is a basic need and these living standards can't continue."
—Nits'ilʔin Lennon Solomon, Yuneŝit'in Government

problems, as well as creating more risks to maintaining personal security and privacy. It took consistent advocacy to get community health nurses permission to access Meditech, the medical record system used by Interior Health and FNHA, while many communities use Mustimuhw Information Solutions (MIS), an Indigenous health software system.

Systemic Racism & Resource Disparity

That colonialism is itself a determinant of health is plain to see, given the massive disparities between Indigenous and non-Indigenous communities in Canada. Communities rely on adequate infrastructure and resources for safety, health and well-being. Most of the Tŝilhqot'in communities struggle with maintaining access to clean drinking water; live in cramped and deteriorating housing (some with unaddressed mold and pests); face food insecurity, underemployment, and poverty; encounter barriers to accessing social services and wellness programs; and lack access to basic technology. This section outlines how these disparities in basic and essential resources have amplified the impacts of the pandemic.

Infrastructure

COVID-19 is another reminder of the inadequacy of physical infrastructure in the Tŝilhqot'in Nation. Responding to any emergency—wildfires, a pandemic, flooding—requires dedicated and appropriate physical space. An emergency operations centre is a principal necessity. TNG EOC staff were challenged with responding to the pandemic in isolation and spread out in different offices, because there was no physical space where they could meet

in person while maintaining necessary physical distancing. The Nation did not have an adequate multiple-purpose space that could be converted to an EOC. Late into the fall of 2020, the Nation renovated a community-owned business space in the territory for an interim EOC large enough to bring all the employees together.

Housing on reserve presented a suite of challenges. Work-from-home requirements and restrictions on community gatherings meant that individuals were spending more time than usual in poorly constructed homes. Mold and pests are common in Tŝilhqot'in communities, a result of inadequate funding and shoddy construction. Consistently underfunded maintenance programs from year-to-year increase exposure to mold which can aggravate respiratory issues. Unsafe housing is an urgent unresolved concern that the Nation has sought to have addressed for years.

In addition, many homes are overcrowded. There simply is not enough housing for the number of citizens who want to live in the community. In some communities, small homes can house up to fourteen people. This crowding presents an obvious amplification of the risk for the transmission of COVID-19. The pandemic presented an additional challenge in that many off-reserve citizens sought to move back to the community, often due to pandemic-related employment loss. Yet there was nowhere for them to go, other than squeezing into already congested family dwellings.

In the fall of 2019, as part of reconciliation discussions, funding started to flow from the federal government to the Tŝilhqot'in Nation as part of a $21.5 million housing infrastructure allocation over five years. This was the first funding allocation of its kind. The funding was earmarked for the construction of new housing, extensive repairs to existing homes, capacity development and housing governance without restrictions. The TNG Housing and Infrastructure Department is currently establishing a Nation-wide housing & infrastructure strategy, including the development of a Nation-level construction management company. This has led to the hiring of new staff, such as a housing and infrastructure advisor, a construction manager, an asset management coordinator, a drafting and design professional and construction superintendents. More hires are anticipated which include a facility manager, trades professionals, apprentices and labourers in each community.

Unfortunately, COVID-19 has caused numerous delays and complications in implementing the program, but some encouraging progress is being made. By early fall 2020, the Nation launched an Introduction to Carpentry training program to maximize benefits to members from this housing initiative. There is a memorandum of understanding with the B.C. Housing Asset Management Group to begin housing condition assessments in each community.

In the meantime, the housing shortage meant that appropriate self-isolation units were an urgent necessity for addressing and mitigating potential exposures in the communities. Through pandemic planning, each community sought suitable locations for self-isolation facilities. There were only a few communities which had potentially suitable buildings, but the buildings required work to become habitable. This required support from Emergency Management B.C. (EMBC) through the Emergency Assistance Funding (EAF) process to purchase supplies such as cots and bedding. Although these were standard requests for other types of emergencies with evacuation responses, provincial review and approval took several weeks. Community EOC and Health Departments also attempted to seek approval to convert containment trailers or to make necessary structural changes to existing buildings. Much effort was spent on seeking funding approvals from EMBC and FNHA, and in many instances the submissions were not accepted. In these instances, creative attempts to address unique and pressing Indigenous needs—needs created through colonization and systemic discrimination—were hampered.

By the first week of April 2020, self-isolation facilities were still not approved. Given the lack of funding, communities began to transform their existing buildings, if they had them, into isolation facilities. Tŝilhqot'in communities know how important it is to have a backup plan; the fear of not having something

Globally, shifts to online or otherwise remote education have created particular challenges for indigenous peoples and deepened the more general digital divide between indigenous and non-indigenous segments of society, including due to high Internet access costs and usually low or non-existent network reliability or speeds. (UNSR, p 20)

in place only added to the stress caused by the virus. Some communities established temporary facilities and could create an isolation unit within a day's notice if necessary. In some cases, this competed with housing rentals normally reserved for outside essential workers or teachers. When teachers returned for the school year, these were no longer available.

FNHA, recognizing the need for self-isolation units in remote communities, ultimately provided funding for the rental of a travel trailer to be set up on the most remote reserves. This was not a long-term solution—the costs were high. Moreover, community health staff expressed concern over the mental health impacts of being confined to a small trailer for the 14-day isolation period. Eventually, when the COVID-19 numbers across the province declined, the trailers went back to the recreational vehicle dealer but could be rented again if necessary.

The lack of multi-purpose space creates yet another vulnerability: to intimate partner violence. As discussed in Chapter 5, there is a serious concern about the rise in intimate partner violence exacerbated by pandemic restrictions and pandemic anxieties. Echoing the findings of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), the lack of safe space—including safe and appropriate housing, as well as Indigenous-led low-barrier shelters, safe spaces, transition homes, second-stage housing—in Tŝilhqot'in communities makes women, children, and 2SLGBTQQIA community members exponentially more vulnerable to abuse within the household.

Technology

Reliable access to internet and mobile phone networks is an ongoing problem for the Tŝilhqot'in. The digital gap in Indigenous communities in Canada is significant. The Union of B.C. Indian Chiefs reports that only 25% of First Nations in the province have access to the internet (UBCIC 2020). Across Canada, less than 30% of First Nations have internet access that meets minimal quality standards (CRTC 2019). The impacts of this digital gap are amplified enormously by the pandemic.

The cellular network ends five minutes outside of Williams Lake heading west along Highway 20, meaning that all six Tŝilhqot'in communities lack access to mobile phone coverage. Through the Pathways to Technology project, the All Nations Trust Company connected ?Esdilagh First Nation to fibre optics in the fall of 2019 and Tl'esqox, Tŝideldel, Tl'etinqox and Yuneŝit'in were connected by the end of 2020. Yet, a survey conducted by the First Nations Technology Council showed that limitations to accessing connectivity in the households are due to financial constraints, limited internet bandwidth and limited hardware or personal devices (FNTC 2020).

"Stay at home" pandemic measures take on an entirely different meaning when those homes do not have reliable digital access. Many individuals

Managing Emergencies within an Emergency

One example of how emergencies overlap in the Tŝilhqot'in Nation and strain human resource capacity is the spring flooding season, which occurred in the midst of the first wave of the pandemic. Both Tl'esqox and Tl'etinqox experienced floods in spring 2020. Tl'etinqox had experienced similar floods in the past due to the damages to the ground bed from the 2017 wildfires; however, for Tl'esqox, this was the first time in recent memory that a significant amount of flooding had occurred. The TNG EOC assisted the communities with delivering sandbags and tracking expenses for recovery, and with tenacity the communities dealt with these compounding emergencies.

Meanwhile, in ʔEsdilagh, the main road from Williams Lake washed out, leaving the community with reduced access routes, since in 2018 their other main entry road to the north of the community had washed out and was considered irreparable. In the case of a

wildfire in or near the community, citizens would need to travel the backroads to egress from danger—the same backroads that were damaged by the 2017 wildfires. At the same time, the TNG EOC had planned to deliver an isolation trailer to the community. This resulted in a five-hour round trip to the community as opposed to the usual travel time of one hour. The Ministry of Transportation and Infrastructure initiated a geotechnical assessment and worked with Emcon Services, a road contractor local to the area, to repair the road.

Throughout the spring and summer, Tŝilhqot'in communities braced for the wildfire season. The TNG EOC worked with the communities to prepare for wildfire. The communities were able to carry out prescribed burns to reduce the fuel source around the houses. Fortunately, the communities were not affected by wildfires over the summer of 2020.

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lack mobile phones and computers, so had to adapt to remote work without proper work-from-home equipment. Technological limitations impede the communication of emergency information, and the ability to work or attend school remotely. Chapter 5 provides more detail on the wide range of health and social challenges arising from or exacerbated by the pandemic.

Human Resources
Employees and leadership in the Nation are dangerously close to burnout due to the stress of dealing with a pandemic for the first time. They are working tirelessly to protect and maintain community health while also being concerned for

the health of their own families. The risk of burnout, aggravated by the impact of the 2017 wildfires and the pressures of negotiating and implementing innovative reconciliation agreements with federal and provincial governments, has imposed an overwhelming amount of strain throughout the past years. Chapters 3 and 4 provide some insight into the perennial work of negotiating for the recognition of the Nation's jurisdiction. While there has been some progress, it takes considerable effort and perseverance in communities pressed for human resources. Canada Research Chair, Dr. Sheryl Lightfoot calls this "colonization by exhaustion." Continued discussions and advocacy always come at the cost of depleting limited

human resource capacity that could be addressing other needs, including sustaining, revitalizing and strengthening traditional laws and practices.

Communities have job postings that even prior to the pandemic were difficult to fill. The remote location and unique needs of the communities make it generally difficult to attract and retain human resources. Several staff hold a single job title but often do more than one job. The COVID-19 pandemic requires a response team to handle the many new moving parts while also allowing the important services provided through the Nation and communities to continue. The pandemic has required new policies, procurement of new supplies, new forms of communications, amongst many other things. The list of duties is endless. While this is true in all communities during the pandemic, it requires particular attention and action in First Nations communities, which are under-served and under-resourced because of history and ongoing colonization.

These new tasks were taken on by staff managing the challenges that arise in communities with alarming regularity, related to physical health, mental health, addiction, or emergencies caused by floods and landslides. Many stepped up, despite facing already extensive demands. They not only handled health care support, they shouldered multiple duties. This, of

course, takes a toll. The mental, physical, emotional and spiritual fatigue of employees and leadership are palpable. As the Nation looks to heal after the pandemic, it hopes to incorporate workplace practices to restore and support staff, whether through traditional wellness care or the health care system.

CONCLUSION

The strength of the Tŝilhqot'in Nation and its people are important protective factors against the COVID-19 pandemic. The Tŝilhqot'in history with disease and experience of colonialization has informed its strong response to the pandemic. This exercise of Tŝilhqot'in jurisdiction, however, is always within a set of colonial constraints. Colonialism, not Indigeneity, is what makes the Tŝilhqot'in vulnerable to the pandemic. Systemic racism in health care, poor infrastructure and barriers to accessing basic technology are all examples of how colonial practices and policies continue to act on the Nation. Despite these constraints and limited capacity, the Tŝilhqot'in pandemic response features anti-racism and cultural training—an important step to repairing relations with neighbouring business—and the capable stewardship through the overlapping emergencies of the pandemic and spring flooding. These achievements highlight how Tŝilhqot'in leadership in emergencies protects and strengthens Tŝilhqot'in communities.

CHAPTER 3:
Data Sovereignty & Communication

"I was concerned for staff that may have had contact. I was concerned about rumour spreading. I was concerned about the fear level, and the heightened trauma and anxiety about abilities at home." —Jessica Doerner, Yuneŝit'in Health Director

Information about the spread of COVID-19 is vital for governments to assess risks and determine effective and proportionate public health measures. As this report documented in Chapter 1, the Tŝilhqot'in Nation exercised its jurisdiction over public health and safety by implementing now familiar pandemic response measures: border controls, self-isolation requirements, restrictions on gatherings, etc. However, leaders have had to make these decisions in the absence of specific data about positive cases and potential exposures within and near Tŝilhqot'in communities.

Systems of "surveillance" that produce health data are a double-edged sword. Data tends to paint a grim picture, as the Western determinants and indicators it relies on tend to skew towards illness, dysfunction, and death, rather than strength, healing, and resilience. This lays bare limitations in epidemiological understandings of health relative to more holistic Indigenous understandings of wellness. At the same time, data also provides "powerful social instruments" through which wellness is defined, issues are identified, and resource allocation is determined (O'Neil 1993, p33). It is no surprise that many Indigenous communities are striving to

take control of their own health-based research and data-collection. For example, early independent community-based investigative reporting on the pandemic showed three times as many Indigenous people had contracted COVID-19 than was reported by Indigenous Services Canada (Skye 2020). However, most communities do not yet have the resources, skills, or access to information to monitor, track, and interrogate such data. Independent Indigenous-led research on Indigenous digital health in Canada is now yielding tools to support communities in culturally-appropriate pandemic response (e.g. Kitatipithitamak Mithwayawin).

On the road towards full data sovereignty, Tŝilhqot'in leadership has collaborated with other Indigenous nations to push for a model of data partnership with Canadian and B.C. governments. Tŝilhqot'in leadership on these issues has been informed by the Nation's early experience with an unnecessary COVID-19 exposure, known now as "the scare."

"The Scare"
In mid-April, a Tŝilhqot'in citizen was released from the Mission Institution, a federal penitentiary that was,

COVID-19 Exposure in Community

TSILHQOT'IN NATIONAL GOVERNMENT

as of April 21, 2020

TNG learned today that a Tŝilhqot'in member has tested positive for COVID-19 after spending time in Tl'etinqox over the past weekend. The affected Tŝilhqot'in member is currently in good health and quarantined in Prince George.

Tl'etinqox and the TNG Health Team are actively taking measures to contain this exposure and protect the health and safety of Tl'etinqox and everyone else in the Tŝilhqot'in communities and the region. We are working with provincial health authorities to identify and contact those people who may have interacted with this individual, and directing them to self-quarantine immediately.

All six Tŝilhqot'in Communities are closed to visitors except for essential services, as announced on March 31, 2020. Access restrictions will be continued and reinforced for the safety and health of elders and loved ones. Additional measures will be announced in the coming days.

It is more important than ever to STAY AT HOME or safely camped out on the land. Do not leave home or your camp unless it is essential.

We are here for you. We will continue to share updates and proactively take the steps needed to keep our people healthy and protected.

TNG Downtown Office: (250) 392-3918
TNG Health Office: (250) 398-8575
TNG EOC – State of Emergency Information: (250)-305-6151

at the time, the site of one of the largest outbreaks in the province. The individual sought to visit an ill family member on route to a halfway house in Prince George, B.C. The communities soon came to learn of the individual's positive COVID-19 test. This resulted in the presumed exposure of a number of Tŝilhqot'in community members who were rumoured to have attended group social gatherings with the individual. Concerned Tŝilhqot'in citizens began to spread information over Facebook. News travelled fast; however, it was hard to decipher the truth from misinformation, amidst all the anxieties about the potential exposures.

The disorganization and lack of protocol at the Mission Institution, and the lack of advanced notice of the release of this individual, left Tŝilhqot'in leaders unable to take preventive measures needed to protect Elders and community members. The irregular, multi-agency approach to contract tracing fuelled the confusion. The RCMP, who were responsible for the released

inmate, began the process of contact tracing. RCMP arrived in the community and visited the homes of those who were known to have been in the presence of the individual. The B.C. Center of Disease Control (BCCDC) simultaneously connected with the community health nurses to begin contact tracing to notify potentially exposed individuals to self-isolate. By this time unfortunately community members were alerted by the RCMP and confidentiality of those potentially exposed was breached.

The lack of clear and consistent information provided to Tŝilhqot'in Chiefs amplified fears throughout the Nation for the Elders and family members that shared homes with the presumed exposed citizens. Communities were left to implement emergency measures in a frenzied state to attempt to avoid exposure and limit the risk posed to the communities. Immediately, Tŝilhqot'in leadership made the decision to implement 14-day community lockdowns and provide their citizens notice that access into and out of communities would be restricted. Employees were to begin working from home and offices were closed to the public, and a public notice of the exposure was released. The community health nurses were asked to reach out to these households to ensure that Elders were informed and cared for adequately.

Provincial Health Data Regulation & Provincial Obligations to Indigenous Peoples

"The scare" was a near miss. Through the quick and coordinated reaction of the Nation and a bit of good luck, this one incident did not result in the spread of COVID-19 throughout the Nation as feared. The Nation should not have to rely on such luck. The absence of a provincial coordination mechanism that addresses Indigenous governments *as governments* made the Tŝilhqot'in Nation unnecessarily vulnerable to this exposure.

Personal health data is collected and managed by the Province under several provincial statutes, principally the *Public Health Act*. Public authorities are only permitted to collect, use or disclose information for

> ## "We cannot decide the necessity of stay-at-home orders, prohibitions on travel through our territories or reserves, or closing businesses... if we are working blindfolded."
>
> (Chief Councilor Roxanne Robinson, Chief Councilor Danielle Shaw, Chief Councilor Marilyn Slett and Chief Wally Webber)

specific purposes listed under the *Public Health Act*, including the purpose of providing healthcare to an individual and:

(e) to assess and address public health needs;
(f) to engage in health system planning, management, evaluation or improvement, including
    (i) health service development, management, delivery, monitoring and evaluation,
    (ii) the compilation of statistical information,
    (iii) public health surveillance, and
    (iv) the assessment of the safety and effectiveness of health services;
(g) to conduct or facilitate research into health issues;
(h) to assess and address threats to public health (section 9(1)).

Purposes (e) through (h) are all directly relevant to the COVID-19 response. The collection, use and disclosure of COVID-19 exposures and positive cases falls within

the scope of the legislation. Collecting and using COVID-19 data is essential to tracking the spread of the virus, predicting future spread, and determining the appropriate measures to take to mitigate virus transmission and exposure and protect members of the public. The disclosure of this data is necessary to ensure that individuals have the information they need to take measures within their spheres of authority to protect themselves and others.

At the same time, the Province has been cautious about the disclosure of COVID-19 data, taking into account countervailing considerations about privacy. The Provincial Health Office's approach has been especially mindful of the stigmatization that can come with contracting and potentially spreading a disease (Porter 2020). Privacy protections are also contained in provincial legislation, which permits sharing only the personal information that is necessary to achieve the relevant healthcare purpose for which the information was collected, unless consent by the individual is obtained to share the information for another purpose.

These countervailing considerations, however, are overridden when there is a significant risk to the health or safety of the public or a group of people. In such instances, the *Freedom of Information and Protection of Privacy Act* requires that public authorities disclose without delay information about that risk to those affected (section 25). The significant risk to health and safety that COVID-19 presents is not in doubt; the province has been under a state of public health emergency since March 2020. The significance of that risk is heightened when the exposure concerns Indigenous peoples, because of increased vulnerabilities due to the ongoing negative health impacts of colonization.

The exercise of powers under the *Freedom of Information and Protection of Privacy Act* and the *Public Health Act* must be understood in light of provincial commitments to fully implement the Truth and Reconciliation Commission's Calls to Action, and the United Nations *Declaration on the Rights of Indigenous Peoples* which is now enshrined in B.C.'s *Declaration on the Rights of Indigenous Peoples Act*. The Calls to Action and the Declaration commit to the recognition and support of Indigenous self-determination and the inclusion and participation of Indigenous peoples in decision-making processes that affect their interests. Specifically, these documents draw special attention to Indigenous health rights. Powers delegated through provincial legislation must be exercised in a manner that aligns with this extensive set of commitments to Indigenous peoples in B.C.

During a public health emergency, the *Public Health Act* (section 53) provides exceptional powers to health officers that override some requirements of the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*. However, there is no conflict between the exceptional powers of health officers listed in the *Public Health Act* and the disclosure obligation of different public officials under the *Freedom of Information and Protection of Privacy Act* (Information and Privacy Commissioner 2020). Moreover, the *Public Health Act* emergency provisions vest additional powers in the provincial health officers to authorize further reporting of infectious agents and to "collect, use or disclose information, including personal information... that could not otherwise be collected, use or disclosed" (section 54(1)(k)).

In short, provincial law imposes on public officials a duty to disclose information about a public health and safety risk and it empowers public officials with additional disclosure powers during a public health emergency. Both dimensions of this legal matrix must be exercised fairly, in accordance with the rule of law and with special attention to the Province's commitments to Indigenous peoples. Aligning the Province's disclosure laws with the *Declaration on the Rights of*

Indigenous Peoples means working in partnership with Indigenous nations to assess and address public health needs of Indigenous communities and the threat of COVID-19 to these communities.

The Status Quo
First Nations leaders have been clear about the need for data sovereignty. Writing in *the Globe and Mail*, B.C. First Nations leaders explained, "We cannot decide the necessity of stay-at-home orders, prohibitions on travel through our territories or reserves, closing businesses... if we are working blindfolded" (Robinson et al 2020). Leaders have repeatedly asked the province to treat First Nations as governments and disclose directly to them information about COVID-19 exposures and cases in or near their communities.

Access to information about COVID-19 cases within the community falls squarely within leadership's responsibility to the Tŝilhqot'in people. Moreover, it follows from the distinctive and close-knit relationships within Tŝilhqot'in communities. Tŝilhqot'in leaders take care of every aspect of their people's lives, including children and family issues, education, social assistance, addictions, mental health, and Elder care support. To not be alerted about communicable disease exposures undermines Indigenous governance and self-determination, as well as essential support networks within the communities.

The provincial response to these concerns was to mandate the First Nations Health Authority (FNHA) to receive COVID-19 information. Determined advocacy on the part of First Nations leaders eventually led to a FNHA policy (May 6, 2020) setting out the procedure for notifying a Chief when there is a positive case in the community—until then, Indigenous leadership was not entitled to notice of positive cases in their own communities (FNHA 2020a). This policy on disclosure only materialized after the traumatizing community exposures and because of significant efforts by First Nations leaders—including the Tŝilhqot'in Chiefs—in the midst of the first-wave pandemic response.

This policy states that the regional health authority works with community health nurses as part of the individual's "circle of care" to meet their needs. At the same time, a multiple-step notification process through the FNHA is engaged to provide notification of a positive case to the Chief and community health director "emphasizing that no names or personal information will be provided." The Chief and health director are considered the "circle of support" which attends to the communities' overall needs.

Notably, the policy only permits the release of partial COVID-19 information (anonymized information, only once a case is confirmed, only in the immediate community), meaning that First Nations leaders are still forced to make crucial public health decisions in the absence of the full range of data collected and known by the Province. Reports from leadership indicate that there are often delays of several days in receiving vital information about a positive case (Wickett 2020). This hierarchical and paternalistic

B.C. and Canada's Commitments

UN Declaration on the Rights of Indigenous Peoples

ARTICLE 23
Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

ARTICLE 24
1. *Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*

2. *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*

Truth and Reconciliation Commission Calls to Action

19. *We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long- term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.*

21. *We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.*

"Cooperation and exchange of information between Governments acting in good faith and indigenous communities are essential to develop adapted responses to the pandemic" (UNSR, p 11-12)

approach to data sharing undermines Indigenous jurisdiction, which the province otherwise purports to recognize. And it is incongruent with the province's approach to publicizing location-specific data about COVID-19 cases and exposures in long-term care facilities, schools and public locations. Indeed, after large numbers of cases began to emerge in rural B.C., the Public Health Office altered its practice in early December 2020 and began releasing weekly case data for local health areas.

The TNG Health Director and healthcare teams across the communities have learned to work with this arrangement. If there is a positive test of a member on reserve, Interior Health contacts the community health nurse. If the nurse was the person who administered the COVID test, then that nurse is automatically and fully involved in the person's care. If the person was tested elsewhere, then the community health nurse may only be given limited details unless the person has consented. At the same time, FNHA will contact the TNG Health Director to alert her to a positive case in a Tŝilhqot'in community. TNG staff can then work to support the community with needs such as arranging for self-isolation or contact tracing.

One TNG staff member is trained to conduct contact tracing. The Nation has funding for two Community Contact Tracing positions that have recently been announced at the time of writing. In addition, the Nation has Language Speakers who will work the Health Authority and will attempt to provide culturally safe care through working with community-designated Tŝilhqot'in language speakers.

Tŝilhqot'in health staff have worked tirelessly to build good relations inside and outside the communities. Health staff have worked closely with B.C. Interior Health and FNHA. This has meant that Tŝilhqot'in health staff have been able to find ways to provide adequate care and support within existing constraints. However, an ad hoc approach that relies on good relations means that workable solutions are precarious.

Data Partnership

The Tŝilhqot'in National Government—in partnership with the Heiltsuk Tribal Council and Nuu-chah-nulth Tribal Council—have sought to work collaboratively with the province to develop and implement a data partnership agreement between British Columbia and First Nations governments. Data partnership, from the perspective of these nations, requires that the province share with First Nations governments key information for COVID-19 decision-making and it requires collaboration on contact tracing. Specifically, the Tŝilhqot'in, Heiltsuk and Nuu-chah-nulth request the following information to be disclosed to the Chief and Council of the Nations:

1. the location (not the personal identity) of proximate cases (i.e. cases in neighbouring non-Indigenous communities);
2. whether the proximate case(s) involve(s) someone who has travelled to and from the Nation's community(ies) in the last 14 days;
3. the name of the person who has contracted COVID-19, who is a member of one of the Nations, for the sole purpose of culturally-safe contact tracing (to be handled in accordance with strict confidentiality protocols by community contact tracers).

The Nations also requested training and employment of community members as contact tracers, which, as noted earlier, was provided.

The only personal information that is requested is the identity of Nation members who have contracted

"Everyone on the ground is working to protect their Nations. We are lucky because we have connections. But what about the communities that do not have those? Everyone should be supported." —Connie Jasper, Tŝilhqot'in Health Manager

COVID-19. The Nations indicated that they will secure advanced consent of their members for the disclosure of this personal information.

The request for proximate case information reflects the geography of Tŝilhqot'in communities, where members travel back-and-forth between reserves and larger centres (such as Williams Lake and Quesnel) for business, banking, groceries, and other supplies. Access to information about cases in those communities enables Tŝilhqot'in leadership to make informed decisions about whether to issue travel advisories to its members, make arrangements for delivery or to implement or decommission checkpoints. Sharing this location-based information presents no greater privacy issue than the exposure notifications happening across the country for private establishments. The request here simply ensures that First Nations governments are receiving that information as governments: directly and in a timely fashion that allows for evidence-based decision-making.

The latter requests for the release of member identity and the development of community-based contact tracing reflect the need for culturally-safe health care provision. As noted in Chapter 2, First Nations in B.C. regularly experience racism in the health care system, which has understandably engendered mistrust in outside health care professionals. Directly in line with Article 23 of the UN Declaration, community-based contact tracing can help ensure that it in a culturally-safe manner and with the likely outcome of being more effective because it is conducted by familiar and trusted individuals.

Government-to-government discussions on information began in the summer of 2020 but proceeded slowly. This led the Tŝilhqot'in, Heiltsuk

and Nuu-chah-nulth to file a complaint with the B.C. Information and Privacy Commissioner, who inquired into the matter and issued its order in December 2020 (Order F20-57). The Commissioner held that the province was already releasing adequate public information about the risk of the virus and that no further specific disclosure to the Indigenous nations was required. The decision represents a missed opportunity to understand the province's disclosure obligations towards Indigenous nations as governments and distinct from disclosure to the public more generally.

Tentative steps have been made in the right direction through a BC-Tŝilhqot'in data sharing agreement that fulfills, in part, the requests of Tŝilhqot'in leadership. Government-to-government dialogue has yet to yield an approach to data sharing that upholds the self-determining rights of Indigenous nations and recognizes the distinctive Indigenous histories of disease. Hierarchical provincial data management shuts out the possibility that Tŝilhqot'in laws concerning public health and privacy play a meaningful role in COVID-19 response in Tŝilhqot'in communities. One Tŝilhqot'in Chief stated that, while recognizing privacy rights under Canadian law, there are rights and responsibilities that flow from Indigenous laws as well. "If they are Tŝilhqot'in descendants, then those individuals have a responsibility to the community they are from; they have to honour their citizenship rights and responsibilities." Moving forward with a data partnership creates the possibility of understanding intersecting values, rights and responsibilities in the Tŝilhqot'in and Canadian legal systems.

Decision-makers are all limited by the lack of disaggregated data, which provides vital information on the impacts of COVID-19 specifically on Indigenous

"Ensure availability of disaggregated data of indigenous peoples, including on rates of infection, mortality, economic impacts, care burden, and incidence of violence, including gender-based violence." (UN/DESA Policy Brief #70 2020, p 3)

peoples. Aggregated data obscures basic information about the impacts of COVID-19 on Indigenous peoples and it hides inequalities. The lack of disaggregated data impedes good decision-making and hampers the provision of appropriate needs-based supports for Indigenous communities. This is a limitation that has been identified by the UN Special Rapporteur on Indigenous Peoples, officials in Indigenous Services Canada and the B.C. government (which directed the Human Rights Commissioner to report on the matter). Disaggregated data would be a powerful tool for properly addressing the specific COVID impacts identified in Chapters 2 and 5 of this report.

As described above, B.C. has not established a data partnership with Indigenous peoples, which means that data collection about the specific impacts of COVID-19 on Indigenous peoples is not in the hands of Indigenous peoples themselves. Instead, it is managed through a patchwork of provincial and federal agencies. FNHA reports regularly on the number of COVID-19 cases among First Nations people in the province both on and off-reserve. However, early independent investigation indicated that First Nations cases may be significantly under-reported. Indigenous Services Canada, which provides support for Indigenous peoples across the country, does not receive health data from B.C. Instead, it relies on individual communities to reach out for assistance. Disaggregated data, appropriately and carefully handled, would be an effective tool for ISC to use to implement proactive rather than reactive support measures.

B.C. has identified the need for a careful approach to the collection of disaggregated data. The provincial Office of the Human Rights Commissioner has recommended the development of an *Anti-Discrimination Data Act*, one firmly fixed to the

purpose of addressing systemic inequality. Should the Province move ahead with the development of this legislation, it is vital that the Province implement the Commission's recommendations on co-development and co-governance with Indigenous peoples. Further, if or when the Province collects disaggregated data, data on Indigenous peoples must be governed by data partnership agreements that allow Indigenous governments to have access to such data to inform decision-making.

Tŝilhqot'in Internal Communications

Once emergency management operations were set up to function remotely, staff turned to the question of how to effectively share information about COVID-19 with community members. Staff received ample information from FNHA and the provincial Public Health Office about directives and best practices to reduce virus transmission, but getting that information out to communities in an accessible way presented a challenge. For example, one community received an information booklet created by another Indigenous nation, and tailored it to Tŝilhqot'in needs and experiences. This included information on testing, physical distancing, and other safety measures, adapted to the community's reality (for example, recommendations for households with more people than the recommended "bubble" size). This was then distributed door-to-door to each household, and shared with the other Tŝilhqot'in communities.

Communication is a primary pandemic emergency measure. Effectively communicating the needed changes to normal patterns of social interaction is crucial for all communities in preventing the spread of the virus. The Tŝilhqot'in Nation has had to address these communication challenges in the face of additional hurdles. Tŝilhqot'in communities

generally rely on face-to-face communication and community gatherings. Without these, managing communications through the pandemic is a consistent struggle, exacerbated by the technology inequalities experienced by Indigenous peoples. Many members lack access to the internet or telephones and rely solely on in-person communication. A significant proportion of Tŝilhqot'in citizens speak the Tŝilhqot'in language, and for some, English is their second language. At the same time, staff had to be mindful that too much information could overwhelm people. There remained unanswered questions about COVID-19 related to types of symptoms, how to prevent the disease and what types of treatments were available. Communicating across languages and media required TNG and community staff to be strategic and inventive in their approach. They sought to prioritize key messages and to share information in various ways, such as Facebook, email, community websites, newsletters and door knocking. Chiefs appeared on Facebook live and tried in-person announcements with individuals driving in and staying in their cars. The Nation now tries to provide essential COVID information in both English and Tŝilhqot'in. It has included youth in videos explaining COVID-19 to give them a voice in the midst of the pandemic.

In hindsight, staff realized that more explanation of COVID-19 measures was needed in advance to ensure that Tŝilhqot'in citizens understood the physical distancing measures and travel restrictions before they came into effect. Better explanation of the role of COVID Emergency Directors in educating citizens on the new requirements would have helped guide people to reach out to those directors for more information when confusion or rumors arose.

As with many aspects of the pandemic response, the Nation's approach to communicating is evolving as leadership and staff learn and adapt to new information. But TNG and community employees are experiencing video-based communication fatigue. Front-line workers are experiencing impacts to their health and welfare and are approaching exhaustion. A consistent need identified by Nation-level and community-level staff is additional capacity to assist with communication.

CONCLUSION

Accessible data and clear communication with impacted communities are essential features of effective pandemic response. The Tŝilhqot'in Nation has collaborated with the Heiltsuk and Nuu-chah-nulth Nations to advocate for a data partnership with all levels of government, which ensures that Indigenous governments have the information they need to exercise their jurisdiction over pandemic response. "The scare," an exposure incident that occurred due to poor information sharing, has had an enduring impact on the Nation—brewing fear, misinformation and stigma within the communities and requiring leadership to persistently advocate for more and needed data sharing. Progress on this has been made as all government agencies have learned and sought to rectify early missteps. Although important steps have been made during the pandemic, there is much work needed to achieve a true data partnership.

The pandemic has highlighted the need for disaggregated data, which accurately and sensitively identifies the specific impacts of COVID-19 on Indigenous peoples. This information is crucial to properly understand the long-term health and social impacts of the pandemic on Indigenous peoples and to ensure an equitable and comprehensive pandemic recovery.

CHAPTER 4:
Implementation & Enforcement of Tŝilhqot'in Jurisdiction

Tŝilhqot'in law is territorial. Canadian colonialism historically tried to do away with Indigenous peoples' traditional systems of governance, confining Indigenous peoples onto tiny reserves, and replacing existing legal and political institutions with the elected band council system of the *Indian Act*. Nevertheless, after decades of work, the Nation has made monumental advances to restore the inherent and collective jurisdiction of the Tŝilhqot'in people, and rebuild the institutions that carry it out.

In *Tŝilhqot'in v. British Columbia*, the Supreme Court of Canada declared in Canadian law what is already the case in Tŝilhqot'in law: that title to the land is vested in the Tŝilhqot'in Nation as a whole. However, the decision left questions of jurisdiction to be determined through future litigation or negotiation. The Nenqay Deni Accord, signed with B.C. in 2016, set out a plan for Tŝilhqot'in management of Tŝilhqot'in title lands, and a vision for recognizing Tŝilhqot'in jurisdiction, governance, and law throughout the Tŝilhqot'in territory. In 2019, the provincial, federal, and Tŝilhqot'in governments moved towards the implementation of this vision, signing the Gwets'en Nilt'i Pathway Agreement which set out targeted workplans and milestones to: renew and revitalize a "truly Tŝilhqot'in governance system" (Gwets'en Nilt'i Pathway Agreement, p 22); transition out of the *Indian Act*; and take the legislative and other steps necessary to recognize the Tŝilhqot'in Nation as an inherent Indigenous government with legal capacities and authority.

In the meantime, the Tŝilhqot'in Nation continues to operate on both jurisdictional planes—as a nation, and as a group of First Nation communities—working hard to balance the collective decision-making of the TNG with the needs of each individual community to take care of its members. The COVID-19 pandemic has disrupted this balance. As with crises past, it has brought Tŝilhqot'in leadership together, uniting in the protection of the Tŝilhqot'in people. However, government policies and resources are structured to

COVID-19 Support Pathways

AS INDIGENOUS COMMUNITIES PREVENT, PREPARE AND RESPOND TO THE COVID-19 VIRUS, the First Nations Health Authority, Emergency Management BC, and Indigenous Services Canada are coordinating to ensure services and resources are available and ready. This document outlines the supports that currently exist and the pathways to each.

WORKING TOGETHER—each organization is ready to help. If you're in doubt, please call your Provincial Regional Emergency Operation Center (PREOC) for assistance. For help outside of regular business hours, contact the Emergency Coordination Centre 24/7 emergency line at 1-800-663-3456.

First Nations Health Authority
1. Timely and accurate public health information
2. Pandemic planning
3. PPE for regional health care providers
4. Mental health and wellness supports
5. Clinical advice for nurses
6. Alternative housing supports

Emergency Management BC
1. Activating EOCs
2. Supporting additional health capacity
3. Measures to restrict movement or other directed actions
4. Continuation of locally administered essential services
5. Training, supporting and equipping personnel

Indigenous Services Canada
1. Maintaining essential services
2. Delivery of Coronavirus Programs and related funding
3. Communication and coordination support

Health and wellness needs
Emergency management needs
Essential Services and Operational Needs

Community

serve the band council system, sowing old divisions and undermining collective Tŝilhqot'in jurisdiction.

At the same time, the exercise of Crown powers is also fractured across jurisdictions and agencies creating a tangle of funding streams, information flows, and support services. The government has been widely criticized for a "jurisdictional patchwork" approach to Indigenous health, which fails to keep up with advances in legislation, decentralization, and self-government (Lavoie 2013, p 5). Implementation and enforcement of Tŝilhqot'in COVID-19 measures amidst this jurisdictional patchwork have proven burdensome and inadequate.

Throughout the pandemic, provincial and federal officials have repeatedly recognized and affirmed Indigenous jurisdiction over matters on reserve, but in reality provincial and federal actions have created significant barriers for the Tŝilhqot'in Nation in enforcing its own laws. These actions tell a different story than the one reflected in official acknowledgements of Indigenous jurisdiction. For the Tŝilhqot'in Nation, two main issues became the linchpins through which the implementation of Tŝilhqot'in jurisdiction was undermined: funding and enforcement. This chapter addresses these two barriers to the exercise of Tŝilhqot'in jurisdiction. It then turns to the solutions that Tŝilhqot'in peoples led, in spite of these barriers, and in the midst of the first wave of the pandemic.

Funding and Jurisdiction

Dealing with the tangle of government agencies has created unnecessary challenges for the Tŝilhqot'in Nation in leading its own coordinated response to the pandemic. This is despite the fact that multiple streams of provincial and federal funding have been made available for COVID-related support for Indigenous peoples. The scale of financial need reflects the scale of the emergency: one that has impacted all aspects of society and which has shattered the temporal and geographic boundaries that ordinarily characterize emergencies such as wildfires and floods.

Government agencies have faced the formidable challenge of adapting old funding models and delivery methods to the current, unprecedented circumstances. However, these models also failed to recognize the governance system of the Nation, imposing significant and unnecessary administrative burdens on communities and providing inadequate support to meet basic needs in the territory.

Initial pandemic funding was provided directly to communities. The Department of Indigenous Services Canada (ISC), on March 18, 2020, announced a 'distinctions-based Indigenous Community Support Fund' (ICSF) to address immediate COVID-related financial needs (The Office of the Prime Minister of Canada, 2020). Every Band Council was eligible for the pandemic response funding, which was allocated directly to each community through a formula, based on population, and "adjusted for remoteness and Community Well-Being Index scores" (ISC 2020a). A second allocation was made in April, using the same approach.

Meanwhile, tribal councils and other nation-level organizations, such as the TNG, had little recourse. While $15 million of the ICSF was initially set aside to support regional, urban and off-reserve Indigenous organizations across Canada, it was allocated based on a competitive call-for-proposals. (On May 21st, this amount was increased to $90 million.) This funding opportunity was poorly communicated to organizations, and threw tribal councils into competition with non-status groups, regional organizations, and urban organizations which deliver services directly (UBCIC 2020, p 13). What is more, it limited eligible activities that could be funded, privileging direct supports and service provision to community members over community- or nation-level response measures (ISC 2020b). Later pots of federal funding, made available in the late summer and fall, were restructured on a mixed allocation/application basis, providing more wiggle room regarding the kinds of initiatives for which TNG could apply. Unfortunately, it was still insufficient to cover Nation-level measures (see below).

The challenge of operating on two jurisdictional planes again presented itself in interactions with the Province. At the outset of the pandemic, the Province did not initially recognize the Tŝilhqot'in National Government's Nation-level EOC, which led the Nation's response to the 2017 wildfires and 2019 Big Bar landslide, as it had been removed from the provincial system listing eligible EOCs. Instead, provincial funding for emergency response, like the federal funding, was solely distributed to the six individual Tŝilhqot'in communities, where there was more limited capacity to manage the funding. In those critical and frantic early weeks of the pandemic, when the Nation was rapidly shifting to remote operations and implementing COVID-19 safety precautions, the Nation also had to advocate with the Province to change its eligibility system to recognize the TNG Nation-level EOC. Finally, as a result of this effort, and largely thanks to Nation's existing relationships with provincial partners at the CEMA table, TNG was once again recognized as an EOC. This allowed the Nation's EOC to serve as an essential hub using its specific emergency-management capacity to support communities and implement a coordinated nation-wide response.

Through the TNG EOC, the Nation was then able to submit Expenditure Authorization Forms (EAFs) to Emergency Management British Columbia (EMBC) for the reimbursements of emergency-related costs. As First Nations governments, EAFs are then reviewed by ISC and, where relevant, the FNHA. Having been through the claims process in past emergencies, the communities prepared budgets for approval to cover COVID Emergency Directors, community access points and its related staff and food delivery.

The EAF process required that the communities seek prior approval from EMBC for these costs. As EMBC worked to adapt its procedures to the pandemic, there was not yet a clear, standardized policy on which costs qualified as justifiable for reimbursement. Every request was reviewed on a case-by-case basis.

The TNG EOC assisted communities with whatever they requested and required. Needs ranged from ordering bulk food and supply orders, PPE, and deliveries including isolation trailers. Every measure had a degree of uncertainty about the proper process and whether it would be approved. Staff observed that the pre-approval process was different from that for floods and wildfires and that it was not clear in advance what expenses would be funded. The TNG and community staff spent far too much time filling out EAFs and articulating their justification.

One example of the burdensome and stressful process of seeking pre-approval was the effort to obtain a forklift to load and unload pallets of food for community delivery. As discussed in Chapter 1, one of the many significant accomplishments of the Nation in the early days of the pandemic was arranging for food delivery to the communities to minimize the risk of exposure from members' trips into town. The positive, mutually-beneficial relationship with Sysco and other distributors meant that food could be delivered to communities, providing a measure of protection from COVID-19 as well as food security.

However, this straight-forward and happy arrangement was not smooth to implement due to unnecessary hurdles within the provincial emergency funding system. Obtaining approval from the Province for the rental of a forklift to move the pallets of food held up the delivery of food to communities. As one staff member observed, "it sounds like a crazy world where you need approval for a forklift before you can give food to communities in the middle of a pandemic, but those are the types of conversations that we needed to have." It was a tedious process to have multiple requests scrutinized. Even small requests for urgent needs to protect the communities from the first wave were reviewed. While these reviews may be explained by the fact that provincial processes were still adapting to the pandemic, the constant scrutiny signalled a lack of trust in the Tŝilhqot'in Nation to take a leadership role in pandemic response. Moreover, it created delays with real consequences for vulnerable members of the communities, struggling with the disruption.

Funding Inadequacies

While the federal ICSF was quickly transferred to the communities, according to ISC it was never intended to be enough to cover the full range of community needs. Reporting by the Yellowhead Institute calculated that the first round of COVID-19 relief funding, if distributed by population, amounted to a mere $220 per First Nations person across Canada (Pasternak and Houle 2020). With existing deficits, outstanding 2017 wildfire claims, infrastructure gaps, and a lack of capacity, the modest initial relief funds were immediately expended supporting primarily basic needs. These funds were used to provide essentials such as food delivery, emergency PPE, and cleaning and personal supplies needed to maintain hygiene. Communities then had to determine whether to spend their limited time and resources responding to the extensive needs which remained within the communities or to use that same limited capacity on applications to the government for further funding, with no guarantee of success.

Newer pots of federal funding, including $305 million announced in August, have been distributed on a mixed model, part by allocation, and part by application based on need, in hopes of being as responsive to communities as possible. In this case, TNG was eligible to apply for the needs-based portion, which it did. However, these funds continue to prioritize basic household needs, and are not sufficient to cover broad measures such as checkpoints (see below).

One of the most disheartening outcomes of Canada's funding policy has been the division between on-reserve and off-reserve community members. While a higher proportion of Tŝilhqot'in community members live off-reserve—in part due to a lack of suitable housing (see Chapter 2)—ISC's funding policy meant that off-reserve members did not receive the same level of support as those living on reserve, particularly at the outset of the pandemic, causing resentment among families and of community leadership. As the Union of British Columbia Indian Chiefs (UBCIC) has identified, funds released through the ICFS largely relied on the assumption that Indigenous peoples living off-reserve are served by local friendship centres and other social service organizations (UBCIC 2020, p 12). However, these organizations are structured around program provision, and are not in a position to provide direct financial support to households, or cope with their complex needs. With the suspension or restriction of other vital community services that many families rely on, these organizations—whose existing capacity issues were already exacerbated by the pandemic—could not be expected to pick up the slack.

Where TNG would have been in the best position to step in to provide appropriate support to off-reserve members, it has been hamstrung by such limited and convoluted funding arrangements. Though TNG did eventually receive funding specifically to support off-reserve members in September, it was a fraction of what it had applied for, working out to a mere $50 per person. This left TNG with the impossible decision as to how to equitably disperse it.

As one community Councillor noted, members from all six communities live in Williams Lake, and leadership had to find ways to provide services to them, "any way we can." Without adequate Nation-level funding, the communities identified the need to establish standing budgets from within their own-source revenue to support off-reserve members, including Elders, families, and those who have been laid off as a result of COVID-19.

Checkpoints

The ICSF direct-to-community funding model intended to give significant scope to communities to determine their own needs. The decision to allocate the direct funding in this way is an improvement from the emergencies that the Tŝilhqot'in faced in the 2017 wildfires. However, the funding allocation was not enough to cover emergency response measures considered essential by Tŝilhqot'in leadership and staff. Additional emergency response costs associated with setting up checkpoints were vital to keep the communities safe but exceeded ISC's moderate direct funding. The most significant funding gap was for staffing the checkpoints, which the Nation considers to be a cornerstone of its pandemic response.

All of the Tŝilhqot'in communities made the decision to install some form of checkpoint to manage access to their communities and protect their citizens from the spread of COVID-19. However, the different geographies of the communities meant that in each case checkpoint measures were arranged a little differently. For example, Xeni Gwet'in, the most remote of the communities, installed a gate on the main entry point to their title lands leading into the community which completely closed access into and out of the community. By contrast, Tŝideldel is located on the route to Bella Coola, and checkpoints had to account for the fact that its gas bar was deemed an essential service. Implementing these measures to monitor and regulate access to reserves was an exercise of Tŝilhqot'in inherent jurisdiction. Enacting these measures as By-laws was also a lawful exercise of power delegated under the *Indian Act*, which permits Band Councils to issue By-laws "to provide for the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases" (section 81(1)(a)).

In a recent report to the United Nations General Assembly, the UN Special Rapporteur on the Rights of Indigenous Peoples José Francisco Calí Tzay cited this to be one of the most important measures that Indigenous communities could take throughout the pandemic:

> *"indigenous peoples enjoying their collective right to autonomy as part of their right to self-determination are best placed to control the virus and to cope with months of isolation. Those able to… make community decisions, such as on restricting movement in and out of their communities, have, in many respects, shown more resilience in the crisis." (UNSR, p 12)*

However, he also noted that in parts of Canada, such as B.C., Indigenous checkpoints did not qualify for funding—at least not initially (p 15). Installing and staffing checkpoints proved to be extremely costly, requiring at least two staff at all times. While the federal ICSF funding was quickly expended on community members' immediate needs, it was not clear whether checkpoint expenses would then be eligible through EMBC's EAF process. Over a period of months, TNG made multiple requests to both the federal and provincial governments for approval, scouring the criteria used in past emergencies, advocating to the Provincial Health Office, and trying to come up with innovative ways to keep the checkpoints afloat. Finally, in November 2020, the EMBC policy was amended to include checkpoints as eligible for reimbursement under certain conditions, in response to advocacy of the Tŝilhqot'in and other Indigenous nations. But in the interim, six Tŝilhqot'in communities, along with TNG, found themselves scrambling to come up with the funds to maintain them on their own.

For some communities, this long period of uncertainty meant introducing half-measures, like only operating the checkpoints at certain times of day. However, following "the scare" on April 24, and the data sharing issues that resulted, communities decided to escalate their checkpoints despite their lack of funding. For communities on public roads this presented a formidable challenge, and checkpoints had to be carefully arranged to accommodate essential traffic. Additional challenges included poor road quality and the impacts of flooding, in some cases washing out checkpoints entirely. On top of the main entry points to communities, there are also backroads which simply could not be monitored.

One of the most challenging barriers to fully-functioning checkpoints, which was exacerbated by the lack of dedicated funding, was finding sufficient staffing. The stress of the role, combined with the offer of CERB, were disincentives for community members to take up these positions. There are stories of staff being hired on the very day they were needed, without sufficient time for training. This put a lot of pressure on existing staff, who were often working double shifts, and coping with the responsibility for keeping the community safe (see Chapter 5).

"Checkpoints were one of the only methods we could use to keep the communities safe" —Russell Myers Ross, former Yunêŝit'in Nits'il?in

GENERAL PROTOCOL FOR CHECKPOINT

1. *Staff, wearing PPE, approach the vehicle and ask who's in the car, where they're coming from, where they intend to go, and the reason for their visit.*

2. *All passengers screened for symptoms, using a checklist provided by the health clinic.*

3. *Their information is recorded for contract tracing purposes.*

4. *All names are checked against a master-list indicating who lives in each household, as well as a daily list of essential workers with permission from the Band Manager to enter the community.*

5. *If not on either list, visitors are advised not to enter the community. Staff explain why and provide them with a handout on COVID-19, a handout on what the community is doing, and, if applicable, a copy of the Band's By-law.*

6. *If there to make a delivery (e.g. food or other essential items), they are advised to drop it off without making contact, and given sufficient time to do so.*

7. *If someone disagrees with the advice of the staff, to minimize conflict, they are allowed to enter the community, their information is noted, and the Band Manager/Incident Commander is notified.*

8. *If a member who lives in the community returns to the community with any cold-like symptoms, they are advised to go straight home (or, where possible, an isolation facility) and call the health clinic to request a test. This information would be kept strictly confidential.*

In each community, leadership, the EOC and the health team would work together to establish best practices for the checkpoints. In most cases, the checkpoints did not strictly close the community, but served more for monitoring and education purposes, by keeping track of community members' whereabouts, and sharing resources with anyone who approached (see sidebar for checkpoint protocol). Unless they were on essential business, such as food delivery, visitors from outside the communities—including family members—would be advised not to enter. Essential projects, such as water infrastructure or construction projects, continued, though strict protocols for contract workers were established. While there were instances of conflict at checkpoints in almost all communities, by and large, people were patient and respected all of the measures that were put in place.

One exception to this protocol was the community of Xeni Gwet'in, where concern for the community's capacity to cope with cases, and its remoteness from health and emergency supports, was the impetus for stricter measures to be taken. After alerting the community via news postings and Facebook video in the Tŝilhqot'in language from their Women's Council, Elders, leadership, and youth, the community installed a gate at Dasiqox (Taseko) Bridge and implemented a 14-day lockdown effective April 4, 2020. Restricted travel was permitted from 8am to 9pm, but the gate was locked from 9pm to 8am every day. Not being on a public road meant that this was possible without opposition from the RCMP or neighbouring communities. After just six days out of lockdown, "the scare" prompted leadership to enforce a second 14-day lockdown in response to the potential exposure.

Ultimately, due to funding uncertainty, most communities ceased operation of their checkpoints after just one or two months. Unfortunately, the impact of the Province's original decision not to fund checkpoints had already borne out: Tŝilhqot'in jurisdiction was undermined, and communities were put at risk.

As one Chief noted, the lack of funding support was especially frustrating given these were similar measures to border closures and travel restrictions that were being implemented by provinces and nation states around the world, recognized by officials as the best chance of curbing the spread of COVID-19 and keeping communities safe. Dr. Bonnie Henry, B.C.'s Provincial Health Officer, was heard on multiple occasions to say that she supported Indigenous self-determination and that the decision to impose travel restrictions should be made by communities.[2] However, when Interior Health issued a letter in

support of funding community checkpoints, this was still not accepted by EMBC as sufficient enough to qualify checkpoints as an eligible emergency expense. When pressed by TNG, each department, health authority, or ministry would pass responsibility to each other, with no definitive answer as to where the funding might come from.

Checkpoints were an eligible expense in every other province through the First Nations and Inuit Health Branch of Health Canada. However, in B.C., provincial and federal agencies—including FNHA, EMBC, ISC, the Ministry of Health (B.C.), the Ministry of Indigenous Relations and Reconciliation (B.C.) and B.C.'s Provincial Health Officer—spent considerable time and energy debating the eligibility of checkpoints, including in transparent, high-level discussions with TNG. While a number of issues were discussed, ultimately it was the disjuncture between the Western science perspective, which questioned the cost-benefit analysis of

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[2] E.g. Dr. Bonnie Henry speaking to the media on April 27 2020 "This is part, of course, of our relationship with First Nations communities and their self-governance and self-determination. And they do have the ability and the authorities to make those decisions for their communities." She also repeated this messaging on May 12, 2020; June 23, 2020; June 25, 2020.

checkpoints, and Tŝilhqot'in leadership, who understood them to be the best response for their communities, which proved to be most significant.

Another potential rationale relates to the necessity—or perception—of equivalency between Indigenous and non-Indigenous communities. Through a federal-provincial agreement, EMBC has the mandate to support emergency response measures in Indigenous communities that are equal or similar to the measures being supported in non-Indigenous communities (i.e. municipalities). Despite public statements that indicate support of Indigenous leadership and jurisdiction, the reality is that provincial and federal agencies have not embedded policies or eligibility mechanisms for supporting Indigenous-led measures that differ from those available to a non-Indigenous community. In addition to problematically equating Indigenous communities with municipalities, this paternalistic situation means that Indigenous leaders have to appeal to a swath of government agencies to deliberate and justify their decisions, and invent new policies or processes to bring them to fruition.

Implementation of community checkpoints was further hampered by a small but vocal backlash by non-Indigenous citizens across various parts of Canada, in some cases going so far as to threaten public safety and the safety of community members. For example, in Tŝilhqot'in territory there was kick back in the media and from non-Indigenous people who saw the checkpoints as "blockades," (Forester 2020) and felt it was "racist" for Indigenous communities to restrict people from entering (Deer 2020, Thompson 2020). However, the Tŝilhqot'in checkpoints were more aimed at educating, tracing, and

keeping a record of Tŝilhqot'in community members' whereabouts, than they were concerned with restricting the movements of non-community members. A common misunderstanding was that they also blocked public roads and highways through and adjacent to the communities. However, blocking public roads was specifically disallowed by the RCMP. While various calls of concern came from neighbouring residents, rumours and misconceptions were luckily dispelled without incident.

While Indigenous communities had to deal with these conflicts and misconceptions directly, one interviewee indicated that it also slowed the process of funding approval from federal and provincial governments, who remained concerned with how to mitigate the needs of Indigenous communities and the perceptions of their non-Indigenous neighbours.

When EMBC finally amended the policy, it recognized that Indigenous governments should be able to decide what is best for their own communities—not just in principle but in practice. However, now that eligibility was approved, TNG and the communities had a new task before them: going back through their documentation, including staff hours, in order to assemble EAFs for reimbursement by the new funding deadline. While still working during a pandemic, some communities simply did not have the capacity to report on measures that took place six months prior. TNG, for its part, having devoted so much capacity into seeking and securing this funding, was therefore unable to increase its role in other essential areas, such as hiring staff, coordinating communication between community access points, and sharing best practices.

"If the By-laws were exactly the same as provincial regulations, would the RCMP enforce them?"
—Russell Myers Ross, former Yuneŝit'in Nits'ilʔin

As government partners have indicated, this was a moment of significant learning for them, benefiting from the collective process that resulted from TNG's direct dialogue and advocacy. What is clear is that collaborative, government-to-government funding arrangements need to be negotiated with Indigenous peoples in B.C. prior to the next emergency, built on collective accountability and adaptability in order to honour and support the self-determination of Indigenous nations.

Enforcement and Jurisdiction

Tŝilhqot'in communities needed support in implementing and enforcing the By-laws enacted in response to COVID-19, including the By-laws that created the checkpoints. However, enforcement of First Nations laws and By-laws on reserves is a long-standing problem in Canada. This is despite the appearance of formal mechanisms for compliance and enforcement within the Canadian legal system. Duly enacted *Indian Act* By-laws (such as the COVID-19 By-laws) have the force of law. They are binding enactments and they override provincial enactments and also federal regulations issued outside the *Indian Act* (*Indian Act*, section 88; R. v. Ward, 1988). The *Indian Act* delegates Band Councils the power to set out penalties for contravening By-laws (section 81(1)(r) and it contemplates prosecution and judicial enforcement (section 81(2), (3)).

The jurisdictional gap over enforcement on reserves has long been recognized as a serious problem for both Indigenous self-determination and the rule of law (RCAP 1996, p 267). The *Indian Act* does not state whether the Province or the federal government is responsible for prosecution, leaving the matter in the hands of the First Nation itself, which is expensive and not

feasible in the short term. In the absence of such clarity around prosecutorial responsibility, police are unwilling to enforce By-laws that likely cannot or will not be prosecuted (Sowsun 2020).

It is a long-term goal of the Tŝilhqot'in Nation, as laid out in the Gwets'en Nilt'i Pathway Agreement, to move justice under Tŝilhqot'in jurisdiction, including criminal justice, community safety, and policing issues (Pathway Agreement 2019, p 29). However, the work needed to identify the steps alone, and to harmonize Tŝilhqot'in, federal, and provincial laws, will take time. In the short- and medium-term, while the Nation works to build community-based systems that redefine Canada's role in supporting justice on reserve, Tŝilhqot'in communities continue to rely on service agreements with the RCMP.

At the same time, the Tŝilhqot'in Nation has sustained traditional justice and dispute resolution practices and, indeed these were used to resolve conflict that arose from COVID-19 measures. For example, with the leadership of the Women's Council, Xeni Gwet'in convened a justice circle to bring together those in the community in conflict. Xeni Gwet'in Nits'il?in Jimmy Lulua noted the justice circle had "a ripple effect" and changed relationships for the better within the community.

In addition, the Tŝilhqot'in Nation has had recent successes in working collaboratively with enforcement agencies to implement Tŝilhqot'in laws and jurisdiction. One significant success that emerged from the 2017 wildfires was the cooperative effort between the Tŝilhqot'in and the Province to implement the Tŝilhqot'in mushroom harvesting regime.

"In Tl'etinqox security quit calling RCMP. There was no point. They wouldn't show up." —Nits'ilʔin Joe Alphonse, Tl'etinqox Government.

Unfortunately, these collaboratively enforcement relationships did not translate to the enforcement of Tŝilhqot'in COVID-19 measures, where Tŝilhqot'in leadership sought the assistance of the RCMP. Through service agreements, the RCMP is the police force with enforcement authority on Tŝilhqot'in reserves. However, these agreements provide the appearance of a solution rather than the reality. The official RCMP position communicated to the Nation was that COVID-19 By-law enforcement was the primary responsibility of Band Councils and self-governing treaty nations, notwithstanding the requests for assistance coming from those Councils and treaty nations. The policy plainly states that RCMP officers "will not enforce curfews and social distancing rules, as those are the primary responsibility of First Nations." RCMP policy indicated that officers could stand-by "to keep the peace, while Band By-law enforcement officials perform their required duties." It states that officers would exercise discretion to determine if violations of provincial statutes (e.g. *Public Health Act*) or federal statutes (e.g. *Criminal Code* or *Quarantine Act*) occur and require police intervention. Despite the RCMP policy's stated "measured approach," there appears to be no instance in which the RCMP policy contemplates actual on-the-ground enforcement for By-law violations. It has not become clear whether newer powers given to police to enforce COVID-19 restrictions introduced by the Ministry of Public Safety and Solicitor General, including the ability to issue fines, has changed this in any material way.

Moreover, while the stated policy does contemplate some forms of RCMP supervision and assistance, even this minimal support has been repeatedly denied to the Tŝilhqot'in Nation as it attempts to govern in response to COVID-19. The UN Department on Economic and Social Affairs notes the importance of "Provid[ing] effective support to indigenous communities that have imposed lockdowns or other restrictions to stop the spread of the COVID-19" (UN/DESA Policy Brief #70, p 3). But when called upon, RCMP either acted with excessive caution or with impunity, with both ends of the spectrum undercutting Tŝilhqot'in jurisdiction.

On one end of the spectrum sits the RCMP's excessive caution and non-enforcement. For example, in Yuneŝit'in, Chief and Council unanimously approved the COVID-19 By-law. They also surveyed every Elder in the community who indicated unanimous support for the checkpoints, ensuring a high level of community legitimacy. After Yuneŝit'in notified the RCMP of the By-law and the checkpoint installation, the police would stop by every once in a while to check on the status of things. However, once the checkpoint was in operation, leadership quickly realized that the staff were not equipped to deal with conflict situations. Without the capacity to provide spontaneous training on By-law enforcement, for safety reasons leadership advised staff to let anyone who charged or challenged the checkpoint into the community. When the community called the RCMP detachment at Alexis Creek to seek support with By-law enforcement, the RCMP were hesitant to come. Instead, they were told that the By-laws had to be sent through the RCMP legal team to determine whether they were enforceable. After a long silence, it was communicated to the Chief that the RCMP would not enforce First Nations' By-laws, but that they could be a presence for civil situations.

Despite the fact that the measures taken were virtually the same as those of the Province, the RCMP

still declined to support community implementation of the COVID-19 By-laws. Similar situations in Yuneŝit'in, Tl'etinqox, and Tŝideldel made it clear that the RCMP were not keen to support the checkpoints, in some cases resulting in the communities giving up on communications with the RCMP altogether. Ultimately, without mechanisms of enforcement, these checkpoints were more about monitoring and education than access, reminding people of the risks and updating them on the regulations and standards of precaution.

On the other end of the spectrum sits the Quesnel RCMP's excessive involvement in ?Esdilagh, where the RCMP violated the community's By-law. A few months after the By-law was issued, the ?Esdilagh COVID Emergency Director permitted exceptional, conditional access to the RCMP to accompany one individual into the community on the stipulation that they arrive at a scheduled time. The individual needed to retrieve their car from the reserve. However, the RCMP member disobeyed the ?Esdilagh COVID order, by accompanying not one but three individuals into the community. This was not a matter of poor communication, as the local authorities had prior notice of ?Esdilagh's COVID-19 By-law. After the violation occurred, the Emergency Director reached out to the Quesnel RCMP but did not receive a response.

> "We are disheartened that in this day and time we have encountered this situation. We have invested a great deal of time and energy into healthy meaningful relationships that support our vision for our people. COVID-19 is a very serious health risk and even through trying times the EFN Council enacted the By-law to protect our people. This was a blatant strike against our authority." —Chad Stump, ?Esdilagh Councillor and Emergency Director to RCMP, letter to RCMP, Quesnel Detachment, July 10 2020.

?Esdilagh invoked its By-law authority to fine unauthorized persons in the community, charging the Constable for their entry and the entry of the persons that they accompanied. In a letter addressed July 10, 2020, the Emergency Director further banned the RCMP member from ?Esdilagh First Nation reserve lands, and directed that the Quesnel RCMP were restricted from entering the community unless they received a written invitation from the Chief and Council or in the event of an Emergency 911 call. In addition, the leadership suspended contact with the RCMP for 60 days. The letter further invited the RCMP to enter into a new and renewed policing agreement and requested that the members attend cultural sensitivity training after the 60-day suspension. After 60 days, the ?Esdilagh First Nation met with the Quesnel Staff Sergeant and both parties discussed rebuilding the relationship and committed to working together amicably.

CONCLUSION

While federal and provincial governments may support Indigenous governance in principle, meaningful recognition and tangible support for the implementation of Indigenous jurisdiction is often missing in the details. This chapter has focused on two sets of details—funding and enforcement—which have undermined the Tŝilhqot'in Nation's response to the pandemic.

B.C. and Canada share the Tŝilhqot'in Nation's vision of "recognizing and implementing Tŝilhqot'in governance and law" (Pathway Agreement, 2019). Over the course of the pandemic, through determined advocacy and ongoing collaboration, moderate advancements have been made in this direction. It remains that there must be substantive changes at the highest level of government so that staff can make true and meaningful advancements to achieve the Tŝilhqot'in vision. Collaborative funding agreements and clarity on eligible emergency expenses are necessary for the Tŝilhqot'in to implement its inherent jurisdiction. As the Nation works toward exercising full jurisdiction over enforcement, cooperative and respectful interim solutions with government partners are important.

CHAPTER 5:
Health & Social Impacts

"Elders are still our main concern. They're our knowledge keepers, they're our dictionaries... there's so much that we're still learning from them"

—Jenny Philbrick, Executive Director, Tŝilhqot'in National Government

The pandemic has impacted every aspect of community and family life, from day-to-day work and school to the very structure of how people connect with one another. Needed pandemic measures such as temporary community lockdowns, travel restrictions and physical distancing have had widespread social impacts. Throughout the pandemic, the Nation has been especially mindful of the social impacts on Elders, children and youth. With pandemic precautions in place, land-based programs that connect community members across generations have been one of the most positive and meaningful aspects of life in the pandemic.

Some of the most concerning social impacts of the pandemic have been violence, mental illness and addiction. As one interviewee reported, "there have always been social issues in the communities, but the pandemic has worsened the impacts." Mandated isolation and distancing have concealed family economic circumstances, mental health instabilities, intimate partner violence, family violence, gender-based violence and sexual assault. These are not new. But the pandemic has magnified the harmful social outcomes of colonialism in Tŝilhqot'in communities.

This chapter tells the story of the impacts of these systemic issues, as they have arisen for the Tŝilhqot'in during the pandemic. While this chapter tells a heavy story, it also documents positive developments that arise from pandemic response. The tireless efforts of leadership, staff and Tŝilhqot'in citizens to find ways to support one another through new initiatives and by reconnecting with cultural practices show the pathway forward. Ultimately, Tŝilhqot'in jurisdiction over Tŝilhqot'in health and wellbeing and the resurgence of traditional healing will be a long road; it will take momentous institutional change, and a great deal of support and partnership from community and government agencies. This chapter identifies some of the steps along the way.

Elders
From the start of the pandemic, Elders were the leading concern and remain so. The Elders are the backbone of Tŝilhqot'in culture and hold the promise of sustaining that culture for future generations. The Nation immediately recognized the devastating loss that would result should COVID-19 spread to Elders in the communities. The complex health needs that already face many Elders only heightened this fear.

However, the restrictions and responses to COVID-19 also presented their own challenges in the care of Elders. The uncertainty around how the pandemic would unfold made it challenging to strategize how to protect Elders commonly cared for in the home. Those living with large families, often in dwellings that house a spectrum of generations, faced the fear of exposure, yet those living without young people faced detrimental isolation. Without access to their regular sources of medical and home care, Elders missed out on care, information and social contact. A best practice emerged as staff visited Elders' homes to relay information on the pandemic during socially-distanced conversations outdoors while wearing masks to model their normalcy.

Programs such as Elders lunches were cancelled, creating a gap in both food security and social connection. After some time, some communities were able to resume hot meal programs, delivering them to the homes of Elders and others with health limitations.

While the Nation and communities hurried to move programming and supports online and to the telephone, many Elders could not access them or chose not to have interactions over the phone. Instead, while weather permitted, land-based outdoor activities showed the greatest success of connecting Elders with others in the community, including medicine picking and hosting Elders to teach protocols, horsemanship, and to tell stories about the cultural sites through trail rides in the equine programs. One community filmed an Elder who led a song, prayer, and smudge, and gave guidance to families on how to look after and engage their children.

Children and Youth

Stay-at-home public health requirements brought to the surface several underlying issues facing Tŝilhqot'in families. These issues became especially evident in their impacts on the health and welfare of children and youth. School, social and community events are an opportunity for children and youth to socialize but also to have access to support systems outside of their own homes. As one interviewee indicated, "normally you can see the [kids] and truly get a sense of where they are at; but right now, we can't see them."

Most communities and TNG reported an increase in the calls made to children's and family service agencies over concerns around children's safety and wellbeing. Local mental health clinicians noted an increase in anxiety, depression, suicidal ideation, addictions and family discord. Families are struggling to stay together during this time. Small issues are magnified and easily rise to the level of crisis.

The Denisiqi Services Society (DSS) delivers community-based, culturally appropriate child and family programs to ʔEsdilagh, Xeni Gwet'in, Tŝideldel, Yuneŝit'in, Tl'esqox and Ulkatcho. DSS provides support for families, such as child development and family care outreach, as well as intervention and delegated services. DSS noted a 30% decrease in their caseload at the beginning of the pandemic and have since had to implement a waitlist for service. In addition, they received requests for family wellness programs, domestic peace programs, and circles to address grief and healing. To adequately provide service to their clientele, DSS requires more clinical counsellors. TNG works closely with DSS to provide as much wrap-around care as possible, and supports them with their need for sufficient resources to deliver services.

At the beginning of the pandemic, the closure of schools, youth centres, and other programming infrastructure limited counsellors' points of access to children and youth. Access to technology by way of a counselling session with a youth mental health clinician remains unachievable for many households, where access to the internet and technology is simply out of financial reach. Even for those who do have access, keeping children engaged via phone or video chat is challenging, especially for more intimate and experiential counselling sessions. However, meeting with youth on the phone or online also proved a new opportunity for counsellors to connect with caregivers and parents in the home.

Access to technology also impacted many students' progress in school. It took several weeks into the spring COVID-19 shutdown before some communities were connected with their school district and provided with lesson plans. The disruption of school and the move to online learning was challenging. Parents and children had wavering confidence in virtual school.

Community counsellors reported seeing anxiety, distractedness, and hyperactivity in children and teens. Teens and youth have become more "avoidant," and prone to ignoring pandemic restrictions and instructions. As an age group that needs connection with their peers, they are tired of the pandemic and its toll. Staff and families experienced exhaustion too, from having to remind them—and younger children—to wear masks, stay distanced, and respect other vital measures in place.

For children who were going to school in Williams Lake when the pandemic struck, and boarding with a family there, there was little information about the risks of returning to community and how to address them. For students then re-entering school in the fall, there were insufficient boarding homes to accommodate them all. As a result, the communities had to scramble to find accommodation, and this raised concerns around the safety and adequacy of these accommodations, particularly for youth who are already at risk and anxious about leaving their communities. Recognizing that youth have fewer social supports in Williams Lake, community counsellors worried about the risk of further lockdowns and restrictions, limiting their ability to visit their families and home communities.

Otherwise, the resumption of school within the communities has been largely beneficial to children and families, reconnecting them with each other and their wider support systems. However, some students did not return to school, often due to additional health concerns, the need for extra support, and separation anxiety.

Throughout the pandemic, community health departments and youth workers have tried to maintain happiness and hopefulness among children through

"Think of parents and families in urban centres dealing with young people at home trying to maintain the same learning outcomes but then you put those same situations into communities where you don't have the same support systems on par with larger urban centres, you don't have the mental health support, the educator support, the basic technology and connectivity, the respite, and then it comes out in negative social outcomes all over the place. There will be repercussions." —Jody Nishima, Senior Advisor – Social Table Negotiations at the Tŝilhqot'in National Government

CHAPTER 5 Health & Social Impacts

photo contests, social media contests, coloring contests, Easter packages and good food boxes, as well as delivering land-based programming. One community even produced a video of children and youth talking about the pandemic, what it meant to the community, and what should be done about it. Equine programs, where available, are also hugely successful for youth, and their healing properties are vast. However, maintaining outdoor and land-based programming through the winter requires additional vehicles to safely transport children (while distanced from other children), and covered outdoor spaces for children to take shelter and families to gather—needs which are not currently met.

"There is a tremendous amount of grieving."
—Jessica Doerner, Yuneŝit'in Health Director

Community Loss
Throughout the COVID-19 pandemic to date, Tŝilhqot'in communities have experienced significant community losses. In one community, there were five deaths in the course of six weeks. In another, there were three deaths, all as a result of increased drug and alcohol use. While these losses are not from contracting COVID-19, they all appear linked to the secondary effects of the pandemic.

Where the communities would normally gather for feasts, unite around the families,

and mark losses in a traditional way, funeral services instead became a source of anxiety through the pandemic. Cultural practices had to be adapted, as new Tŝilhqot'in guidelines were circulated about how to conduct services in a safe way. Even so, services would often be followed by a wave of panic over possible exposures. One Councillor painfully noted, "it's so hard when your family and friends are losing someone, the hug automatically happens, the support automatically happens, [but] there's nothing you can do." Meanwhile, leadership felt the need for more capacity and training to deal with such levels of loss amidst the pandemic. However, in one community, citizens took the initiative—with support from the health department—to organize a traditional ceremony outdoors, bringing people together in a safe, distanced way to mark their loss and healing.

The inability to gather was reported to feel like a profound loss or grief, not just at the community level, but in terms of identity and spirituality too. The spring and summer are a particularly important time for Tŝilhqot'in culture and rights, and for annual and traditional gatherings. For many, it would be the time they see family and friends from other communities.

But even without the larger gatherings and events, a lot more people did get out on the land than normally would, often in smaller family groups. With officials recommending social activities outdoors, all communities reported a heartening uptick in outdoor recreation and traditional activities and practices, such as hunting, fishing, and camping. Staff found creative physically-distanced safe ways for people to leave their homes—organizing runs, bike rides, and traditional healing activities. There were even photo contests to foster connection and to lift peoples' spirits.

Anxieties were heightened about how to keep these healing activities going with the eventual return to isolation in the colder weather. Concerns over holidays are especially prevalent as family gatherings are important for Elders and families. The risks of gathering compete with the risks of loneliness, and leadership and TNG staff have found resourceful ways to mark holidays online, deliver holiday meals, and keep people connected.

Mental Health

Tŝilhqot'in communities observed a surge of mental health concerns, such as increases in addiction,

violence, depression, anxiety and suicidal ideation. Compounded stressors of a communicable disease, loss of employment and isolation left community citizens extremely vulnerable. Intergenerational trauma, the impacts of colonization and historical trauma related to the coming of disease were further compounded by more recent experiences of crisis. In particular the pandemic has brought up memories of past disasters, including the 2017 wildfires, the trauma of which continues to impact many communities. Fears and trauma as a result of the pandemic itself include stressors in the workplace, in working from home, and in parenting in the new normal. In addition, managing life through constant change and not knowing how things will unfold is tiring. Exhaustion and a lack of resources for parents became particularly concerning, including the stress around sending children back to school. Households became acutely aware of their existing limitations, whether access to a vehicle, internet, phone, healthy food, or other basic needs. The inability to fish for salmon or access moose was especially hard on families, mentally, spiritually, and physically. The stress over basic needs is a crucial consideration in the very health and wellness of Indigenous people as "31 per cent of First Nations

reported that they were worried that, due to the pandemic, food would run out before they had money to buy more—which was twice the rate reported for B.C. overall." (Turpel-Lafond 2020, p 84).

The checkpoints themselves became a source of anxiety and depression—both for families who were separated from seeing each other, and for the staff acting as that barrier. Checkpoint staff took the brunt of peoples' confusion and frustration with not being able to travel or visit their friends and family, and at times they dealt with conflict, abuse, and aggression. There were multiple reports of citizens driving through the checkpoints or traveling in darkness with their lights off so as not to be reported. For staff on the frontline this took its toll, and many needed and sought counselling. This made it especially difficult to fill those positions. While some citizens opposed the checkpoints, others complained that there needed to be stronger enforcement, which placed considerable pressure on the few existing staff. Ultimately, even though there were instances of conflict, most people were respectful and patient, and the checkpoints served as an important source of information and education about the pandemic.

Most communities have insufficient resources to support the mental health needs of their citizens, sometimes only hosting a counsellor one day per week. Furthermore, both youth and adults faced new barriers in accessing services. Gatherings, group events, and guest speakers were put on hold, which would have served as a place to connect with isolated individuals. Access to trauma treatment, in particular, was extremely limited as the one Indigenous trauma treatment centre in the province closed its doors to anyone from outside Vancouver Island.

Technology has proved to have both critical limitations and a new level of flexibility which impacted access to mental health supports. Many counsellors found it challenging to maintain or develop new relationships over platforms such as Zoom, and some community members expressed discomfort with these methods. Some citizens found video-based communications to

be culturally unsafe, triggering feelings of surveillance and study. Further, it highlighted an access and equity gap for those without computers, tablets or internet.

With mounting concerns over the use of online technology, many counsellors moved over to phone-based counselling. Connecting with some families and individuals required "cold calling," without a scheduled session or routine, creating awkwardness. Nonetheless, many people were receptive to being contacted, and counsellors reported being able to connect with people that they hadn't before. In this respect, technology and phone sessions have made things more accessible overall, introducing a level of flexibility and opening new doors and avenues of support. The hope is that this continues for people who are comfortable using these modes, but does not remain the only source of connection. Counsellors themselves feel increasingly more comfortable and creative using these formats, and have sought out tips on how the software can be more user-friendly. Similarly, most of the health authorities are now looking at providing more resources remotely, such as psychiatry. This would actually increase access, as these are specialist resources that the communities wouldn't have access to under normal circumstances.

Privacy challenges did arise from these formats as people had trouble finding quiet, confidential spaces in their homes to access counselling. This changed the tone of sessions, putting limits on what people were comfortable and safe sharing. In these situations, and for households without a telephone, it was suggested that each community create a private space, equipped with the right technology, where people could go to have a session, whether by Zoom, Skype, or phone. This, of course, raised other concerns around stigma and anonymity, as in small communities people were apprehensive about being seen accessing support at a multi-use central public space. Ensuring adequate mental health support requires multiple avenues for access. Care providers have suggested that, in addition to a dedicated space, funding for peoples' phone bills, minutes, and internet connections are concurrently needed.

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Even with the advances in connecting remotely, by the time counsellors were able to return to communities safely in the early summer of 2020, there was palpable relief for all involved. In more remote communities, there was more reticence to connect on the phone or on Zoom, and people were more responsive to in-person support. In-person contact over the summer helped to rebuild trusting relationships, a boon at the time and also important preparation for a likely transition back to remote services over the winter during the anticipated second wave of the pandemic.

As counsellors got creative in providing support, community members were responsive, and in some cases took matters into their own hands. Arts-based contests, writing groups, and photo projects were widely well-received, and had high levels of community engagement. Community members reported feeling "lifted up" by these initiatives and this encouraged more out-of-the-box projects. Communities themselves initiated more wellness events and forged new connections that were not dependent on external or professional facilitation. These highlighted a renewed desire for group processing, as well as traditional healing. Counsellors, health departments, and leadership are trying to find ways to validate and support these community-led initiatives, including

contemplating how to continue to meet outdoors through the winter.

TNG leadership also helped to connect mental health practitioners to each other through weekly or biweekly meetings. This allotted time was used to discuss challenges, ask questions, and update each other, as well as share ideas among communities. It has become so beneficial, that it "just kind of stuck," according to one interviewee. Additional support provided to mental health clinicians by FNHA staff was also positive, providing information and ideas as to what other communities were doing, and an opportunity to ask critical questions.

Alcohol and Drugs

In Tŝilhqot'in communities, as with elsewhere (NANOS 2020),[3] there has been a heightened and excessive dependency on substance use since the start of the pandemic.

The rise in drug use during COVID-19 was backed statistically by the FNHA. In their July 6, 2020 news release the FNHA identified that in comparison to the year prior there was a 93% increase in B.C. First Nations' overdose deaths, which translates to 89 First Nations individuals who lost their lives. Overall, 5.6

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[3] Since the beginning of the pandemic, B.C. has witnessed a far greater number of deaths from the opioid crisis than from COVID-19: 1548 deaths from illicit drug overdoses between January and November (B.C. Coroner's Office, 2020) and 900 COVID-19 deaths in 2020.

times more B.C. First Nations people died than non-Indigenous B.C. residents (FNHA 2020c).

On December 9, 2020 the University of Victoria released statistics that "consumption during the pandemic in 2020 tended to have a different pattern [than normal seasonal drinking based on the year prior]. There was a marked increase in March, a slight decrease in April and gradually increased since May" (University of Victoria: Canadian Institute for Substance Use Research 2020). More research is necessary to accurately demonstrate the correlation with the pandemic restrictions.

However, these statistics correspond with the experience of Tŝilhqot'in communities. It is difficult to present a complete picture of alcohol and drug consumption in the communities, as isolation conceals the extent of alcohol and drug use, and discourages people from seeking support. Nevertheless, the impact of drug and alcohol use in the communities has become acute.

The Canada Emergency Response Benefit (CERB) was intended to support individuals, and many people in the communities applied for CERB. However, for those that had substance abuse issues, the additional money was often devoted to drugs or alcohol. The flow of drugs into the communities was concerning due to the lack of control over it being smuggled into communities during lockdowns, and lack of control over its spread once it arrived.

Increased drug and alcohol consumption enhance the risk of COVID-19 exposure

and transmission. Lowered inhibitions from drug and alcohol use lead to more and bigger gatherings and less physical distancing. Possible exposures could be spread quickly and through a multitude of households. This created a cycle of anxiety: anxiety created or exacerbated by the pandemic leads to alcohol or drug use, leads to greater risk of contracting COVID-19, leads to greater anxiety, and so on.

The risks of consumption and overdose were amplified by the challenge of providing information and training to families and staff on vital matters such as the use of naloxone kits. Educating citizens—on and off-reserve—presents an urgent challenge. The urgency became only too clear when two young Tŝilhqot'in citizens who lived in Williams Lake fell victim to drug overdoses and another youth died from drinking and driving.

Since these devastating losses to the Tŝilhqot'in, there has been a shift towards people seeking circles and traditional support. Still, innovative COVID-19 safe

> *"During times of crises—whether it's a wildfire or a pandemic, liquor stores need to be shut down. Underlying issues brought on from residential school and alike come out. Alcohol use increases and therefore this becomes a problem for our staff and our leadership. Maybe it wouldn't be as bad if laws were enforced to prevent off sales but what we know is that there is no enforcement around the sellers."*
> —Nits'ilʔin Joe Alphonse, Tl'etinqox Government

Cycle diagram: CONSUMPTION OF DRUGS & ALCOHOL ↑ → INHIBITIONS ↓ → MORE & LARGER GATHERINGS ↑ → COVID-19 EXPOSURE & RISK ↑ → ANXIETY ABOUT COVID-19 RISK ↑ → (back to consumption)

"Covid-19 is going around but that's not what's killing us—it's alcohol and drugs"

—Nits'ilʔin Otis Guichon Sr., quoted in the Prince George Citizen 5 Sept 2020.

methods are necessary to provide substance abuse programs in the rural communities. Dedicated funding would build the level of operational support needed in the communities—from establishing relationships, to developing unconventional, community-based programming and then delivering that programming in a traditional way.

Since reopening after the spring 2020 lockdown, many treatment centres have waitlists and are inaccessible. Longer-term treatment, community treatment and community after-care to help transition citizens back into the community are sorely needed. This further highlights the broader and long-term need for Tŝilhqot'in-based health and healing options.

Violence

All communities reported an increase in RCMP calls in relation to violence. Without community-based safe houses for those experiencing intimate partner violence, and compounded challenges and barriers to accessing services in urban centres, women, children, and two-spirit citizens are at a much greater risk of being trapped in a violent or abusive situation. This report echoes Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls in calling for safe, Indigenous-led, low-barrier shelters, safe spaces, transition homes, and second-stage housing, as well as the vital "wraparound" services that bolster them— from prevention initiatives, to access to justice, to safe and trauma-informed health care.

While efforts have been made to address violence at the Nation level, there is a strong desire among community members for stronger leadership and coordination on this issue. Some communities have initiated meetings to address the increased violence.

However, with all communities reporting similar concerns related to violence, more resources could be shared among them, along with potential solutions and lessons learned.

These efforts cannot be divorced from society-level calls to address the economic, social, cultural, and political marginalization of Indigenous women, girls, and members of the 2SLGBTQQIA community (National Inquiry 2019). This includes increased economic security; access to safe housing, clean drinking water, and adequate food; and women's leadership in addressing the many infrastructure and social service gaps elucidated throughout this report.

The Yeqox Nilin Justice Society (YNJS) provides essential services to address violence within the Tŝilhqot'in Nation. YNJS serves the Tŝilhqot'in and Ulkatcho Nations in both the urban center of Williams Lake and rurally through the vast geographic area of the Cariboo-Chilcotin. YNJS:

- promotes restorative justice reconciliation activities in the community;
- provides youth and adult probation support assisting clients with education, job readiness skills training and the connection with community and cultural supports;
- leads the establishment of the Indigenous Court in Williams Lake, a criminal sentencing court which incorporates restorative justice and traditional practices to reach balance and healing; and
- offers Victim Services, based out of the Alexis Creek, B.C. RCMP detachment.

YNJS victim services receives referrals from the Alexis Creek, Williams Lake and Anahim Lake RCMP detachments. In addition, referrals are often received

Understanding the "Shadow Pandemic" of Domestic Violence

"Even before the pandemic, violence against women was one of the most widespread violations of human rights. Since lockdown restrictions, domestic violence has multiplied, spreading across the world in a shadow pandemic."
—*Phumzile Mlambo-Ngcuka, Executive Director of UN Women*

Advocates for women's rights around the world have been sounding the alarm about the pandemic amplifying the existing "shadow pandemic" of domestic violence, the victims of which are predominantly women. In April 2020, the Federal Minister for Women and Gender Equality reported a 20-30% increase in rates of domestic violence in some parts of Canada. In May 2020, the Native Women's Association of Canada reported that 1 in 5 Indigenous women, of 250 surveyed, responded that they have been a victim of physical or psychological violence since the pandemic began (NWAC 2020). Many have observed that public health orders to stay home and be physically distanced from others "map exquisitely onto an abuser's desire to control his intimate partner, adding yet more authority to his edicts and in some jurisdictions, backed by the coercive power of the state that can be applied in the event an order is breached" (Koshan et al 2020, p 11). The disproportionate financial impacts of the pandemic on women further exacerbate the issue, limiting the ability to find new housing. As the UN Special Rapporteur on the Rights of Indigenous Peoples has reported, violence against women is correlated with economic insecurity (UNSR 2020, p 18). Public health messaging portrays the home as a safe place, which is opposite the truth for those who live with their abuser. Emerging research has found that the legal system has downplayed the risk of domestic violence during COVID-19 pandemic (Koshan et al 2020).

Indigenous Elders note the connection between violence and the intergenerational trauma of colonization, including Indigenous peoples' past experiences with disease and death (Moffitt et al 2020). The National Inquiry into Missing and Murdered Indigenous Women and Girls

calls for a "trauma-informed" approach in services and programs which address violence. It roots healing, and all health and wellness programs addressing trauma, in access to one's culture, language, and self-determination.

Research suggests that we should be concerned about both a rise in calls to support services and a decrease in calls for help (Moffitt et al 2020). The former is an indicator that domestic violence has been exacerbated by the pandemic; the latter is an indicator that victims of domestic abuse are unable to seek help because stay-at-home public health orders have enhanced the control and surveillance by abusers. While shelters, crisis lines and other support services have stayed open throughout the pandemic and have received some pandemic-related funding, these organizations have had to adapt to new and more challenging modes of delivery (Moffitt et al 2020).

Responses to the shadow pandemic must address underlying drivers of domestic violence: barriers to seeking support (e.g. under-serviced regions, technological barriers) and inadequate support for coping with disruption and trauma that fuels domestic abuse. The Government of Yukon provided free cell phones with voice and internet access to vulnerable women precisely because of concerns of domestic violence (Yukon 2020). Multiple jurisdictions in Canada struggled with the decision over whether and how to restrict alcohol sales. For example, when Tŝilhqot'in leadership inquired into whether the liquor store in Alexis Creek could be closed for the pandemic, the government of B.C. indicated that it is considered an essential service. Yet, alcohol and drug use are correlated with the increase of domestic violence.

from community and frontline workers including mental health clinicians, community and Nation Health Directors and community health nurses. YNJS then works to provide emotional support to victims of crime and trauma and, where needed, referrals to other support providers.

In November 2020, the YNJS received three-year sexual violence assault funding to support the six Tŝilhqot'in communities and Ulkatcho First Nation. This is the first funding that YNJS has received of its kind. The three-year funding is a positive development. However, it will still take additional resources to address community needs, in part because domestic and sexual violence support has long been under-funded and often victims delay or avoid disclosing their trauma as they fear the consequences of being exposed. One specific measure that is sorely needed to complement the work of YNJS is the establishment of safehouses for victims to safely retreat to outside of their current situations. The Tŝilhqot'in Nation is currently reviewing this need as well.

Other metrics of crime and violence within the Nation are concerning. YNJS statistics indicate that adult probation numbers are 68% greater in November 2020 when compared to November 2019. Lack of employment and the limitations of services and programs in Williams Lake and in the communities due to COVID-19, such as restorative justice, are likely drivers of this significant increase. While youth probation numbers are low, there is a noticeable increase in struggles in school due to the limited class time and limited family tutoring capabilities.

At the same time, in some cases, such as for prolific offenders, being stuck closer to home has made it easier to achieve positive goals, objectives and strategies in healing development, due to family support and being readily available for phone calls with case workers.

The Tŝilhqot'in Nation is taking these matters very seriously and is developing a strategy to work together with agencies such as YNJS and government partners to address violence and domestic violence at the systemic and immediate levels, and in a way that prioritizes cultural safety.

CONCLUSION

The pandemic has shone a light on the lack of existing Tŝilhqot'in-based health and healing services rooted in traditional knowledge. While each community has been working to create better, more accessible, culturally-safe mental health and social service options, the pandemic revealed that much of this work has been happening in silos. Again, the fact that much of the funding and program support is targeted at individual First Nation communities has unfortunately created missed opportunities to share resources and create holistic change at the Nation level for the benefit of the Tŝilhqot'in people as a whole. But the pandemic has helped to bring community health and mental health care practitioners together, sharing experiences, learnings, and resources, and developing new initiatives to respond to community health needs together. Land-based, community-led initiatives have been the most meaningful in drawing Elders, youth, and communities together to share knowledge, address isolation, and heal from the losses they've experienced. These are positive outcomes which many hope will persist beyond COVID-19.

Changes are needed at every level—with strong leadership from the communities, the Nation, the province, and the federal government—to address the increase in fatal drug and alcohol use in Tŝilhqot'in communities, as well as domestic violence. It will require institutional change as well as new funding and infrastructure to provide the communities with access to safe, low-barrier Tŝilhqot'in-led services and programs in the territory. This presents an opportunity to strengthen existing partnerships with organizations providing services in the region, and to build new community-based programs and resources, rooted in Tŝilhqot'in knowledge and practice.

Conclusion

"We lean on our people to be as proactive as they can be to keep everyone safe, especially our Elders. We can't be reactive in times like this. I don't have all the answers but I am open to hearing what else we can do." —Troy Baptiste, Nits'il?in, ?Esdilagh First Nation

Tŝilhqot'in communities will be greatly impacted by COVID-19 for a long time to come. The Tŝilhqot'in people have endured and continue to endure the pandemic with all its ripple effects across health, economic and social development, and nation building. The pandemic has revealed the many dimensions of systemic discrimination that the Nation faces every day, manifested in poor infrastructure, the digital divide, and racism in healthcare. The pandemic has amplified these inequalities. In all communities and at the Nation-level most programs and services were halted during COVID-19. Advancements in negotiations, which rest on relationship-building and regular community engagement, were hampered. An overarching concern is that existing essential services to communities will be impacted in the future due to the financial impact of COVID-19 response on B.C. and Canada.

At the same time, there are accomplishments that the Nation can celebrate in the pandemic response and successes that can be embraced moving forward. Much like the 2017 wildfires, the Tŝilhqot'in have found strength in coordinated action as a nation. New, positive relationships have emerged from the pandemic through direct food delivery and virtual access to healthcare specialists. Existing partnerships have been strengthened. Nation-level and community-level staff and healthcare clinicians have shown impressive innovation in adapting everyday practices to ensure Tŝilhqot'in citizens have access to needed

supports. The Tŝilhqot'in people have drawn strength from their connection with the land. This concluding chapter considers the potential long-term impacts of the pandemic—and the provincial and federal responses to the pandemic—on the Tŝilhqot'in Nation. It returns to the vision of the Tŝilhqot'in Nation and Tŝilhqot'in communities as leaders in emergency management with a distinctive approach, and outlines the comprehensive support from government partners that vision entails.

Traditional Practices and Knowledge Transfer
Protecting Tŝilhqot'in Elders is at the heart of the Tŝilhqot'in Nation's response to COVID-19. Protecting Elders means protecting Tŝilhqot'in history and culture, preserving the possibility of passing those teachings on to the next generation and respecting those that have walked ahead generationally and paved a path towards reconciliation. Preserving this possibility has been the motivation of the several hundred staff and community citizens who have acted together since March 2020.

While there are many devastating impacts from the pandemic, one hopeful story has been the comfort and strength that many Tŝilhqot'in citizens have found in traditional practices and reconnecting with the land. Physical distancing guidance encouraged people to go out onto the land and reinvigorated pride in their culture through teachings, land-based activities and gathering medicines and traditional

"The essential element for an efficient State response to the pandemic for indigenous peoples is to respect the autonomy of indigenous peoples to manage the situation locally while providing them with the information and the financial and material support they identify as necessary. Coordination between indigenous and non-indigenous authorities as equals is essential to the overall effort to respond to the pandemic." (UNSR, p 13)

"It's going to be years before we're back to where we were." —Victor Roy Stump, Former Nits'ilʔin ʔEsdilagh First Nation

sustenance. At the same time, the disruption of the pandemic led many to focus inwards and spend time with family and practice healthy activities. While children and youth were cut off from conventional in-person schooling, they received a rich education entrenched in their culture. These are the future leaders of the Tŝilhqot'in Nation. The pandemic presented an unexpected moment for traditional teachings and for provoking further thinking within the Nation about how to combine land-based learning with conventional schooling, and the supports needed for this to be successful.

Community and Economic Development
The pandemic has had sweeping impacts on community and economic development. Employee layoffs at community band offices, schools, health departments and businesses were an unfortunate reality, with the Tŝilhqot'in Nation as with elsewhere. Economic activity stopped in most areas at the beginning of COVID-19 so that communities could wade through new measures and grapple with safe work procedures. Smaller companies were able to access Canada Emergency Business Account (CEBA) loans. As well, they were able to receive the Canada Emergency Wage Subsidy (CEWA) to assist with the costs of staffing.

These were helpful temporary supports that provided some immediate financial relief. But now community businesses face uncertainty about their economic futures. Communities have spent years working their way towards providing their own sources of revenue back to the community. The setback for these important economic developments will be felt for years to come.

Moreover, broader projects within the Nation were put on hold. Land-use planning and comprehensive community planning depend on input from the communities, typically in the form of in-person gatherings, which could not be done safely thought the pandemic.

Nevertheless, communities managed to conduct an impressive amount of internal planning to improve existing services, solidify future goals and review emergency protocols in light of the pandemic. Staff devoted an exceptional amount of time and care toward adapting and understanding how to operate and provide essential services in spite of the pandemic. Templates were developed for emergency procedures, policies, and community communication. As a result, the Nation is now in an even stronger position to address the next emergency situation.

"It's time to do some soul searching as a nation to figure out where we want to be—we need to secure our own economic success. We cannot provide adequate services to our communities from the funding that we receive from government. We cannot get out of this position working within these constraints." —Nits'il?in Joe Alphonse, Tl'etinqox Government

Further to developing templates, the roles and responsibilities of an Emergency Operation Centre are clear. Processes are in place for staff to work virtually and there is now a comfort level with using virtual tools. The Tŝilhqot'in learnt on the fly to incorporate cultural processes into emergency response. This included:

- offering physical, mental, spiritual and emotional health support to attempt to lessen the fear of the health care system;
- adapting virtual communication methods to incorporate traditional practices;
- providing as much bilingual communication as possible through various media sources and speakers (i.e. Chiefs, healers, members of the Women's Council);
- supporting the provision of back-up isolation units, food and medical supplies so that communities with pressing capacity issues did not have to endure further stress from "what ifs," and ensuring that citizens' food security challenges were addressed;
- encouraging people to maintain their mental health and wellbeing by spending time on the land, grounding themselves in their traditional practices, in a safe and socially distanced manner; and
- enforcing additional Tŝilhqot'in specific By-laws and isolation protection measures that further safeguarded their citizens, including checkpoints.

These are some prominent examples of the Tŝilhqot'in Nation's distinctive pandemic response.

The Tŝilhqot'in Nation as a True Partner
On February 2018, the Tŝilhqot'in Nation signed a *Collaborative Emergency Management Agreement* (CEMA) with Indigenous Services Canada (ISC) and the Province of British Columbia with the shared goal of supporting the Tŝilhqot'in Nation and Tŝilhqot'in communities as "true partners and leaders in emergency management" and which set out the mandate to establish seamless and effective emergency management across governmental authorities.

The CEMA is supported by a jointly-developed terms of reference and governance body to address emergency management issues as they arise and to support the creation of recommendations to improve government-to-government collaboration. Important progress has been made, in part due to effective relationships with government partners and, most admirably, through the hard work and dedicated efforts of the staff. Crucially, ISC has funded TNG's Emergency Services Manager, who advances emergency planning in the Nation and seeks further funding to support community emergency management needs. As a result of this continued advocacy for funding support, Tŝilhqot'in communities have made systemic progress on emergency prevention and planning.

CONCLUSION

Work under the CEMA has focused on advancing a centralized Indigenous-led Emergency Centre including supplying it with equipment and properly trained personnel. A Tŝilhqot'in Emergency Centre, comparable to regional emergency operations centres, is well beyond the stage of conceptual design. However, funding is necessary to move this item forward. At the moment, the TNG EOC is moved between temporary locations and the personnel and the equipment is funded through numerous grants and funding applications, rather than stable, core funding.

Through the pandemic, the CEMA partners worked to resolve issues quickly and respectfully. Where issues could not be resolved, they were moved to different venues of conversation. Any impasse, for the most part, was not due to the unwillingness of any individual to find a solution, nor to a lack of communication. Rather, it was the direct result of longstanding systemic and institutional barriers.

The Tŝilhqot'in Nation worked with local and provincial emergency operation centres through a communication protocol between all parties which guided emergency management in the territory. Going forward, vital

training for emergency responders on Tŝilhqot'in cultural values and culturally-appropriate emergency management in the territory will be requested of any operator in the territory.

These are tangible steps toward full Tŝilhqot'in leadership in emergency management. But there is still a long path toward the Tŝilhqot'in Nation and Tŝilhqot'in communities being true partners with B.C. and Canada in emergency management. Systemic discrimination in resource and service provision, slow progress in information-sharing, funding complexity and delay, and unresponsive enforcement have all impeded the exercise of Tŝilhqot'in jurisdiction over the pandemic response. The measures taken by Tŝilhqot'in leadership are acts of inherent jurisdiction. These measures move the Nation towards the level of self-determination set out in the UN Declaration on the Rights of Indigenous Peoples and the Gwets'en Nilt'i Pathway Agreement. Moving forward requires a recommitment to government-to-government relations that support and enhance the leadership of the Tŝilhqot'in Nation.

Achievements

The COVID-19 pandemic has presented an unprecedented challenge for all levels of government and has impacted daily life for communities worldwide. The Tŝilhqot'in have made enormous efforts to protect Elders and vulnerable citizens and to maintain and strengthen community and cultural connection. Strengthening Tŝilhqot'in ways and advancing Tŝilhqot'in jurisdiction are ultimately the best path to protect the Tŝilhqot'in people.

The *Collaborative Emergency Management Agreement* (CEMA) presents a unique and important arrangement for advancing Indigenous jurisdiction over emergency management. Together, the three government partners have worked to support the Tŝilhqot'in Nation's coordinated response to the pandemic. Ongoing government-to-government discussion has generated significant learning for all partners. The calls to action which follow reflect this learning. First, we highlight the major achievements in Tŝilhqot'in pandemic response.

- **Quick, effective and early response** to ensure awareness and careful monitoring of the pandemic through existing and coordinated actors: the Tŝilhqot'in Health Hub and Tŝilhqot'in Emergency Operation Centre.

- **Rapid community-led response** throughout the pandemic, notably the coordinated distribution of food and supplies directly to communities to avoid unnecessary travel and support 'shelter in place' objectives.

- **Swift issuance** of the Tŝilhqot'in State of Emergency and community By-laws.

- **Coordinated community lockdown** measures in response to suspected community COVID-19 exposure.

- **Coordinated establishment of checkpoints** to monitor and manage travel, tailored to the unique geographies and constraints of each community.

- **Early and ongoing access** to community testing for COVID-19.

- **Early and continuous provision** of personal protective equipment to healthcare practitioners.

- **Community awareness** of COVID-19 and continuity of care throughout pandemic restrictions through existing, trusting relationships with community health practitioners.

- **Meaningful bilingual messaging** from Elders, youth, and community leadership to spread awareness of COVID-19 measures and celebrate community cohesion.

- **Collaboration amongst healthcare practitioners** for the adaptive provision of care.

- **Provision of meaningful land-based programming** and innovative activities for maintaining community and cultural connections such as equine therapy, Fraser River Salmon Ceremony and various community healing ceremonies.

- **Assembly of a community-based justice circle**, led by the Women's Council members from the community, to resolve conflicts arising from COVID-19 measures.

- **Consistent dialogue with government partners**, despite the pressures of pandemic response, that ultimately led to support for checkpoint measures and a data sharing agreement.

- **Partnership with other Indigenous Nations** for mutual support, knowledge sharing, and advocacy in pandemic response.

- **Successful and consistent advocacy for funding** and reimbursements for vital COVID-19 related expenditures, including checkpoints.

- **Prioritization of First Nations** for COVID-19 immunization in British Columbia.

- **Provision of targeted funding** for implementing Tŝilhqot'in housing strategies.

- **Provision of Emergency Sexual Assault Response funding** to Yeqox Nilin Justice Society to support Tŝilhqot'in and Ulkatcho citizens.

- **Cultural humility training in collaboration with local bank** to combat anti-indigenous racism.

Addressing the COVID-19 Response

The Tŝilhqot'in Nation calls for the following specific actions needed to address the response to the COVID-19 pandemic:

The Tŝilhqot'in Nation exercises inherent jurisdiction to care for its traditional territory and the Tŝilhqot'in people. Leadership exercised this jurisdiction in response to the COVID-19 pandemic in a coordinated and effective fashion. The Nation did so despite the many limitations and constraints of historic and ongoing colonialism. Compared to non-Indigenous communities, Tŝilhqot'in communities face significant discrepancies in infrastructure, technology, services and—importantly—lack the confidence that the health care system will provide them safe, equitable care when needed. As a self-determining government, Tŝilhqot'in leadership faced several barriers to exercise its jurisdiction to implement a quick and effective emergency management response. These barriers illustrate how colonial structures remain engrained in the fabric of regional, provincial and federal governments preventing true reconciliation and, in this case, a rapid response to COVID-19.

The Tŝilhqot'in Nation calls on all levels of government (regional, provincial and federal) to:

1. Provide enhanced pandemic recovery support to Indigenous peoples in recognition of the historic and ongoing harms of colonization that create the conditions of vulnerability and in recognition of Canada's commitment under the *UN Declaration on the Rights of Indigenous Peoples* to provide redress for these harms.

2. Review and revise pandemic emergency plans to include recognition of and support for Indigenous jurisdiction in pandemic response.

3. Ensure the perspectives of Indigenous peoples are meaningfully included in all post-pandemic cabinet committees, working groups, audits, reviews and/or inquiries undertaken by or on behalf of regional, provincial and federal governments.

4. Undertake to immediately and specifically combat racism in emergency response, specifically through:

    o   Collaboration between the B.C. Office of the Human Rights Commissioner and Emergency Management B.C. to develop policies and training on anti-racism in emergency response;

    o   Coordinated efforts by the cities of Quesnel and Williams Lake to develop anti-Indigenous racism policies in collaboration with neighbouring First Nations;

    o   The acceptance of this report and *The Fires Awakened Us* by the B.C. Human Rights Tribunal as contributions to its development of baseline information on anti-Indigenous racism in British Columbia (Recommendation 8.1 Expanding Our Vision, 2020)

5. Extend funding to enable Health Directors to hire Deputy Health Directors during the pandemic to provide relief support at the Nation and community-level and extend training dollars and partial capacity funding in advance of an emergency to allow for appropriate recruitment and training.

6. Develop a Tŝilhqot'in Nation—British Columbia crisis response strategy to ensure the Nation has access to staffing and resources that can meet their emergency needs as well as continue to meet ongoing and expansive health needs of the communities in an emergency.

7. Implement, in collaboration with the Tŝilhqot'in Nation, the prioritized First Nation access to COVID-19 vaccine.

8. Continue to provide ongoing, timely access to personal protective equipment at a level that meets the needs of the Tŝilhqot'in Nation.

9. Establish safe self-isolation facilities in every community in the form of multi-purpose space that can be used in any emergency response (e.g. housing evacuees from floods/wildfires).

10. Fast-track planning and implementation of measures to bridge the access-to-technology gap in Tŝilhqot'in communities, specifically by:

    ○ Increasing the number of mobile phone towers in the Cariboo-Chilcotin region to ensure coverage in all six Tŝilhqot'in communities;

    ○ Supporting the costs for communities to distribute mobile phones, computers and/or internet connectivity to vulnerable households and individuals in the Nation;

    ○ Providing multi-year funding to the Tŝilhqot'in community radio station to ensure that Tŝilhqot'in citizens have access to bilingual communication.

The Tŝilhqot'in Nation calls on British Columbia to:

11. Adopt and implement the 24 recommendations of *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (2020).

The Tŝilhqot'in Nation commits to:

12. Updating Tŝilhqot'in Nation and community-level pandemic emergency plans with lessons learned from the COVID-19 pandemic, ensuring that clear roles, responsibilities and coordination mechanisms are outlined for governments, departments and staff.

13. Developing a strategy to prepare Tŝilhqot'in citizens to transition from COVID-19 financial relief (e.g. CERB) through training and employment programs and by offering tax advisors, information sheets, and by working with individuals to make action plans.

14. Formalizing agreements with local suppliers to arrange delivery and storage of food, sufficient for every household on reserve during emergencies.

CALLS TO ACTION
Data Sovereignty & Communication

Effective pandemic response rests on accurate and accessible data and clear communication with affected communities. Without important case data in and near Tŝilhqot'in communities the Tŝilhqot'in leaders have nevertheless made important decisions about pandemic response measures. These data sharing constraints resulted in 'the scare', in which Tŝilhqot'in leaders were left to react to exposure risks, fears and misinformation. It has taken persistent advocacy by the Tŝilhqot'in Nation and other Indigenous leaders to advance a government-to-government data partnership with the Province. The Nation is currently working on a model of community contract tracing. Although important steps have been made during the pandemic, there is much work needed to achieve a true data partnership.

Tŝilhqot'in, provincial and federal decision-making have all been hampered by a lack of disaggregated data which accurately and sensitively identifies the specific impacts of COVID-19 on Indigenous peoples. This information is needed for comprehensive recovery from the pandemic. A tremendous amount of learning has occurred within the Tŝilhqot'in Nation on how to communicate effectively with Tŝilhqot'in citizens amidst the pandemic.

The Tŝilhqot'in Nation calls on British Columbia to:

15. Establish government-to-government protocols on confidentiality and privacy for sharing of health data during a public health emergency that allow the Tŝilhqot'in Nation to make informed decisions about health threats to its people and that align B.C. policy and practice with the *Declaration on the Rights of Indigenous Peoples Act*.

16. Continue to support the rapid implementation of training and employment of Tŝilhqot'in contract tracers.

The Tŝilhqot'in Nation calls on Canada and British Columbia to:

17. Commit to the collection of disaggregated data on the impacts of COVID-19 on Indigenous peoples to be used as an important tool for planning culturally appropriate responses, implementing anti-discrimination policies in the context of public health emergencies and guiding comprehensive recovery from the COVID-19 pandemic.

The Tŝilhqot'in Nation commits to:

18. Developing or revising Tŝilhqot'in confidentiality protocols between community health nurses and Chiefs, Councils and Health Directors for the handling of sensitive health data during a pandemic.

19. Developing and implementing Tŝilhqot'in-specific training on destigmatization and harm reduction in health care.

20. Revising its communications strategy for public health emergencies in collaboration with communities, and specifically Elders and youth.

21. Establishing mutual aid arrangements with other Indigenous nations and including measures, such as appropriate information sharing, that enable Indigenous leaders to provide direct support to one another during public health emergencies.

Implementation & Enforcement of Tŝilhqot'in Jurisdiction

The Tŝilhqot'in Nation has consistently sought collaborative solutions with provincial and federal partners for implementing and enforcing Tŝilhqot'in laws in Tŝilhqot'in territory. Important strides were made during and after the 2017 wildfires. The pandemic however has revealed new barriers and gaps in funding which undermine Tŝilhqot'in jurisdiction. The Nation and communities have faced onerous requirements to seek what is ultimately inadequate and piecemeal financial support. The implementation of a key pandemic safety measure—checkpoints for communities— was undermined by convoluted funding restrictions that were eventually removed. Despite enacting By-laws recognized in Canadian law, Tŝilhqot'in communities could not rely on the RCMP for assistance in enforcing these measures. Effective implementation and enforcement of Tŝilhqot'in jurisdiction can only be achieved with B.C. and Canada's recognition of the Tŝilhqot'in as a self-determining government, provided with the adequate emergency management resources to exercise that self-determination on the ground.

The Tŝilhqot'in Nation calls on British Columbia to:

22. Provide immediate and ongoing financial support for checkpoint staff until the end of the pandemic. This financial support should include appropriate compensation, leave, training, mental health support, and traditional healing for checkpoint staff.

23. Revise funding processes to eliminate barriers, ambiguity and excessive administrative burdens on Indigenous peoples seeking timely and adequate emergency response funding.

    a. Policies shall recognize the legitimate emergency response roles at both the nation and community levels.

    b. Policies shall be reviewed specifically to address systemic racism and unconscious biases.

    c. Policies shall align with Canada and B.C.'s commitment to Tŝilhqot'in self-determination, reflected in commitments to the *UN Declaration on the Rights of Indigenous Peoples* and the Gwets'en Nilt'i Pathway Agreement.

24. Fund a Nation-led task force to develop long-term strategies for community enforcement of Tŝilhqot'in laws and By-laws, including the potential for expanding the use of justice circles and other Tŝilhqot'in forms of enforcement and dispute resolution.

25. Facilitate and support the renegotiation of community policing agreements between the RCMP and Tŝilhqot'in communities, and a Nation-level agreement, to develop new interim strategies for how the RCMP can support the implementation and enforcement of Tŝilhqot'in laws and By-laws.

The Tŝilhqot'in Nation commits to:

26. Developing a policy for the fair and equitable allocation of future funding for off-reserve members.

Health & Social Impacts

The social impacts of the pandemic on Tŝilhqot'in citizens and communities are sweeping. Colonialism is a determinant of health. The pandemic has laid bare the ongoing impacts of colonialism on Tŝilhqot'in communities. Specific supports for COVID-19 testing, mental health, intimate partner violence, drug and alcohol issues are piecemeal and inadequate to address community needs. The capacity constraints in the communities lead to burnout, further straining the provision of health care within the Nation. The pandemic brought communities and community health and mental health care practitioners together to share learnings, experiences, and resources—more positive outcome like this are needed. The full impacts of COVID-19 are not yet known. What is known now is that a considerable amount of social support is required, and that support must be tailored to the needs of each community.

The Tŝilhqot'in Nation calls on British Columbia and Canada to:

27. Implement core, long-term funding for mental health supports at the community level that respond to the full range of mental health issues that have been exacerbated by the pandemic, specifically the need for:
    ○ Traditional health care;
    ○ Violence and trauma counselling;
    ○ Building and deepening partnerships with other First Nations programming and resources.

28. Establish a multi-agency health and social table with funding for a lead facilitator which will develop community support programs and policies that adequately and meaningfully address the full range of health impacts created and exacerbated by the pandemic, specifically:
    a) Long-term and widespread mental health needs;
    b) Alcohol and drug strategies and programming;
    c) Housing insecurity policies and programs;
    d) Community staff training for developing community wellness plans.

29. Encourage stricter monitoring and enforcement of retailers and citizens who engage in illegal off-sales of alcohol.

30. Increase funding to support retrofitting and expanding band facilities to allow identified building needs including, for example, physical distancing and private space to access virtual counselling and other support services.

The Tŝilhqot'in Nation calls on the First Nations Health Authority to:

31. Work with the Tŝilhqot'in Nation to build trusting, long-term relationships with health practitioners both within and outside the hospital system.

32. Work with the Tŝilhqot'in Nation to increase access to culturally-safe at-home care for Elders and vulnerable citizens and to establish Elder care homes in each community.

33. Work with community health nurses to implement and/or expand FNHA's existing harm reduction and naloxone training in all Tŝilhqot'in communities.

34. Support the development of relationship agreement between local hospitals and the Tŝilhqot'in Nation which commits to a co-led, comprehensive strategy to ensure culturally-safe health care provision with the goal to address systemic racism.

35. Provide funding to establish safe and appropriate housing, as well as Tŝilhqot'in-led low-barrier shelters, safe spaces, transition homes, and second-stage housing for women, children, and 2SLGBTQQIA community members experiencing violence.

The Tŝilhqot'in Nation commits to:

36. Establishing policies and protocols for leadership and staff wellbeing, including:

    a) Developing and implementing circle workshops for teamwork support;

    b) Developing and implementing protocols for daily traditional ceremonies;

    c) Create normalized small-group check-in practices to foster connection and provide lateral support.

37. Establishing appropriate community-based processes, with leadership from the Women's Council, to address the impacts of secondary COVID-19 related health and social impacts in the community.

CALLS TO ACTION
Long Term Impacts

COVID-19 will have lasting effects on the Tŝilhqot'in Nation. It has had devastating impacts on community health and well-being. It has delayed or halted business and economic development. Necessary restrictions on gathering have both halted much of the work that communities have devoted to reviving cultural protocols, language and traditions, and created new opportunities for this work to take place out on the land. However, the Nation has protected its Elders from the virus and, with Tŝilhqot'in Elders, the possibility of continued Tŝilhqot'in teachings, history, and practices. Throughout the pandemic, the Tŝilhqot'in people have found strength in these traditional teachings and their connection to the land. The pandemic shows the heightened importance of enhancing and accelerating these important efforts for Tŝilhqot'in-led economic development, education and knowledge exchange with a dedicated support network from B.C. and Canada.

The Tŝilhqot'in Nation calls on British Columbia and Canada to:

38. Fund land-based governance and community resilience programs for citizens to rebuild and reconnect with their culture and start the journey to healing, including:

    a. Equine healing;

    b. Lateral kindness workshops for learning culturally-appropriate methods to support Tŝilhqot'in communities;

    c. Transportation and covered outdoor spaces to enable land-based learning and outdoor connection with others.

39. Establish dedicated support for community youth workers, tutors, and provide children and youth recreational funding in recognition of the fact that the youth are the future of the Nation.

40. Support through funding and human resources the development of community-led education and training programs.

Recommitting to *The Fires Awakened Us* Calls to Action

The Tŝilhqot'in Nation further calls on Government Partners to implement the 33 Calls to Action in *Nagwediẑk'an gwaneŝ gangu ch'inidẑed ganexwilagh (The Fire Awakened Us)*. In particular, the Nation emphasizes the immediate need for the following actions, which complement the calls identified above:
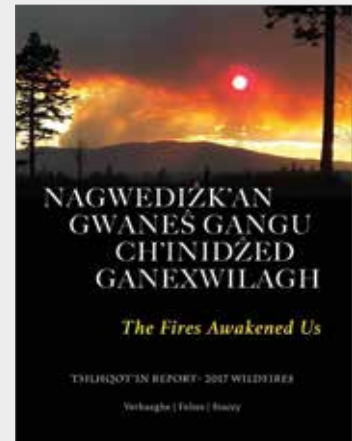
- All levels of government recognize the Tŝilhqot'in Nation's inherent jurisdiction to make its own laws and implement its own emergency measures during an emergency (*Call to Action 9*).

    This includes:
    - Recognizing emergency declarations, emergency measures and culturally-appropriate protocols that flow from these declarations, which differ in form and substance from regional, provincial, and federal responses;
    - Respecting the special obligations flowing from Tŝilhqot'in law and the special challenges faced by Tŝilhqot'in communities;
    - Entering into advanced protocol agreements as needed to ensure recognition of and support for Tŝilhqot'in leadership in emergency response.

- Recognition of and adequate support for the unique governance structure and decision-making authority at the Nation-level (i.e. the Tŝilhqot'in National Government), and not just band council By-laws per the *Indian Act (Calls to Action 15, 16, 17, 32 & 33)*.

    This includes:
    - Clear financial protocols developed on a government-to-government basis;
    - Allocation of an emergency reserve fund for Tŝilhqot'in emergency response;
    - Direct, continual funding for comprehensive emergency management operations and community provisions;
    - The implementation of Jordan's principle to emergency management on reserve to ensure that effective emergency response is not impeded by ambiguity or conflict over jurisdictional responsibility for funding.

- Establish a holistic health support system (*Call to Action 19*). This includes:
    - Enhanced, integrated mental health support across all communities;
    - Support for traditional healing ceremonies.
- Ensure all service provision is conducted in a culturally safe manner *(Call to Action 11).*

  And further:
    - To work with the Tŝilhqot'in Nation for the provision of Tŝilhqot'in specific cultural safety training.
- Work with other First Nations to develop mutual aid agreements for emergency response (*Call to Action 10*).
- Build halls and safe muster areas with adequate facilities for emergency response (*Call to Action 3*).
- Develop a Tŝilhqot'in Economic Diversification Report (*Call to Action 27*).
- Develop a comprehensive strategy for child welfare during times of emergency, based in community jurisdiction, to prevent MCFD intervention (*Call to Action 9*).

Endorsing Existing Recommendations & Calls to Action

The Tŝilhqot'in Nation calls on British Columbia and Canada to fulfill their commitments to implement the _UN Declaration on the Rights of Indigenous Peoples_, in particular:

◍ Articles 21, 22, 23 and 24 which recognize rights to health for Indigenous people, including the right to be actively involved in developing health programs.

The Tŝilhqot'in Nation further endorses the following recommendations and calls for their timely adoption and implementation:

◍ The recommendations of _international organizations_, with specific attention to:

○ Ensuring COVID-19 decision-making adheres to the principle of free, prior and informed consent _(United Nations Special Rapporteur on the Rights of Indigenous Peoples, Expert Mechanism on the Rights of Indigenous Peoples, The Office of the United Nations Commissioner for Human Rights, UN Inter-Agency Support Group on Indigenous Peoples' Issues and Food and Agriculture Organization of the UN)_

○ Providing timely, accurate and accessible information about the pandemic, responses and supports available _(UN Special Rapporteur on the Rights of Indigenous Peoples, Expert Mechanism on the Rights of Indigenous Peoples, UN Permanent Forum on Indigenous Issues, The Office of the United Nations Commissioner for Human Rights, Pan American Health Organization, and International Labour Organization)_

○ Ensuring the collection of disaggregated data to understand the impacts of the pandemic on Indigenous peoples and to inform future decision-making _(UN Special Rapporteur on the Rights of Indigenous Peoples, The Office of the United Nations Commissioner for Human Rights, UN Inter-Agency Support Group on Indigenous Peoples' Issues, and Organization of American States General Secretariat)_

○ Ensuring health care and public health planning accounts for Indigenous peoples' distinctive concepts of health and the need for non-discriminatory and culturally acceptable health care _(UN Special Rapporteur on the Rights of Indigenous Peoples, The Office of the United Nations Commissioner for Human Rights, Food and Agriculture Organization of the United Nations, International Labour Organization, Inter-American Commission on Human Rights, Organization of American States General Secretariat, Pan American Health Organization)_

- ○ Support, and when requested, enforcement of COVID-19 measures taken by Indigenous governments *(UN Special Rapporteur on the Rights of Indigenous Peoples, Expert Mechanism on the Rights of Indigenous Peoples, Food and Agriculture Organization of the United Nations, and International Labour Organization)*

- ○ Ensure that social supports and COVID-19 relief measures that address the particular socio-economic impacts of the pandemic on Indigenous peoples and with special concern for Elders, women and youth *(UN Special Rapporteur on the Rights of Indigenous Peoples, The Office of the United Nations Commissioner for Human Rights, UN Inter-Agency Support Group on Indigenous Peoples' Issues, and UN Entity for Gender Equality and the Empowerment of Women)*

- The recommendations of the Independent Investigation, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (November 2020).

- The recommendations of *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (3 June 2019).

With special attention to the Calls to Justice:

- ○ Implementing a National Action Plan to address violence against Indigenous women, girls, and 2SLGBTQQIA people, including prioritizing resources to eliminate this violence, preventing and responding to violence, eliminating jurisdictional gaps, and creating long-term funding for Indigenous prevention programs (1.1, 1.2, 1.5, 1.6 and 1.8)

- ○ Protecting the rights of Indigenous peoples to their cultures and languages as inherent rights while ensuring meaningful access, preservation, and empowerment of Indigenous cultures and languages (2.1, 2.3, 2.4 and 2.5)

- ○ Ensuring the rights to health and wellness of Indigenous peoples are recognized and protected on an equitable basis, as well as include culturally competent trauma-informed programs (3.1, 3.2, 3.3, 3.4, 3.5 and 3.6)

- ○ Upholding the social and economic rights of Indigenous women, girls, and 2SLGBTQQIA people by ensuring that Indigenous people have services and infrastructure that meet their social and economic needs (4.1, 4.2, 4.4, 4.6 and 4.7)

- ○ Transforming Indigenous policing to an exercise of self-governance and self-determination while increasing the accessibility of policing services, Indigenous police oversight bodies, and culturally appropriate justice practices (5.3, 5.4, 5.7 and 5.11)

- ○ Recognizing that Indigenous peoples are the experts in caring for and healing themselves and that health and wellness services must include supports for healing from all forms of unresolved trauma (7.1, 7.2, 7.3, 7.4, 7.5, 7.6,7.7, 7.8 and 7.9)

- ○ Building respectful working relationships between all actors in the justice system with Indigenous people and ensuring police services have the capacity and resources to serve Indigenous communities, especially Indigenous women, girls, and 2SLGBTQQIA people (9.2, 9.4 and 9.8)

- ○ Recognizing Indigenous self-determination and inherent jurisdiction over child welfare and the need to transform the current child welfare systems fundamentally (12.1 and 12.2)

- The recommendation of the *B.C. Human Rights Commission* for the province to enact an Anti-Discrimination Data Act, developed and drafted in collaboration with Indigenous peoples and other racialized communities in the province.

- The recommendations of the *Union of British Columbia Indian Chiefs* (10 September 2020).

  With special attention to:

  - ○ Advocacy for Improvement Governmental Communications
  - ○ Advocacy for Funding Increases
  - ○ Advocacy for greater support in communicating First Nations jurisdiction to the Canadian public and support in enforcing that jurisdiction

Appendices

Appendix A. List of Acronyms

ATM	Automated Teller Machine
B.C.	British Columbia
BCCDC	British Columbia Centre for Disease Control
CEBA	Canada Emergency Business Account
CERB	Canada Emergency Response Benefit
CEMA	*Collaborative Emergency Management Agreement*
CEWA	Canada Emergency Wage Subsidy
COVID-19	Coronavirus Disease of 2019
DSS	Denisiqi Services Society
EAF	Emergency Assistance Funding
EOC	Emergency Operations Centre
EMBC	Emergency Management British Columbia
FNHA	First Nations Health Authority
FNTC	First Nations Technology Council
H1N1	Hemagglutinin Type 1 and Neuraminidase Type 1 (influenza strain; also known as swine flu)
HBC	Hudson Bay Company
HR	Human Rights
ISCF	Indigenous Community Support Fund
ISC	Indigenous Services Canada
2SLGBTQQIA	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual

NWAC	Native Women's Association of Canada
MIS	Mustimuhw Information Solutions
MSP	Medical Service Plan
PHEIC	Public Health Emergency of International Concern
PHO	Provincial Health Office (British Columbia)
PPE	Personal Protective Equipment
RBC	Royal Bank of Canada
RCMP	Royal Canadian Mounted Police
SSHRC	Social Science and Humanities Research Council
TN	Tŝilhqot'in Nation
TNG	Tŝilhqot'in National Government
TNG EOC	Tŝilhqot'in National Government Emergency Operations Centre
UBCIC	Union of British Columbia Indian Chiefs
UBC	University of British Columbia
UN	United Nations
UNSR	United Nations Special Rapporteur
WHO	World Health Organization
YNJS	Yeqox Nilin Justice Society

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Appendix C. Photo Credits

PAGE	DESCRIPTION	PHOTOGRAPHER
Cover		Keith Koepke
2	Social Distance Sign	Laureen Carruthers
4	Elder Angelina Stump	Laureen Carruthers
6	Nits'il?in Alphonse	Laureen Carruthers
8	Children in masks	Laureen Carruthers
15	Horseback Riding	Laureen Carruthers
21	Yunesit'in Sign	Rebecca Dyok
24	Sysco Truck	Tŝilhqot'in National Government
24	Food delivery 1	Keith Koepke
24	Food delivery 2	Keith Koepke
28	Winter Road	Keith Koepke
30	Soapberries	Tammy Haller
30	Soapberries Bowl	Freda Alphonse
30	Soapberry picking	Alana Bobby
35	Vaccinations	Tŝilhqot'in National Government
38	Housing	Shawn Wiebe
40	Landslide	Ministry of Transportation and Infrastructure (B.C.)
41	Water Ceremony	Peyal Laceese
42	Witnessing	Laureen Carruthers
45	Nits'il?in Alphonse	Tŝilhqot'in National Government
52	Horseback Riding	Sherry Webster
59	Check point assembly	Keith Koepke
60	Tl'etinqox sign	Rebecca Dyok
60	Nits'il?in Laceese	Peyal Laceese
60	Yunesit'in Sign	Rebecca Dyok
60	Xeni Gwet'in Sign	Keith Koepke
60	Nits'il?in Lulua	Keith Koepke
60	Xeni Gwet'in member	Keith Koepke
65	Ice	Keith Koepke
66	Smudge	Laureen Carruthers
70	Horse	Keith Koepke
71	Gathering	Alana Bobby
71	Smoking	Alana Bobby
71	Working a Hide	Denise Solomon
71	Drumming	Jen Schwab Nickel
71	Dancing	Melanie Johnny
71	Hiking	Kristen Johnny
78	Sunset	Laureen Carruthers
82	Horseback Riding	Laureen Carruthers
83	Landscape	Sonya Lulua
89	Masked women	Laureen Carruthers
97	Ceremony	Laureen Carruthers
105	Drumming	Laureen Carruthers
Back Cover	Smudging	Laureen Carruthers

Appendix D. COVID-19 By-Laws

ʔEsdilagh First Nation
COVID-19 Virus By-law (2020-01)

ʔEsdilagh First Nation COVID-19 Virus By-law (2020-01)
A by-law to reduce the risk from the COVID-19 Virus in ʔEsdilagh First Nation

PREAMBLE

A. Whereas the ʔEsdilagh First Nation is responsible for the planning and well-being of its community;

B. Whereas the ʔEsdilagh members are already challenged by poor housing conditions, high levels of underlying health conditions, low incomes in many households, and limited access to medical services;

C. Whereas the COVID-19 virus is highly contagious and is a serious and immediate threat to the health and lives of our members, especially our elders and members with underlying health conditions;

D. Whereas Canada's Chief Public Health Officer and British Columbia's Chief Medical Health Officer have made it clear that reducing the spread of the COVID-19 virus requires physical (or "social") distancing and limiting the size of gatherings;

E. Whereas the ʔEsdilagh Chief and Council need to take urgent action to help protect the community from the spread of the COVID-19 virus;

F. Whereas the *Indian Act*, section 81(1) confirms the authority of ʔEsdilagh First Nation's Chief and Council to make by-laws providing for
      (a) … the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases;
      …
      (p) the removal and punishment of persons trespassing on the reserve…;
      …
      (r) the imposition on summary conviction of a fine not exceeding one thousand dollars or imprisonment for a term not exceeding thirty days, or both, for violation of a by-law made under this section;

G. And Whereas in accordance with the need for physical (social) distancing, Council members are participating in the review and decision-making on this By-law by meeting or teleconference.

NOW THEREFORE the Council of ʔEsdilagh First Nation at a duly convened meeting enacts the following by-law:

2

ʔEsdilagh First Nation COVID-19 By-law

SHORT TITLE

1. This By-law may be cited as the "ʔEsdilagh First Nation COVID-19 By-law."

DEFINITIONS

2. In this By-law:

"Authorized Occupant" means a person who
    a. is listed in the rental lease as an occupant of a ʔEsdilagh First Nation home or
    b. has their official address at a privately-owned home on Reserve.

"By-law" means the ʔEsdilagh First Nation COVID-19 By-law

"Council" means the Chief and Council of ʔEsdilagh First Nation, which is elected pursuant to ʔEsdilagh First Nation Election Code.

"Emergency Director" means the ʔEsdilagh First Nation Emergency Director hired, or duly appointed, by the ʔEsdilagh First Nation

"*Indian Act*" means the federal *Indian Act,* RSC 1985, c. I-5

"ʔEsdilagh Member" means a person whose name appears on the ʔEsdilagh First Nation Indian band membership list

"Officer(s)" means
    a. any person(s) designated in writing by the Emergency Director to enforce this By-law; and
    b. Peace Officers

"Peace Officer" means
    a. R.C.M.P. officers; and
    b. any other person charged by Canada or British Columbia with the duty to preserve and maintain the public peace in accordance with their laws

"Reserves" means the Indian reserve under the *Indian Act* named: Alexandria 1, Alexandria 10, Alexandria 11, Alexandria 12, Alexandria 1A, Alexandria 3, Alexandria 3A, Big Joe's Meadow 7, Freddie's Meadow 8, Hay Ranch 2, Lorin Meadow 9, McKay Meadow 4, Necausley Creek 6, Webster Creek 5

"Unauthorized Person" means a person who meets none of the criteria in section 4 of this By-law and is therefore not allowed to be on Reserve.

3

ʔEsdilagh First Nation COVID-19 By-law

APPLICATION

3. This By-law applies on all the Reserves.

PROTECTIVE MEASURES

4. A person may only enter or be present on a Reserve if they are:
   a. a ʔEsdilagh Member and an Authorized Occupant;
   b. the spouse, or minor children, of an ʔEsdilagh Member that is an Authorized Occupant;
   c. doing urgent appliance or home repairs;
   d. delivering goods as a professional delivery service to a home or a ʔEsdilagh First Nation-owned business on Reserve, except not alcohol or drugs;
   e. providing essential medical care for an Authorized Occupant or their spouse;
   f. providing emergency services (e.g. firefighting, medical);
   g. doing work to maintain or repair utilities or public infrastructure (e.g. hydro, phone, internet, snowplowing, garbage removal); or
   h. doing work for ʔEsdilagh First Nation at ʔEsdilagh First Nation's request.

5. A person who meets none of the criteria in section 4 is not allowed to enter or be present on a Reserve and is an Unauthorized Person.

6. The maximum number of people allowed in any home on Reserve at any given time is 10, unless the people are Authorized Occupants of the home. This maximum applies to the entire property on which the home is located. In the case of a housing emergency, the Emergency Director may make exceptions to this maximum occupancy rule in writing.

7. The following people must immediately remain at home or remain at an appropriate isolation unit:
   a. any person who is experiencing fever and/or coughing and/or difficulty breathing will remain at home or an appropriate isolation unit until their fever has passed or they have been tested for COVID-19 and have received confirmation that they do not have the virus;
   b. any person who tests positive for COVID-19 will remain at home or an appropriate isolation unit for 14 days unless they have been subsequently tested for COVID-19 and have received confirmation that they do not have the virus;
   c. any person returning to ʔEsdilagh from outside of Canada will remain at home or an appropriate isolation unit for 14 days;
   d. any person returning from a Canadian destination that the Emergency Director has identified as a high-risk location that is posted in a public notice will remain at home or an appropriate isolation unit for 14 days; or

4

ʔEsdilagh First Nation COVID-19 By-law

e. any person that has had recent and close exposure to a confirmed case of Covid - 19 will remain at home or an appropriate isolation unit for 14 days from the date of most recent exposure.

8. Any person seeking to enter onto Reserve, or who is on the Reserve, that:
   a. Had recent and close exposure with a confirmed case of COVID-19; or,
   b. Has tested positive for COVID-19;
   must immediately disclose this information to the ʔEsdilagh nurse, who will take all necessary and reasonable precautions to prevent the spread of COVID-19 while protecting client's privacy.

9. The Emergency Director may make further orders as necessary and reasonable to implement the purposes and intent of this By-law.

ENFORCEMENT AND PENALTIES

10. Officers may stop people seeking to enter a Reserve or who are on the Reserve to determine whether they are allowed to enter or be on the Reserve, including by requesting appropriate written or verbal confirmation that the person meets one of the criteria in section 4.

11. People attempting to enter, or who are on Reserve, must disclose to an Officer relevant information about the location of their home, relevant information about their health, where they travelled from, and other relevant information necessary to prevent the spread of COVID-19.

12. Officers may order any Unauthorized Person not to enter or to immediately leave the Reserve.

13. Officers may attend homes on Reserve to determine whether occupancy exceeds 10 people that are not Authorized Occupants. Where occupancy exceeds 10, Officers may order any person who is not an Authorized Occupant of that home to leave the property immediately.

14. Officers may order any person who should be staying at home under section 7 to return home.

15. No person may interfere with or obstruct an Officer who is exercising their enforcement powers under this By-law, or fail to comply with an Officer's order enforcing this By-law.

5

ʔEsdilagh First Nation COVID-19 By-law

16. A person who contravenes any of the Protective Measures under this By-law or who breaches section 15 commits an offence.

17. A person who commits an offence under this By-law is liable on summary conviction to a fine of up to $1,000, imprisonment for up to 30 days, or to both pursuant to section 81(1)(r) of the *Indian Act.*

18. Where an act in contravention of this By-law continues for more than one day, each day on which the offence is committed will be deemed a separate offence and may be punished as such.

19. The offences created by this By-law are in addition to, and do not replace, any applicable provincial or federal offences.

COMING INTO FORCE AND DURATION

20. This By-law comes into force the day it is adopted by Council. As soon as the By-law is approved, it will be posted on the ʔEsdilagh First Nation website and in prominent locations in ʔEsdilagh, and it will be shared with the Officers who will help to enforce it.

21. This By-law will remain in force until the earlier of these events:
    a. Council repeals it; or
    b. the government of British Columbia declares that physical (social) distancing is no longer a necessary or recommended measure to deal with the COVID-19 virus.

AMENDMENTS

22. The Council may approve written amendments to this By-law, including additional protective measures, by vote at a duly convened meeting. Given the emergency situation, no consultation with membership will be required for any amendments.

23. If the Council approves an amended By-law, it will promptly post the new By-law on the ʔEsdilagh First Nation website and in prominent locations in each Community, and it will share the amended By-law with the Officers who are helping to enforce it.

6

ʔEsdilagh First Nation COVID-19 By-law

BY-LAW APROVAL

24. This By-law is approved at an emergency Council meeting on April 22, 2020. Council members may participate by phone, and a written record of the meeting and the outcome of the vote will be recorded, but only the present and consenting Council members will sign this By-law.

Quorum: ___Three___ ___(3)___

By-law passed unanimously in a duly convened meeting held by teleconference on April 22, 2020 at 10:50 a.m. by:

Chief Victor Roy Stump
Councillor William Baptiste
Councillor Howard Johnny
Councillor Chad Stump

7

ʔEsdilagh First Nation COVID-19 By-law

Toosey Covid-19 Virus By-law (2020-01)

A by-law to reduce the risk from the Covid-19 Virus in Toosey

PREAMBLE

A. Whereas the Toosey Chief and Council are responsible for the planning and well-being of its community;

B. Whereas the Toosey members are already challenged by poor housing conditions, high levels of underlying health conditions, low incomes in many households, and limited access to medical services;

C. Whereas the Covid-19 virus is highly contagious and is a serious and immediate threat to the health and lives of our members, especially our elders and members with underlying health conditions;

D. Whereas Canada's Chief Public Health Officer and British Columbia's Chief Medical Health Officer have made it clear that reducing the spread of the Covid-19 virus requires physical (or "social") distancing and limiting the size of gatherings;

E. Whereas the Toosey Chief and Council need to take urgent action to help protect the community from the spread of the Covid-19 virus;

F. Whereas the *Indian Act*, section 81(1) confirms the authority of Toosey's Chief and Council to make by-laws providing for

> (a) … the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases;
> …
> (p) the removal and punishment of persons trespassing on the reserve…;
> …
> (r) the imposition on summary conviction of a fine not exceeding one thousand dollars or imprisonment for a term not exceeding thirty days, or both, for violation of a by-law made under this section;

G. And Whereas in accordance with the need for physical (social) distancing, Council members are participating in the review and decision-making on this By-law by meeting or teleconference.

NOW THEREFORE the Council of Toosey at a duly convened meeting enacts the following by-law:

SHORT TITLE

1. This By-law may be cited as the "Toosey Covid-19 By-law"

DEFINITIONS

2. In this By-law:

"Appeal Board" means the Administrator of Toosey, the elected Chief and the Emergency Director, unless one of those three members is in a conflict of interest. In cases of conflict of interest the remaining member(s) of the Board may make a decision on the appeal. If all three members are in a conflict of interest then the Council will appoint an interim board to consider, and make a finding on the appeal.

"Authorized Occupant" means a person who

a. is listed in the rental lease as an occupant of a Toosey home or

b. has their official address at a privately-owned home on Reserve.

"By-law" means the Toosey Covid-19 By-law

"Council" means the Chief and Council of Toosey Indian Band, which is elected pursuant to ss.74 – 80 of the Indian Act

"Emergency Director" means the Toosey Emergency Director hired, or duly appointed, by the Toosey government

"*Indian Act*" means the federal *Indian Act*, RSC 1985, c. I-5

"Toosey Member" means a person whose name appears on the Toosey Indian band membership list

"Officer(s)" means

a. any person(s) designated in writing by the Emergency Director to enforce this By-law; and

b. Peace Officers

"Peace Officer" means

a. R.C.M.P. officers; and

b. any other person charged by Canada or British Columbia with the duty to preserve and maintain the public peace in accordance with their laws

"Reserves" means the Indian reserve under the *Indian Act* named: Baptiste Meadow 2, Toosey 1, Toosey 1A, or Toosey 3.

"Unauthorized Person" means a person who meets none of the criteria in section 4 of this By-law and is therefore not allowed to be on Reserve.

APPLICATION

3. This By-law applies on all the Reserves.

PROTECTIVE MEASURES

4. A person may only enter or be present on a Reserve if they are:
a. a Toosey Member and an Authorized Occupant;
b. the spouse, or minor children, of a Toosey Member that is an Authorized Occupant;
c. doing urgent appliance or home repairs;
d. delivering goods as a professional delivery service to a home or a Toosey First Nation-owned business on Reserve, except not alcohol or drugs;
e. providing essential medical care for an Authorized Occupant or their spouse;
f. providing emergency services (e.g. firefighting, medical, flood);
g. doing work to maintain or repair utilities or public infrastructure (e.g. hydro, phone, internet, snowplowing, garbage removal); or
h. doing work for Toosey First Nation at Toosey First Nation's request.

5. A person who meets none of the criteria in section 4 is not allowed to enter or be present on a Reserve and is an Unauthorized Person.

6. The maximum number of people allowed in any home on Reserve at any given time is 10, unless the people are Authorized Occupants of the home. This maximum applies to the entire property on which the home is located. In the case of a housing emergency, the Emergency Director may make exceptions to this maximum occupancy rule in writing.

2

7. The following people must immediately remain at home or remain at an appropriate isolation unit:
   a. any person who is experiencing fever and/or coughing and/or difficulty breathing will remain at home or an appropriate isolation unit until their fever has passed or they have been tested for COVID-19 and have received confirmation that they do not have the virus;
   b. any person who tests positive for COVID-19 will remain at home or an appropriate isolation unit for 14 days unless they have been subsequently tested for COVID-19 and have received confirmation that they do not have the virus;
   c. any person returning to Toosey from outside of Canada will remain at home or an appropriate isolation unit for 14 days;
   d. any person returning from a Canadian destination that the Emergency Director has identified as a high-risk location that is posted in a public notice will remain at home or an appropriate isolation unit for 14 days; or
   e. any person that has had recent and close exposure to a confirmed case of COVID-19 will remain at home or an appropriate isolation unit for 14 days from the date of most recent exposure.

8. Any person seeking to enter onto Reserve, or who is on the Reserve, that:
   a. Had recent and close exposure with a confirmed case of COVID-19; or,
   b. Has tested positive for COVID-19;

   must immediately disclose this information to the Toosey nurse, who will take all necessary and reasonable precautions to prevent the spread of COVID-19 while protecting client's privacy.

9. The Emergency Director may make further orders as necessary and reasonable to implement the purposes and intent of this By-law.

ENFORCEMENT AND PENALTIES

10. Officers may stop people seeking to enter a Reserve or who are on the Reserve to determine whether they are allowed to enter or be on the Reserve, including by requesting appropriate written or verbal confirmation that the person meets one of the criteria in section 4.

11. People attempting to enter, or who are on Reserve, must disclose to an Officer relevant information about the location of their home, relevant information about their health, where they travelled from, and other relevant information necessary to prevent the spread of Covid-19.

12. Officers may order any Unauthorized Person not to enter or to immediately leave the Reserve.

13. Officers may attend homes on Reserve to determine whether occupancy exceeds 10 people that are not Authorized Occupants. Where occupancy exceeds 10, Officers may order any person who is not an Authorized Occupant of that home to leave the property immediately.

14. Officers may order any person who should be staying at home under section 7 to return home.

15. No person may interfere with or obstruct an Officer who is exercising their enforcement powers under this By-law, or fail to comply with an Officer's order enforcing this By-law.

16. A person who contravenes any of the Protective Measures under this By-law or who breaches section 15 commits an offence.

17. A person who commits an offence under this By-law is liable on summary conviction to a fine of up to $1,000, imprisonment for up to 30 days, or to both pursuant to section 81(1)(r) of the *Indian Act*.

18. Where an act in contravention of this By-law continues for more than one day, each day on which the offence is committed will be deemed a separate offence and may be punished as such.

19. The offences created by this By-law are in addition to, and do not replace, any applicable provincial or federal offences.

APPEAL

20. Any person may appeal, within 60 days, in writing to the Emergency Director, a finding that they have contravened this By-law for the following reasons:
    a. they do not believe they contravened the By-law; or,
    b. they do not believe the order for fine or imprisonment is proportional to the contravention ("Notice of Appeal").

21. In the Notice of Appeal, the person disputing the alleged contravention must provide:
    a. a detailed description of the incident that resulted in the alleged contravention;
    b. reasons for the appeal;
    c. any evidence they can provide to support their appeal; and,
    d. the outcome they seek.

22. Any person may request an extension of time to pay a fine under the By-law by written letter to the Emergency Director within 60 days of the fine being issued. The Emergency Director will not unreasonably withhold approval of a time extension and will respond within 15 days.

23. The Appeal Board must consider and make a finding on an appeal under this By-law within 60 days.

24. The Appeal Board will determine its own process for the appeal.

25. Any finding by the Appeal Board relating to a fine under this By-law is final.

26. Any finding by the Appeal Board that imprisonment is warranted under this By-law may be appealed to the Provincial Court of British Columbia.

COMING INTO FORCE AND DURATION

27. This By-law comes into force the day it is adopted by Council. As soon as the By-law is approved, it will be posted on the Toosey website and in prominent locations in Toosey, and it will be shared with the Officers who will help to enforce it.

28. This By-law will remain in force until the earlier of these events:
    a. Council repeals it; or
    b. the government of British Columbia declares that physical (social) distancing is no longer a necessary or recommended measure to deal with the Covid-19 virus.

AMENDMENTS

29. The Council may approve written amendments to this By-law, including additional protective measures, by vote at a duly convened meeting. Given the emergency situation, no consultation with membership will be required for any amendments.

30. If the Council approves an amended By-law, it will promptly post the new By-law on the Toosey website and in prominent locations in each Community, and it will share the amended By-law with the Officers who are helping to enforce it.

BY-LAW APROVAL

31. This By-law is approved at an emergency Council meeting on April ___, 2020. Council members may participate by phone, and a written record of the meeting and the outcome of the vote will be recorded, but only present, consenting Council members will sign this By-law.

Quorum: ____three____ (3)

_____
Chief Francis Laceese

_____
Councillor Violet Fuller

_____
Councillor William Isnardy

_____
Councillor Clayton Palmantier

Yunesit'in Government COVID-19 Virus By-law (2020-01)

A by-law to reduce the risk from the COVID-19 Virus in Yunesit'in

PREAMBLE

A. Whereas the Yunesit'in Government is responsible for the planning and well-being of its community;

B. Whereas the Yunesit'in Government members are already challenged by poor housing conditions, high levels of underlying health conditions, low incomes in many households, and limited access to medical services;

C. Whereas the COVID-19 virus is highly contagious and is a serious and immediate threat to the health and lives of our members, especially our elders and members with underlying health conditions;

D. Whereas Canada's Chief Public Health Officer and British Columbia's Chief Medical Health Officer have made it clear that reducing the spread of the COVID-19 virus requires physical (or "social") distancing and limiting the size of gatherings;

E. Whereas the Yunesit'in Government Chief and Council prioritize the need to take urgent action to help protect the community from the spread of the COVID-19 virus;

F. Whereas the *Indian Act*, section 81(1) confirms the authority of Yunesit'in Government's Chief and Council to make by-laws providing for

> (a) … the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases;
>
> …
>
> (p) the removal and punishment of persons trespassing on the reserve…;
>
> …
>
> (r) the imposition on summary conviction of a fine not exceeding one thousand dollars or imprisonment for a term not exceeding thirty days, or both, for violation of a by-law made under this section;

G. And Whereas in accordance with the need for physical (social) distancing, Council members are participating in the review and decision-making on this By-law by meeting or teleconference.

NOW THEREFORE the Council of Yunesit'in Government at a duly convened meeting enacts the following by-law:

1

Yunesit'in Government COVID-19 By-law

SHORT TITLE

1. This By-law may be cited as the "Yunesit'in Government COVID-19 By-law"

DEFINITIONS

2. In this By-law:

"Authorized Occupant" means a person who
   a. is listed in the rental lease as an occupant of a Yunesit'in Government home or
   b. has their official address at a privately-owned home on Reserve.

"By-law" means the Yunesit'in Government COVID-19 By-law

"Appeal Board" means the Administrator of the Yunesit'in Government, the elected Chief and the Emergency Director, unless one of those three members is in a conflict of interest. In cases of conflict of interest the remaining member(s) of the Board may make a decision on the appeal. If all three members are in a conflict of interest then the Chief and Council will appoint an interim board to consider, and make a finding on the appeal.

"Council" means the Chief and Council of Yunesit'in Government, which is elected pursuant to the Yunesit'in Government Custom Election Code

"Emergency Director" means the Yunesit'in Government Emergency Director hired, or duly appointed, by the Yunesit'in Government

"*Indian Act*" means the federal *Indian Act*, RSC 1985, c. I-5

"Yunesit'in Government Member" means a person whose name appears on the Yunesit'in Government Indian band membership list

"Officer(s)" means
   a. any person(s) designated in writing by the Emergency Director to enforce this By-law; and
   b. Peace Officers

"Peace Officer" means
   a. R.C.M.P. officers; and
   b. any other person charged by Canada or British Columbia with the duty to preserve and maintain the public peace in accordance with their laws

"Reserves" means the Indian reserve under the *Indian Act* named: Brigham Creek 3, Saddle Horse 2, Stone 1, Stone 1A, and Stone 4.

2

"Unauthorized Person" means a person who meets none of the criteria in section 4 of this By-law and is therefore not allowed to be on Reserve.

APPLICATION

3. This By-law applies on all the Reserves held by Yunesit'in Government.

PROTECTIVE MEASURES

4. A person may only enter or be present on a Reserve if they are:
   a. a Yunesit'in Member and an Authorized Occupant;
   b. the spouse, or minor children, of an Yunesit'in Member that is an Authorized Occupant;
   c. doing urgent appliance or home repairs;
   d. delivering goods as a professional delivery service to a home or a Yunesit'in Government-owned business on Reserve, except not alcohol or drugs;
   e. providing essential medical care for an Authorized Occupant or their spouse;
   f. providing emergency services (e.g. firefighting, medical);
   g. doing work to maintain or repair utilities or public infrastructure (e.g. hydro, phone, internet, snowplowing, garbage removal); or
   h. doing work for Yunesit'in Government at Yunesit'in Government's request, granted they hold an authorized Entry Certificate Letter.

5. A person who meets none of the criteria in section 4 is not allowed to enter or be present on a Reserve and is an Unauthorized Person.

6. The maximum number of people allowed in any home on Reserve at any given time is 10, unless the people are Authorized Occupants of the home. This maximum applies to the entire property on which the home is located. In the case of a housing emergency, the Emergency Director may make exceptions to this maximum occupancy rule in writing.

7. The following people must immediately remain at home or remain at an appropriate isolation unit:
   a. any person who is experiencing fever and/or coughing and/or difficulty breathing will remain at home or an appropriate isolation unit until their fever has passed or they have been tested for COVID-19 and have received confirmation that they do not have the virus;
   b. any person who tests positive for COVID-19 will remain at home or an appropriate isolation unit for 14 days unless they have been subsequently tested for COVID-19 and have received confirmation that they do not have the virus;
   c. any person returning to Yunesit'in from outside of Canada will remain at home or an appropriate isolation unit for 14 days;

3

Yunesit'in Government COVID-19 By-law

    d. any person returning from a Canadian destination that the Emergency Director has identified as a high-risk location that is posted in a public notice will remain at home or an appropriate isolation unit for 14 days; or

    e. any person that has had recent and close exposure to a confirmed case of COVID -19 will remain at home or an appropriate isolation unit for 14 days from the date fof most recent exposure.

8. Any person seeking to enter onto Reserve, or who is on the Reserve, that:

    a. Had recent and close exposure with a confirmed case of COVID-19; or,

    b. Has tested positive for COVID-19;

must immediately disclose this information to the Yunesit'in nurse, who will take all necessary and reasonable precautions to prevent the spread of COVID-19 while protecting client's privacy.

9. The Emergency Director may make further orders as necessary and reasonable to implement the purposes and intent of this By-law.

ENFORCEMENT AND PENALTIES

10. Officers may stop people seeking to enter a Reserve or who are on the Reserve to determine whether they are allowed to enter or be on the Reserve, including by requesting appropriate written or verbal confirmation that the person meets one of the criteria in section 4.

11. People attempting to enter, or who are on Reserve, must disclose to an Officer relevant information about the location of their home, relevant information about their health, where they travelled from, and other relevant information necessary to prevent the spread of COVID-19.

12. Officers may order any Unauthorized Person not to enter or to immediately leave the Reserve.

13. Officers may attend homes on Reserve to determine whether occupancy exceeds 10 people that are not Authorized Occupants. Where occupancy exceeds 10, Officers may order any person who is not an Authorized Occupant of that home to leave the property immediately.

14. Officers may order any person who should be staying at home under section 7 to return home.

15. No person may interfere with or obstruct an Officer who is exercising their enforcement powers under this By-law, or fail to comply with an Officer's order enforcing this By-law.

<div style="text-align:right">4</div>

Yunesit'in Government COVID-19 By-law

16. An Officer will make every attempt to raise an issue in a diligent way, providing fair and reasonable warning of the consequences.

17. A person who contravenes any of the Protective Measures under this By-law or who breaches section 15 commits an offence.

18. A person who commits an offence under this By-law is liable on summary conviction to a fine of up to $1,000, imprisonment for up to 30 days, or to both pursuant to section 81(1)(r) of the *Indian Act*.

19. Where an act in contravention of this By-law continues for more than one day, each day on which the offence is committed will be deemed a separate offence and may be punished as such.

20. The offences created by this By-law are in addition to, and do not replace, any applicable provincial or federal offences.

APPEAL

21. Any person may appeal, within 60 days, in writing to the Emergency Director, a finding that they have contravened this By-law for the following reasons:
    a. they do not believe they contravened the By-law; or,
    b. they do not believe the order for fine or imprisonment is proportional to the contravention ("Notice of Appeal").

22. In the Notice of Appeal, the person disputing the alleged contravention must provide:
    a. a detailed description of the incident that resulted in the alleged contravention;
    b. reasons for the appeal;
    c. any evidence they can provide to support their appeal; and,
    d. the outcome they seek.

23. Any person may request an extension of time to pay a fine under the By-law by written letter to the Emergency Director within 60 days of the fine being issued. The Emergency Director will not unreasonably withhold approval of a time extension and will respond within 15 days.

24. The Appeal Board must consider and make a finding on an appeal under this By-law within 60 days.

25. The Appeal Board will determine its own process for the appeal.

5

Yunesit'in Government COVID-19 By-law

26. Any finding by the Appeal Board relating to a fine under this By-law is final.

27. Any finding by the Appeal Board that imprisonment is warranted under this By-law may be appealed to the Provincial Court of British Columbia.

COMING INTO FORCE AND DURATION

28. This By-law comes into force the day it is adopted by Council. As soon as the By-law is approved, it will be posted on the Yunesit'in Government website, relevant social media sites and in prominent locations in Yunesit'in, and it will be shared with the Officers who will help to enforce it.

29. This By-law will remain in force until the earlier of these events:
    a. Council repeals it; or
    b. the government of British Columbia declares that physical (social) distancing is no longer a necessary or recommended measure to deal with the COVID-19 virus.

AMENDMENTS

30. The Council may approve written amendments to this By-law, including additional protective measures, by vote at a duly convened meeting. Given the emergency situation, no consultation with membership will be required for any amendments.

31. If the Council approves an amended By-law, it will promptly post the new By-law on the Yunesit'in Government website and in prominent locations in each Community, and it will share the amended By-law with the Officers who are helping to enforce it.

BY-LAW APPROVAL

This By-law is approved at an emergency Council meeting on April 24, 2020. Council members may participate by phone, and a written record of the meeting and the outcome of the vote will be recorded, but only present, consenting Council members will sign this By-law.

Quorum (3):

Chief Russell Myers Ross

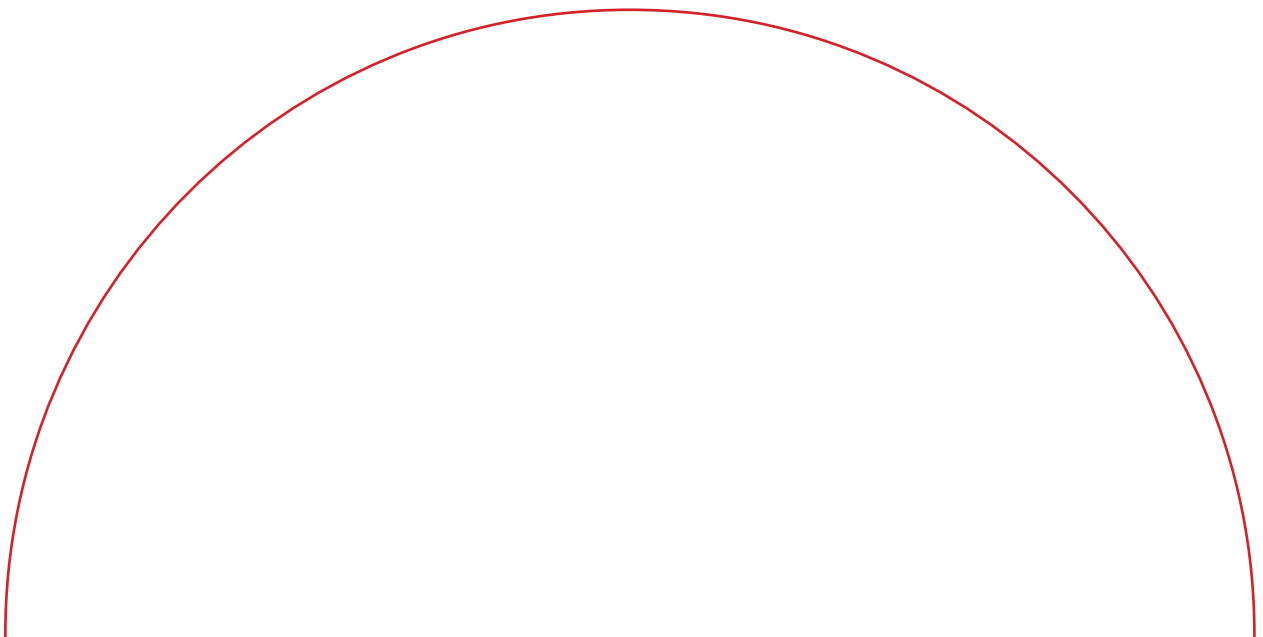Councillor Rosalie Montgomery

Councillor Earl Quilt

Councillor Ralph Myers

Councillor Gabriel Pukacz

6

Yunesit'in Government COVID-19 By-law

Appendix E. *Collaborative Emergency Management Agreement* (2018)

COLLABORATIVE EMERGENCY MANAGEMENT AGREEMENT
Dated for reference ___February 19___, 2018
("Agreement")

BETWEEN

The **TSILHQOT'IN NATION** as represented by the Tsilhqot'in National **Government**
("Tsilhqot'in Nation")

AND

HER MAJESTY THE QUEEN IN RIGHT OF CANADA as represented by the **Minister of Indigenous Services**
("Canada")

AND

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA
as represented by the Minister of Indigenous Relations and Reconciliation
("the Province")

(Collectively, the "Parties")

BACKGROUND:

A. In the summer of 2017, the Tsilhqot'in communities were at the heart of the largest wildfires in the history of British Columbia. As a result of climate change and other factors, wildfires pose a constant and increasingly significant risk for Tsilhqot'in communities and the Chilcotin region.

B. Each of the Parties holds significant responsibilities in respect of emergency management for Tsilhqot'in communities. British Columbia enters this Agreement with the support of the Ministry of Forests, Lands and Natural Resource Operations and Rural Development and the Ministry of Public Safety & Solicitor General.

1

C. The 2017 Tsilhqot'in wildfire experience highlights the strengths, expertise and opportunities within Indigenous communities—as well as issues that the Parties wish to collectively address to ensure seamless and effective emergency management, including wildfire response, across governments (federal, provincial and Indigenous).

D. In a spirit of collaboration, the Parties wish to draw on the Tsilhqot'in experience as a critical opportunity to support the role and capacity of the Tsilhqot'in Nation and Tsilhqot'in communities as true partners and leaders in emergency management.

E. The above work is being done within the context of a broader provincial commitment to learn from 2017's unprecedented wildfire and spring flooding and to improve emergency management. For this purpose, the Province has launched an independent strategic review of all aspects of the provincial response and is engaging with British Columbians to develop recommendations. The work done with the Tsilhqot'in Nation and communities is intended to inform work with other Indigenous governments and communities, and the broader commitment to improve overall emergency management in the Province.

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

Purposes of the Agreement

1. The Parties share the common goals of:

   a. improving risk assessment and emergency preparedness, response, recovery and mitigation activities related to natural hazards ("Emergency Management") and making best efforts to develop recommendations to take advantage of learnings from the experience in the Tsilhqot'in communities.

   b. enhancing the role and capacity of Tsilhqot'in peoples in Emergency Management;

   c. building trust and relationships;

   d. delivering emergency services in a way that is efficient and effective for all Parties and all British Columbians;

   e. supporting the Tsilhqot'in Nation and Tsilhqot'in communities as true partners in Emergency Management, including wildfire mitigation, preparedness, response and recovery activities ("Wildfire Management");

2

f. coordinating the Parties' respective decision-making, interests, values, roles and responsibilities into an integrated and effective Emergency Management regime; and,

g. establishing a nation-to-nation framework for Emergency Management and Wildfire Management based on recognition and respect.

2. The Parties will work together, through a collaborative tripartite process, to:

a. document the experience of the Tsilhqot'in Nation in the 2017 wildfires;

b. identify and address potential strategic operational and jurisdictional gaps, issues and opportunities for improvement;

c. ensure available emergency services are comparable to those provided to similar communities and other residents in British Columbia and are delivered in an efficient and effective manner;

d. develop and support the implementation of recommendations to enhance the role and capacity of Tsilhqot'in peoples in Emergency Management, including a review of infrastructure, operational requirements and other capacity needs for effective Emergency Management in the Tsilhqot'in Communities;

e. identify and support the implementation of policies and protocols to allow seamless and effective Emergency Management across all levels of governmental authorities (federal, provincial, regional, municipal and Indigenous);

f. identify recommendations to streamline and simplify processes for reimbursement of response and recovery costs;

g. build on the strengths and expertise of the Tsilhqot'in Nation to improve Emergency Management, and support the creation of a new model of excellence in Emergency Management and Wildfire Management, that can serve to inform other Indigenous communities, British Columbia and Canada;

h. jointly work to explore, and develop as feasible, the Tsilhqot'in proposal for a regional emergency centre, training facility and evacuation centre (collectively, "Emergency Centre"), as set out in section 7, below; and,

3

i.   address other issues in Emergency Management as may be identified by the Parties.

(collectively, the "Purposes").

Steering Committee

3.   The Parties will establish a Steering Committee, comprised of senior officials, with the mandate to work collaboratively to advance the Purposes of the Agreement.

4.   The Steering Committee will issue a report, or series of reports, utilizing the expertise and experience of all Parties to make immediate and longer-term recommendations to advance the Purposes of the Agreement.

5.   The Parties will work together in good faith to review and implement recommendations, as agreed to by the Parties, in a timely manner.

Building Tsilhqot'in Capacity

6.   As a priority, the Parties will jointly identify and work to resource the urgent capacity needs of the Tsilhqot'in communities for effective Emergency Management and Wildfire Management in the 2018-2019 fiscal year, prior to April 1, 2018.

7.   As a potential component of a new 'model of excellence' for a partnership approach in Emergency Management the Parties will (a) assess the feasibility of the Tsilhqot'in proposal for a regional Emergency Centre and assess whether the proposal supports the common goals of this Agreement, and (b) work to further develop and implement the elements of the proposed regional Emergency Centre identified as feasible and consistent with the common goals of this Agreement.

Term

8.   This Agreement is effective on the date that it is fully executed by all Parties and remains in effect for three years from that date, unless extended by agreement of the Parties in writing.

9.   This Agreement may be terminated by any Party with six (6) months written notice.

Funding

10.   The Parties recognize that adequate funding is essential to the success of the Agreement and will determine the funds necessary to support Tsilhqot'in participation and achieve those actions agreed to through this Agreement.

4

General Clauses

11. Nothing in this Agreement will be construed as:
    a. an admission of any fact or liability in relation to activities or decisions of any Party that occurred prior to this Agreement;
    b. an acknowledgment of any obligation to provide any particular financial, economic or other funding unless or until agreed to by the Parties.

12. This Agreement is without prejudice to the Aboriginal rights and Aboriginal title of the Tsilhqot'in Nation or to the positions that any Party may advance in any proceeding.

13. This Agreement does not fetter or limit, and shall not be deemed to fetter or limit, the decision-making authority of any Party or their authorized representatives.

14. The Parties agree that this Agreement will be implemented in a manner consistent with the established rights of other First Nations under section 35 of the *Constitution Act 1982,* as well as the Province and Canada's ongoing duty to consult with First Nations and seek to accommodate potential adverse impacts on asserted Aboriginal rights and title claims, as appropriate, in accordance with the common law and the provisions of applicable First Nations' Treaties and engagement agreements.

15. Any payment under this Agreement is subject to appropriations approved by the appropriate authority, and payments may be terminated or reduced in the event that funds are not available in the fiscal year in which payment is to be made.

16. This Agreement may be executed in counterparts and by facsimile by the Parties.

5

Representing the Tsilhqot'in National Government

(signature)   Feb 15, 2018
_____   _____
Chief Joe Alphonse, Tl'etinqox   Date
Tribal Chair, TNG

Representing the Government of Canada

(signature)   Feb 15, 2018.
_____   _____
Honourable Jane Philpott   Date
Minister of Indigenous Services
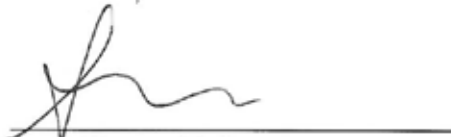
Representing British Columbia

(signature)   19 | 02 | 2018
_____   _____
Honourable Mike Farnworth   Date
Minister of Public Safety and Solicitor General

(signature)   Feb. 19, 2018
_____   _____
Honourable Scott Fraser   Date
Minister of Indigenous Relations
and Reconciliation

(signature)   Feb. 19/18
_____   _____
Honourable Doug Donaldson   Date
Minister of Forests, Lands, Natural Resource
Operations and Rural Development

6

DADA NENTSEN GHA YATASTĮG

Tŝilhqot'in in the Time of COVID: Strengthening Tŝilhqot'in Ways to Protect Our People