Final Report

COVID-19 Pandemic Review: Lessons Learned for First Nations in Ontario

Reporting on the Period Between March 2020 and January 2022

Prepared by:

CONTRIBUTORS

Technical Advisory Committee

This report was jointly prepared by Robyn Rowe Consulting and a Technical Advisory Committee made up of members of the Chiefs of Ontario.

Key Informants

This report was made possible by the voluntary contributions of key informants and stakeholders who participated in the COVID-19 response for First Nations in Ontario, Canada.

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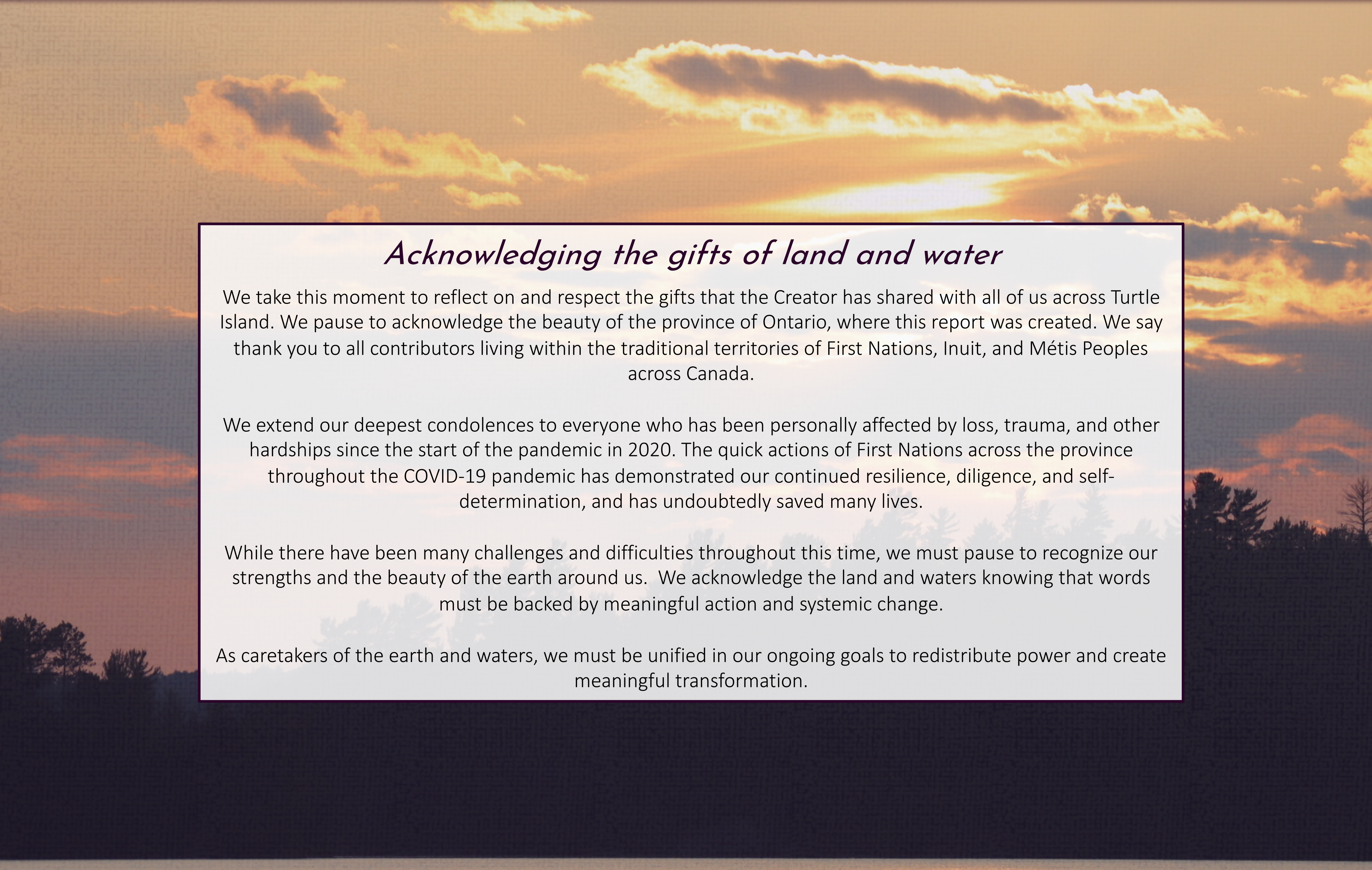

Acknowledging the gifts of land and water

We take this moment to reflect on and respect the gifts that the Creator has shared with all of us across Turtle Island. We pause to acknowledge the beauty of the province of Ontario, where this report was created. We say thank you to all contributors living within the traditional territories of First Nations, Inuit, and Métis Peoples across Canada.

We extend our deepest condolences to everyone who has been personally affected by loss, trauma, and other hardships since the start of the pandemic in 2020. The quick actions of First Nations across the province throughout the COVID-19 pandemic has demonstrated our continued resilience, diligence, and self-determination, and has undoubtedly saved many lives.

While there have been many challenges and difficulties throughout this time, we must pause to recognize our strengths and the beauty of the earth around us. We acknowledge the land and waters knowing that words must be backed by meaningful action and systemic change.

As caretakers of the earth and waters, we must be unified in our ongoing goals to redistribute power and create meaningful transformation.

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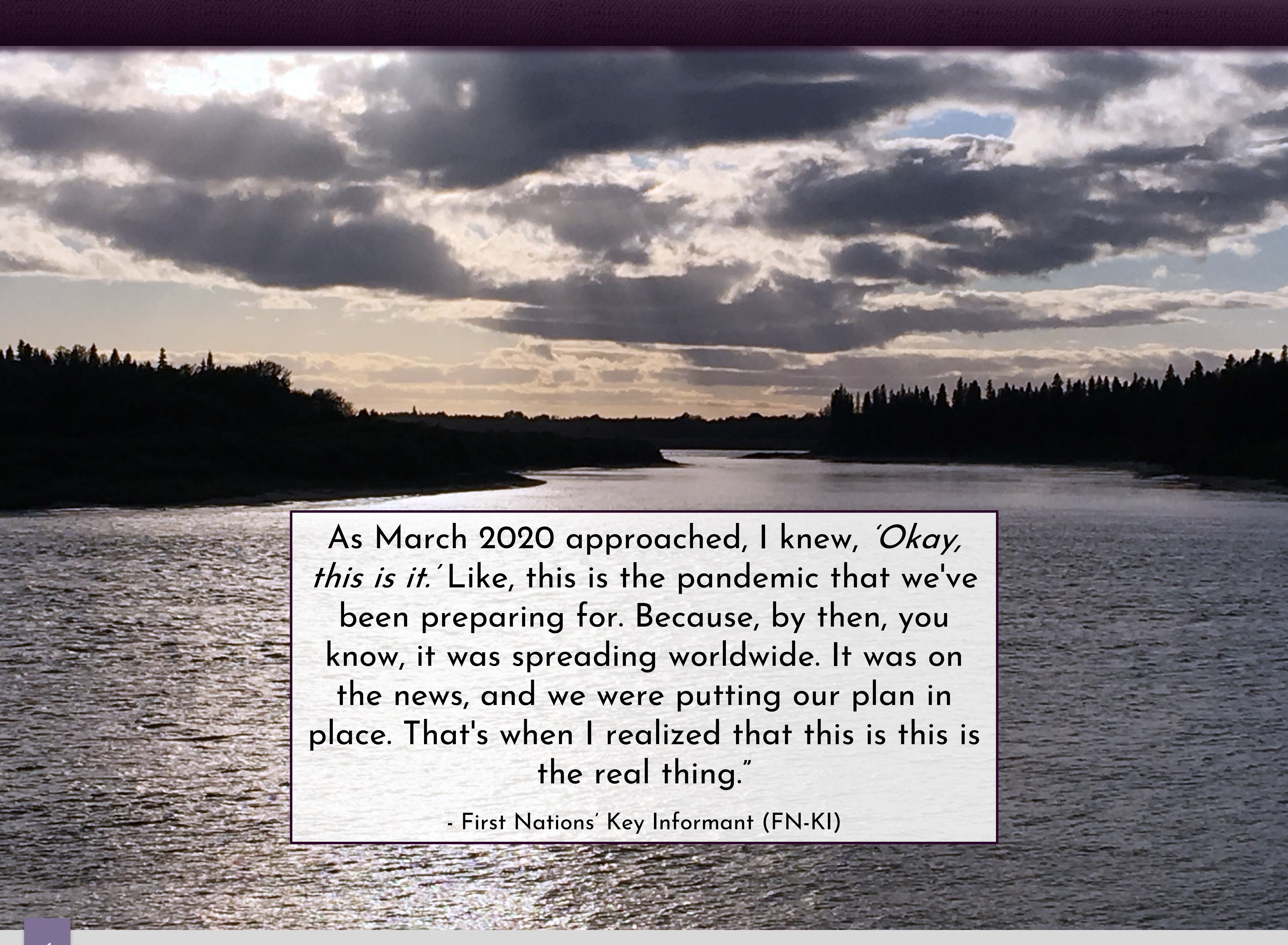

As March 2020 approached, I knew, *'Okay, this is it.'* Like, this is the pandemic that we've been preparing for. Because, by then, you know, it was spreading worldwide. It was on the news, and we were putting our plan in place. That's when I realized that this is this is the real thing."

- First Nations' Key Informant (FN-KI)

Section 1

Executive Summary

ABOUT THE REPORT

In 2021, the Ontario Regional Chief received funding and support from the Assembly of First Nations and the First Nations Information Governance Centre to complete research and knowledge translation work related to the COVID-19 pandemic for First Nations in Ontario. This work was eventually taken on by the Chiefs of Ontario Secretariat's Research and Data Management sector.

This report is based on an evaluation of the lessons learned from the COVID-19 pandemic between March 2020 and December 2021 for First Nations in Ontario. Supported by this initial funding, this report offers health systems, policy, and advocacy recommendations for First Nations' organizations, leadership, and communities. It also offers recommendations for future pandemic preparedness for federal, provincial, and municipal governments who work with First Nations in Ontario.

The response to the COVID-19 pandemic was undoubtedly a first-of-its-kind. As a result, the Chiefs of Ontario set out to determine what lessons were learned and what sorts of recommendations for future pandemic preparedness could be made, in particular from the perspectives of individuals who were in decision-making, leadership, and advisory roles between March 2020 and December 2021.

At the time of writing, no known report outlines the experiences, impacts, responses, and lessons learned for First Nations in Ontario. More specifically, no known report offers this insight from the perspectives of people who were actively working to respond to the COVID-19 pandemic for First Nations in Ontario. This report includes the findings from thirty-one (31) Key Informant interviews, a document review, and a manuscript analysis. Four major themes emerged through the braiding of these pieces: Realities, Response, Resilience, and Repercussions. The evaluation led to a series of Lessons Learned for how we learn from the past, recover from the present, and prepare for the future. The Lessons Learned also offers recommendations and policy suggestions for future pandemic preparedness for First Nations in Ontario.

Summary of Recommendations

See full list of recommendations in section 4, starting on page 74

- Recognize and respect the duty to consult and accommodate rights' holding First Nations in all decision making.
- Appropriate funding and supports are needed for First Nations to lead risk and benefit assessments on all policies and practices that were developed and implemented throughout the pandemic in order to ensure that they align with First Nations' priorities.
- Recognize, respect, and prioritize First Nations rights to self-determination and autonomy.
- Develop policies and protocols that require anyone working directly or indirectly with First Nations to have appropriate and relevant cultural safety and anti-racism training. Policies and practices must engage First Nations communities in the development of these initiatives.
- Uphold the inherent rights of First Nations' by taking stock of existing First Nations and Indigenous rights documents and action plans that and (re)commit to meaningfully and sustainably implementing all relevant and necessary recommendations.
- Eliminate ongoing inequities and address the symptoms of broader systems burdens resulting from the complex legacy of colonialism.
- Develop and implement effective performance measures and evaluation strategies that address the strengths, weakness, opportunities, and threats of all policies, programs, and services at the community level.
- Review and address the ways that government commitments to advance First Nations' rights are being upheld and/or undermined.
- Evaluate the known and projected long-term costs of COVID for First Nations in order to address the burden of cost underestimations during future emergencies.
- Increase funding and opportunities that strengthen the effectiveness of relevant community programs and services through increases in capacity, funding, and infrastructure investments.
- Prioritize the development, expansion, and strengthening of sustainable relationship and partnerships.
- Governments can develop and strengthen relationships with First Nations by ensuring that communities have sustained funding and capacity to build and maintain relationships.
- Prioritize First Nations' mental wellness
- We must address infrastructure gaps highlighted or made worse throughout the pandemic and develop plans to prepare for future recovery.
- Invest in, evaluate, and encourage land-based initiatives and services in life promotion and suicide prevention, while prioritizing grief, loss, and bereavement for individuals and workers.
- Support First Nations' in lessening the burden of food insecurity and advocate for initiatives that support food sovereignty.
- Ensure that First Nations have efficient supports in place in situations where a work/school from home order is implemented.

Summary of Recommendations

See full list of recommendations in section 4, starting on page 74

- Prioritize the wellness and effectiveness of community health, public health, and social service workers.
- Develop effective mechanisms to ensure that First Nations' leadership and decision-makers are well-supported throughout times of increased emergency.
- Implement more effective supports and recovery mechanisms for emergency responders and encourage mental wellness practices.
- Funding and support is required to ensure the recruitment and retention of health, mental health, and social service staff in order to build capacity.
- Develop and implement effective supports and recovery mechanisms for First Nations community members and community first responders.
- First Nations can develop processes that recruit and train community volunteers during times of increased emergency to alleviate some of the pressures from health and social service staff.
- To ensure that emergency and pandemic preparedness for First Nations in Ontario aligns with First Nations' rights and priorities, to develop effective strategies that address ongoing health challenges for First Nations, and to streamline the effectiveness of First Nations' health in Ontario, there is an urgent need for the establishment of a provincial-level First Nations' Medical Officer of Health.
- Emergency and pandemic preparedness plans must be developed in collaboration with communities in order to offer a full spectrum of emergency coverage. Community members know best what situations their communities face and could ensure that unexpected situations are planned for accordingly.
- Increase investments that address First Nations' priorities and implement effective, streamlined, and sustainable mechanisms, infrastructure, and supports to respond to diverse community needs.
- Avoid the duplication of efforts by coming together in times of need.
- When planning for future pandemics and emergencies, address all forms of connection and communication challenges experienced by diverse First Nations communities.
- Develop policies that ensure that First Nations' families can stay connected, particularly when someone must leave their community for healthcare purposes.
- Ensure that First Nations have accessible and cost-effective opportunities to get and maintain wireless access and internet connection in line with community self-determination.
- Policies are needed that address supply and transportation barriers to and from communities during times of increased emergency.

Summary of Recommendations

See full list of recommendations in section 4, starting on page 74

- Strengthen and streamline policies and action plans that define the roles and responsibilities of First Nations and non-First Nations' governments and organizations during times of increased emergency.
- Emergency and pandemic planning must align with diverse community experiences, priorities, and needs.
- Implement a First Nations'-led renewal and revision of the Ontario Ministries of Health and Long-Term Care's 'Emergency Planning and Preparedness Chapter 10 plan'
- Create community-led pandemic preparedness teams and organize community initiatives aimed at regularly reviewing, revising, and communicating emergency management and preparedness processes and plans.
- Prepare for pandemics and other emergencies in line with diverse community experiences and priorities.
- Better anticipate and plan for how First Nations will be impacted by emergency and pandemic responses.
- Improve and streamline communication efforts in order to avoid information overload. Ensure that First Nations can access necessary information through multiple visual and audible mediums, and First Nations' languages.
- Pandemic response planning must account for the sacred relationship that exists with all of creation. Processes that further burden or damage the environment, ecology, or biosphere should be adapted to ensure future planetary sustainability.
- Ensure effective mechanisms are in place that support First Nations' Data Sovereignty
- Develop and implement policies that streamlines the responsibilities for how First Nations' data is shared and analyzed to strengthen outputs, ensure cohesion, and avoid duplication of efforts.
- Commitments to funding and support are required to build meaningful community-level data sovereignty capacity and increase understanding.
- Evaluate the risks and benefits of emergency data collection efforts to ensure that First Nations'-led data governance priorities are being met.
- Conduct a review of community perspectives on the uses of data throughout a pandemic to determine effectiveness and improve community-level data awareness.
- Review data policies, procedures, and regulations before and after the pandemic to determine potential impacts on First Nations' Data Sovereignty.

Acknowledgements and Gratitude to Key Informants

We would like to express our deepest respect and gratitude to the thirty-one thought contributors who shared their lived experiences and knowledges on COVID-19 and the health system in Ontario as Key Informants for this report. Key Informants included First Nations and non-First Nations people working within the health sector in service delivery, response, and more. Participants included expert informants whose work was impacted and responsive in some way to the COVID-19 pandemic for First Nations in Ontario between March 2020 and December 2021.

Key Informant identities are anonymized; however, the list below outlines the high-level roles of contributors.

List of Key Informants (alphabetized)

- Chief Medical Officer of Public Health, Indigenous Services Canada, National
- Chief Operating Officer, First Nations Organization, Ontario
- Community Mental Wellness Program Manager, Indigenous Services Canada, Ontario Region
- Deputy Provincial Health Officer, First Nations Health Authority, British Columbia
- Director in the Office of the Chief Medical Officer of Health, Indigenous Services Canada, Ontario Region
- Director, Ontario First Nations Technical Services Corporation
- Director, Thunderbird Partnership Foundation
- Executive with the First Nation and Inuit Health Branch, Indigenous Services Canada, Ontario Region
- Expert Policy and Planning, Ontario Ministry of Indigenous Affairs
- First Nation's community Registered Nurse
- First Nations' Elder
- First Nations Representative and Political Leader, Ontario
- First Nations Youth and Health Policy Analyst
- Health and Wellness Manager, Political Territorial Organizations in Ontario
- Health Director, First Nations Organization, Ontario
- Health Director, Political Territorial Organizations, Ontario
- Health Policy Analyst, Ontario Health Authority
- Health Policy Analyst, Political Territorial Organizations in Ontario
- Health Sector Manager, First Nations and Inuit Health Branch, Indigenous Services Canada
- Jordan's Principles Liaison, Ontario Region
- Knowledge Translator and Policy Analyst, First Nations Organization, Ontario
- Manager of Indigenous and Intergovernmental Relations, Indigenous Services Canada, Ontario Region
- Mental Health and Addictions Policy Analyst for First Nations in Ontario
- Minister Advisor, Ontario Ministry of Indigenous Affairs
- Minister, Ontario Ministry of Indigenous Affairs
- Non-Insured Health Benefit Expert, Ontario Region
- Public Health Advisor, First Nations Organization, Ontario
- Public Health Physician for First Nations in Ontario
- Public Health Physician, Ontario Health Authority
- Research and Data Director, First Nations Organization, Ontario
- Telemedicine and Homecare Program Lead, Ontario Health

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Members of the Evaluation Technical Advisory Committee (TAC) made up representatives from the Chiefs of Ontario, an Expert Associate, and a Primary Consultant developed and guided the evaluation.

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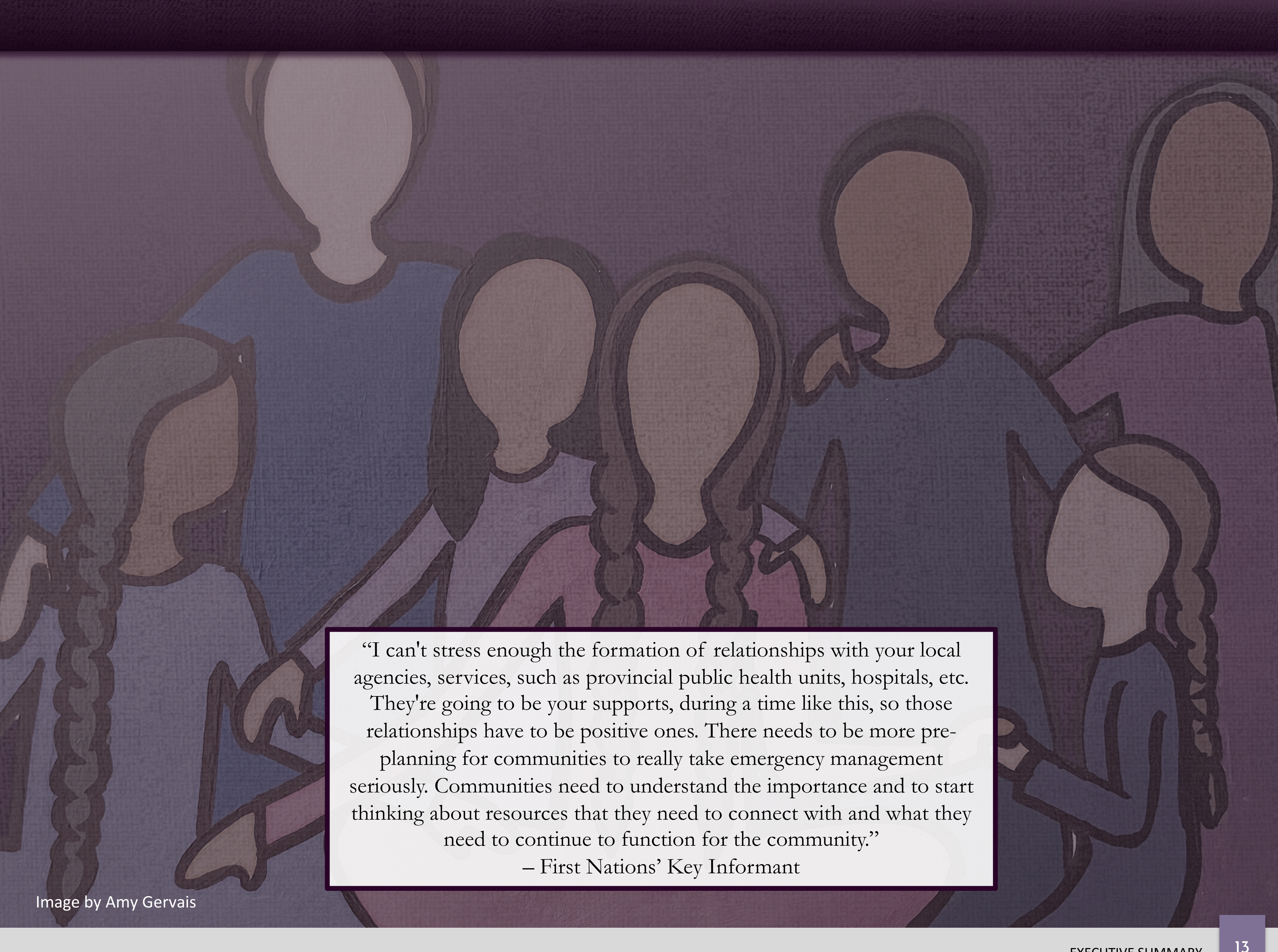


"I can't stress enough the formation of relationships with your local agencies, services, such as provincial public health units, hospitals, etc. They're going to be your supports, during a time like this, so those relationships have to be positive ones. There needs to be more pre-planning for communities to really take emergency management seriously. Communities need to understand the importance and to start thinking about resources that they need to connect with and what they need to continue to function for the community."
– First Nations' Key Informant

Image by Amy Gervais

Section 2

Introduction

Background

About the COVID-19 Global Pandemic

Early reports about the first known cases of COVID-19 were brought to the public's attention in December 2019 (Nature News, 2020). However, many Key Informants shared hearing about it as early as November 2019. The first known case of COVID-19 in Canada was in January 2020 (Canadian Institute for Health Information, 2022). At the same time, the World Health Organization (WHO, 2020a) began releasing reports to support and guide country leaders on how to test for, prevent, control, and prepare for the possibility of COVID-19 becoming a global pandemic. On March 11, 2020, the WHO (2020b) declared the novel coronavirus, a pandemic.

As cases started to rise in Canada, on March 14th, 2020, the Prime Minister of Canada, Justin Trudeau (2020), issued a travel advisory, urging citizens to avoid all non-essential travel outside of the country. For many students in Ontario this meant an extended March Break (Ontario Newsroom, 2020a). For many First Nations' youth playing hockey in the Little NHL, COVID-19 abruptly ended the Season (Laskaris, 2021). In some instances, the youth were pulled out of hockey tournaments to mitigate concerns over bringing the unknown virus back to their isolated communities (Haig, 2020).

Though very little was known at the start of the pandemic, what was known is that health outcomes are determined by social determinants. Over time, it was confirmed that the COVID-19 outcomes improved for people with safe and secure housing, employment, existing health conditions, health insurance, food security, access to running water, and access to health care and technology (Power et al., 2020). As Power et al., (2020) explained, "a one-size-fits-all response to COVID-19 ignores the roles of privilege, affluence and racism in perpetuating inequities, and therefore the ability to provide culturally safe care" (p.2737-2738).

In November 2020, the Chief Medical Officer of Health, health experts, and the Ontario government developed and released a provincial framework designed to "serve as an early warning system allowing us to scale up and scale back public health restrictions on a regional or community basis in response to surges and waves of COVID-19". The document was entitled "Covid-19 Response Framework: Keeping Ontario Safe and Open- lockdown measures" (Ontario Newsroom, 2020b).

Methodology

Evaluation the COVID-19 Pandemic Response

Between March 2020 and December 2021, First Nations communities and leaderships collectively and individually established processes, necessary relationships, made recommendations, offered guidance, and communicated to First Nations' membership in response to the COVID-19 pandemic. At the same time, the Governments of Canada and Ontario, and the Ministry of Health were meeting with the Health Sector at the Chiefs of Ontario (COO) and the Office of the Ontario Regional Chief to provide regular COVID-19 updates.

Past pandemic experiences since the arrival of settlers have made First Nations more aware of the risks. As a result, First Nations' people, communities, and leadership are extra cautious and were very involved in the COVID-19 pandemic response in their efforts to keep regions safe. Across the province, First Nations stayed informed about public health measures, implemented community protocols above and beyond those measures, adapted once more while continuing to be challenged by a series of overlapping crises, and innovating new ways of maintaining connection, language, and culture. Note: Institutional Research Ethics was not required to complete this evaluation.

Working Together

This evaluation was jointly designed with the leadership of the Technical Advisory Committee (TAC) made up of members of the COO, an expert associate (JW), and a primary consultant (RR). The interviews, literature and document reviews, analyses, report writing, and design were completed by the primary consultant (Robyn Rowe Consulting). Outputs were guided and vetted by the TAC.

Abbreviation used in this Report

CIHI	Canadian Institute for Health Research
CMHA	Canadian Mental Health Association
COO	Chiefs of Ontario
COVID-19	Coronavirus/ SARS-Cov-2
FNIHB	First Nations and Inuit Health Branch
FN-KI	First Nations Key Informant
ISC	Indigenous Services Canada
KI	Key Informant
NAN	Nishnawbe Aski Nation
ORC	Ontario Regional Chief
PPE	Personal Protective Equipment
PTO	Political Territorial Organization
RCAP	Royal Commission on Aboriginal People
RDM	Research and Data Management
SLFNHA	Sioux-Lookout First Nations' Health Authority
TAC	Technical Advisory Committee
TRC	Truth and Reconciliation Commission of Canada
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WHO	World Health Organization

Purpose

This report is the result of a qualitative evaluation that took place between February 2022 and January 2022. Communication was maintained via email and monthly Zoom meetings between held March 2022 and August 2022. Amidst ongoing COVID-19 challenges, the draft of the report was completed between August and December 2022 with final vetting and output completed in January 2023. The evaluation set out to document, collate, analyze, and articulate the regional responses to the COVID-19 pandemic between March 2020 and December 2021, for First Nations in Ontario. Understanding how well the initial pandemic response was directed and managed and how effective the response was before the world began to open up again in January 2022, is essential to better preparing for future pandemics.

The four major findings (see Results) articulate the COVID-19 pathway for First Nations in Ontario. From them, primary lessons learned (see Lessons Learned) emerged which were braided together to make recommendations for how to address the impacts of the pandemic now and into the future, from the perspectives of individuals involved in the pandemic response.

What is COVID-19?

The WHO (2019) defined the Coronavirus disease (COVID-19) as "an infectious disease caused by SARS-CoV-2 virus." COVID-19 spread around the globe and by the end of December 2021, there were over two hundred eighty-two million reported cases of COVID-19 worldwide and more than five million deaths (Pan American Health Organization, 2021).

The WHO (2019) explains that "most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment", however some people may require medical attention and "anyone can get sick with COVID-19 and become seriously ill or die at any age." People who are particularly vulnerable to COVID-19 include older people, people with underlying medical conditions, and people who are socially and economically disadvantaged (Centers for Disease Control and Prevention, 2022).

Evaluation Design

We aligned our methods with the social distancing requirements of the COVID-19 pandemic by completing

1) a document analysis;
2) a literature review; and
3) virtual Key Informant interviews.

Document Analysis

Curated publicly available electronic documents, communications, and files from websites and sources who were actively responding to the COVID-19 pandemic and whose response impacted First Nations in Ontario.

Literature Review

Conducted a non-systematic review of available manuscripts published before January 2022 that were relevant for First Nations people and COVID-19 (see Appendix A). Additional relevant literature that was released after January 2022 and prior to the pandemic was also explored throughout the drafting of this report.

Virtual Key Informant Interviews

Completed, transcribed, and analyzed thirty-one (31) virtual Zoom interviews. Key Informants who identified themselves as First Nation (FN-KI) and those who did not (KI), who were in relevant decision-making, leadership, and advisory roles during the first few waves of the pandemic participated in the interviews.

Notably: The TAC also supported and vetted the development of a survey as an additional method. This survey was put forward to First Nations' leadership in June 2022, however, it was not successful. It is recommended that more in-depth community-level perspectives be gathered in a future COVID-19 evaluation.

Sampling and Recruitment

Snowball sampling was used to find relevant documents and to recruit people for interview participation. Keywords were used to source COVID-19 manuscripts for inclusion in the literature review. Additional resources were accessed when needed in order to gain a better understanding of events during the analyses of the interview transcripts.

Methods

1. Electronic COVID-19 Documents

Completed extensive document analyses of relevant COVID-19 related activities and operations throughout this period (Mar 2020-Dec 2021) of the pandemic. Documents relevant to First Nations and COVID-19, both nationally and regionally (Ontario) were gathered from several online locations and shared with the primary consultant throughout the evaluation. The data was collected from websites that provided COVID-19 resources, status and testing updates and included memos, outbreak information, and details about programs and services relevant to First Nations. The document data also included a draft of a chapter missing from the Ontario Ministries of Health and Long-Term Care on "Emergency Planning and Preparedness: Ontario Health Plan for an Influenza Pandemic" (2013). A draft of the missing chapter, entitled "Chapter 10: First Nations" was shared with the primary consultant and reviewed at the request of the TAC.

Websites often contained additional relevant content from other sources, and those sources were scoured for further details. Thousands of documents were reviewed, but a total of 702 documents released between March 2020 and December 2021 were included in the document review, along with the 2013 draft of Chapter 10. Document data was located, downloaded, and stored using N'VIVO for Mac version 1.6.2 by the Primary Consultant. A non-systematic document review was completed, and the results were woven throughout the report.

Symptoms of COVID-19

The Government of Canada lists commonly reported symptoms, including:

- sore throat
- runny nose
- sneezing
- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or more than 38°C
- feeling feverish
- chills
- fatigue or weakness
- muscle or body aches
- new loss of smell or taste
- headache
- abdominal pain, diarrhea and vomiting
- feeling very unwell

In some instances, people would experience no symptoms at all.

2. Relevant COVID-19 Manuscripts

Published manuscripts relevant to First Nations pandemic experiences, particularly for First Nations in Ontario were gathered using relevant keywords in Google Scholar and other health-related journal databases. Keywords included: "First Nations", and "COVID-19", "Coronavirus", "Sars-Cov-2" and "Canada". This was a non-systematic literature review. An original search completed in February 2022 included only manuscripts published before January 2022, which yielded fifteen (15) relevant papers. The initial papers supported the development of the Key Informant interview guide.

Additional searches completed between February and August 2022 was done in unison to the interview coding. The goal was to ensure the inclusion of manuscripts relevant to the emerging themes. A total of thirty-three (37) manuscripts were included and reviewed, some of which were relevant to Indigenous Peoples' more broadly but contained relevant nuance that supported the report's development. All manuscripts were downloaded and filed using NVivo for mac version 1.6.2.

Manuscripts were reviewed by the primary consultant and a research assistant, Vanessa Ferguson who holds a master's degree in philosophy with primary expertise in bioethics and health. Each manuscript was read and reviewed. Themes were organized alongside manuscript quotes in a Microsoft Excel file. Themes that were found to be common across manuscripts and/or supported the interview analyses, were further organized into tables in Microsoft Word. Additional resources were included throughout this report, where needed.

3. Virtual Key Informant Interviews

Twenty-seven (27) Zoom interviews were completed with a total of 31 people between April and October 2022. Four of the interviews included two people at the same time (individual choice). Twenty-six (26) interviews were recorded using Zoom and then transcribed. One interviewee asked not to be recorded and instead provided consent for RR to take notes using Microsoft Word during the call. During the virtual interviews, a total of 15 (fifteen) people identified themselves as First Nations (FN-KI) and 16 people identified as non-First Nations or did not identify at all (KI). The length of each interview varied from 30 minutes to two hours and were based on participant's experience, knowledge, and willingness to share.

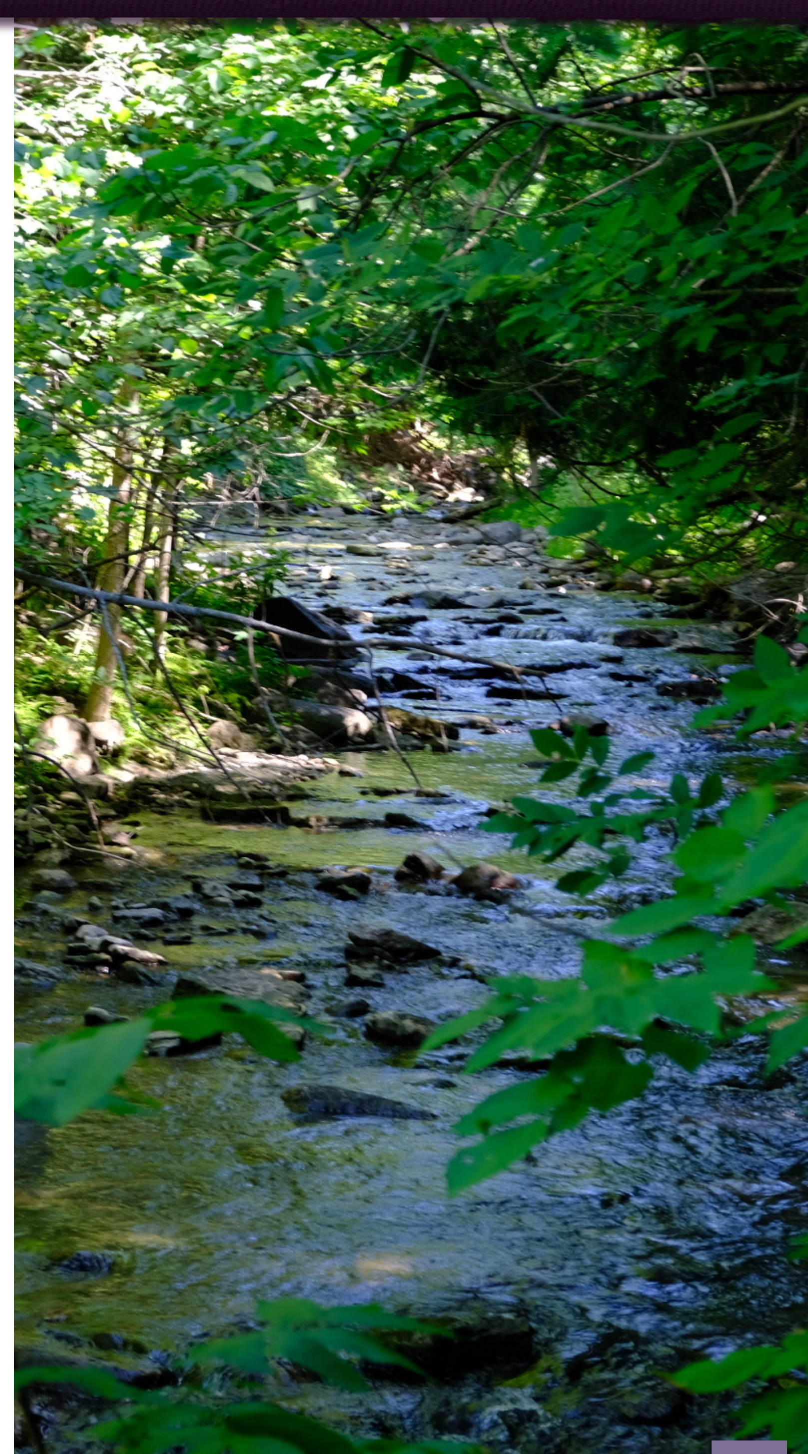
Examples of Interview Questions

- In what ways do your roles and responsibilities connect with First Nations?
- What actions did your organization take to address the needs of First Nations when the pandemic began?
- What recommendation or considerations would you make to address present and future impacts of the pandemic on First Nations in Ontario?
- Where did your organization turn for COVID-19 policy guidance when working with First Nations?
- In what ways did you/your organization consult with First Nations throughout the pandemic?
- In what ways did you work with First Nations, governments, and other organizations to streamline communication?
- Were you or your organization keeping track of any First Nations data throughout the pandemic?
- What recommendations would you make to support First Nations in recovering from the current pandemic?
- What recommendations do you have for future emergency preparedness for First Nations?

Throughout the development stage of the project, the TAC identified forty-one (41) potential interviewees who were identified based on organization and personal knowledge of individuals who were actively responding to the COVID-19 pandemic. During the first few interviews, FN-KIs and KIs provided suggestions on other people and organizations that should be included. Through this process of snowball sampling, a total of sixty-one (61) potential participants and/or organizations were identified. All were sent recruitment emails by COO's Senior Coordinator for Research and Data Management. Each email included an individualized letter of invitation and a letter of information about the purpose and process of evaluation. The primary consultant was copied on all emails. Most of the recruitment emails were sent out by the end of April 2022, with follow-up emails sent out by RR in late April and late May 2022. This offered busy recruits the opportunity to respond. Interested participants were encouraged to reach out to RR, who arranged virtual interviews, sent calendar holds, and a password protected Zoom link for the virtual interview. A day or so before each interview, RR sent each participant an email with the letter of information and the interview guide attached for their records. Some participants shared how effective this method was at reminding them of the interview. All interviews were open-ended and were completed by October 2022.

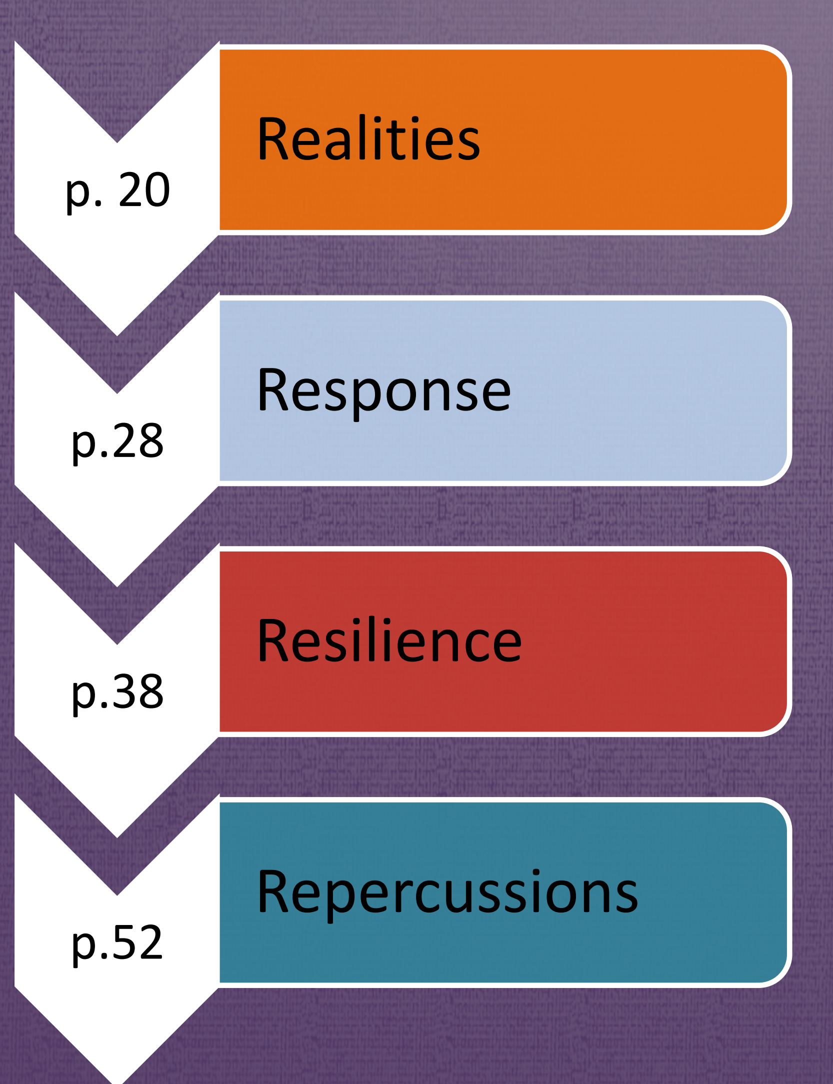
The TAC contributed to the interview guide development several times before a pilot run of it was complete with one Key Informant around March 2022. This individual chose not to be included as a formal interviewee but provided thoughtful feedback based on their experiences and expertise which improved the guide. The interview guide was divided into seven sections which asked experts specifically about:

- how their role evolved as a result of the COVID-19 pandemic;
- what their organization's response was;
- what policy considerations were made;
- how decisions were made;
- in what ways they communicated COVID-19 information;
- whether they were involved in First Nations' data and research; and
- what recommendations they had to support future pandemic preparedness.



Section 3

Results

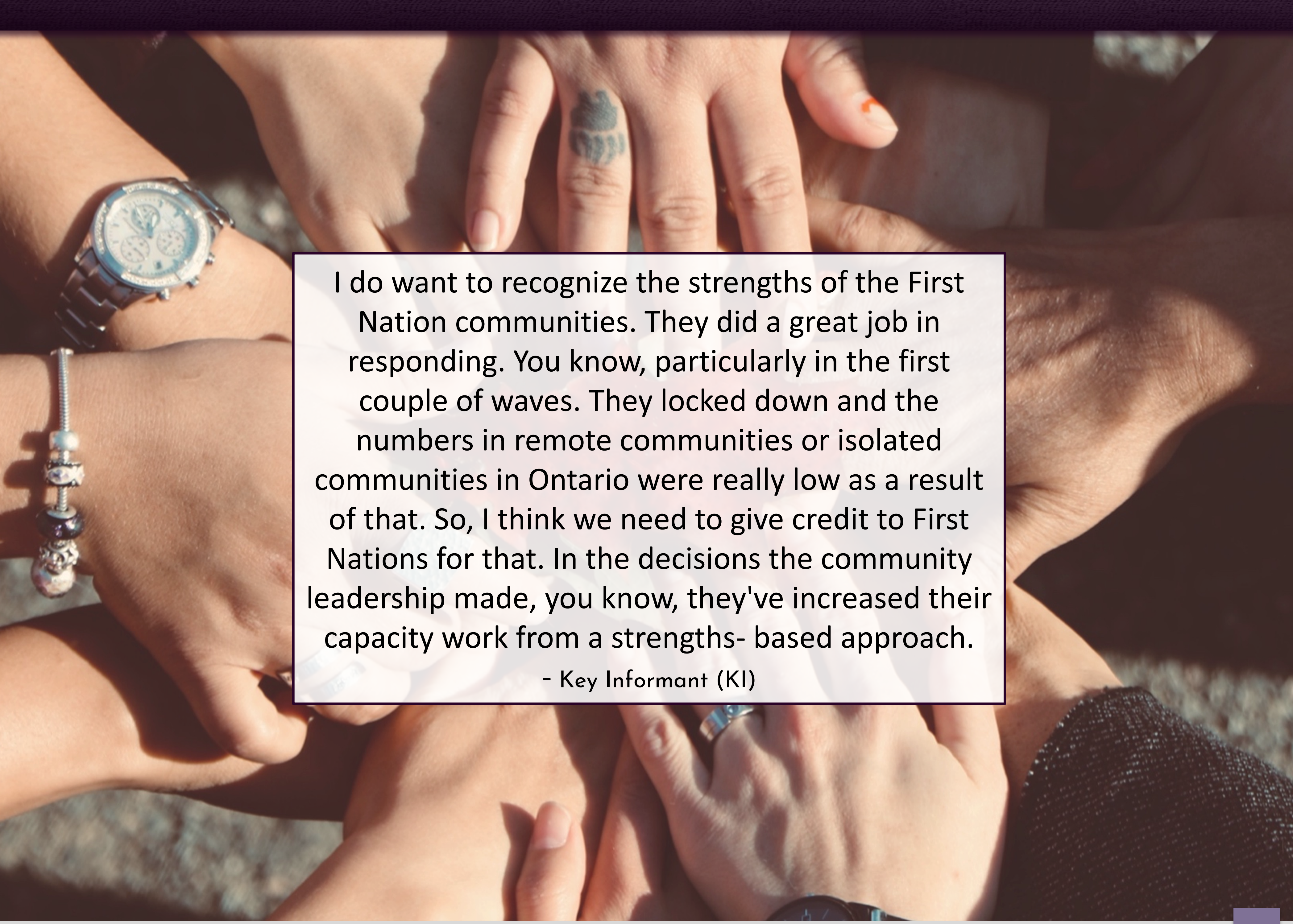


What we learned...

It is hard to believe that it has been nearly three years since the start of the pandemic. The feelings of worry, fear, and a lack of connection from the first two-years of the pandemic have wavered for many. However, with the continued rise in new COVID-19 variants, we are left wondering what the future holds.

In this Results section, we take into consideration the many actions taken by people who were in positions that responded to the pandemic from various roles. The quick actions of First Nations and non-First Nations people both in and outside of public health, have most certainly saved the lives of many. However, the dizzying and ongoing impacts and recovery for everyone emerging after all this time, requires that we lay bare the things that we did well and the things we need to do better. To do this, we must consider the mental, spiritual, emotional, and spiritual impacts of the COVID-19 pandemic while acknowledging the ongoing systemic barriers that have overburdened our people. Here, we offer an overview of the braided results that were learned based on the evaluation of the interviews, documents, and manuscripts over the last several months. In this section, we share four (4) high level themes **(Realities, Response, Resilience, Repercussions)** and their subthemes.

In the next Section (Section 4), we offer a series of **Lessons Learned** based on the braided results and elevate those learnings and make recommendations for future pandemic preparedness. Notably, each of the major themes and subthemes are uniquely intertwined as a result of historical and ongoing settler and systemic colonialism.



I do want to recognize the strengths of the First Nation communities. They did a great job in responding. You know, particularly in the first couple of waves. They locked down and the numbers in remote communities or isolated communities in Ontario were really low as a result of that. So, I think we need to give credit to First Nations for that. In the decisions the community leadership made, you know, they've increased their capacity work from a strengths- based approach.

- Key Informant (KI)

Theme 1

Realities

Theme Summary

This key finding is entitled Realities. This section highlights the pre-existing challenges for First Nations in Ontario. Recognizing pre-existing realities for First Nations is needed for understanding the effectiveness of the pandemic response. As Saint-Girons et al. wrote in 2020, the most effective COVID-19 response strategy involves "recognizing, measuring, and adapting to each community's needs and realities" (p.2). To do this, requires "careful consideration before, during and after pandemic" (p.9) and involves addressing public health and economic needs as well. This theme therefore serves as the 'before' and points to the experiences of First Nations in Ontario prior to COVID-19. By facing the uncomfortable truths associated with everyday existence for many First Nations in Ontario, we are forced to recognize and recon with those realities.

Though this is not a comprehensive retelling of the historical and ongoing experiences of First Nations in the province, in this section we point to several relevant situations that were shared during the Key Informant interviews, noted in manuscripts, and addressed through posters and resources shared throughout the pandemic. First Nations' realities require more meaningful consideration and immediate action if we are to recover from this pandemic and prepare better for the future.

Pre-Pandemic Calls for Action

“It's been such a really heavy two years. I mean, we're dealing with not only the pandemic, but all of the pre-existing trauma.” – FN-KI

Before colonization began, First Nations across the territories exercised sovereignty in every way. The impacts of historic and ongoing colonization continues to negatively impact First Nations people and communities. First Nations-led organizations across the territories have been advocating for systems changes for decades. For example, the Royal Commission on Aboriginal Peoples (RCAP) in 1996 highlighted the realities of “helplessness and hopelessness, the low morale, the lack of self-esteem” (Dussault & Erasmus, 1996, p.6) resulting from years of poverty. In 2015, the Truth and Reconciliation report (TRC, 2015), outlined the need for increased funding, cultural opportunities, and to develop a “strategy to eliminate educational and employment gaps” (Call to Action no. 7) existing between Indigenous and non-Indigenous Peoples in Canada. Recognized Indigenous rights calls to action include:

- the RCAP’s 444 recommendations;
- The TRC’s 94 Calls to Action;
- the 46 Articles in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), passed by the United Nations in 2007, accepted by the Government of Canada in 2015, and implemented into Canadian Law in 2021 as the UNDRIP Act; and,
- the National Report on Missing and Murdered Indigenous Women and Girls Report released in 2019 which outlines 231 Calls for Justice.

Hillier et al., (2020a) stated: “Indigenous Peoples in Canada have borne the brunt of pandemics since the time of European contact, representing a disproportionate burden of infections, including smallpox, influenza, TB, HIV, HepC, and H1N1” (p.1000). As Rowe et al. (2020) explain, “the failure of colonial and subsequent government policies has led to a lineage of racism and discrimination, including long-standing inequitable policies and health practices, the impacts of which will require massive infrastructure investments” (p.94) to address these effects. Colonization through “oppression, land dispossession, geographic isolation, and cultural genocide, [have resulted] in systematic discrimination, inequity, and racism across the country” (Rowe et al., 2020, p.90). Existing systemic and social inequities, vulnerabilities, and challenges experienced by First Nations were (re)illuminated by COVID-19 (Levkoe et al., 2021; Nickel et al., 2021; Rowe et al., 2020; Lamichhane et al., 2021; Richardson & Crawford, 2020; Thompson et al., 2020). Decades of advocating for systems change, and yet many continue to call for the same things once more. In 2020, Thompson writes: “The root of the health inequity needs to be addressed to prevent dire consequences from pandemics by shifting policy, major investments in capacity building and infrastructure funding” (p. 13). First Nations health services were overburdened and overcapacity before COVID-19, and health services recruitment and retention became an even greater challenge during the pandemic.

Weenusk First Nation Band Office

Already Overburdened

"The Chiefs were dealing pre-COVID with a plethora of issues. Whether it was suicide, whether it was- all of these social ills, right? It was amplified, made much more challenging and worse, during the pandemic. When key individuals and community leadership or, you know, were responsible for supporting infrastructure, maintaining services-- when they were infected or lost loved ones and all the rest of it, there was also much reduced support between communities because of travel restrictions, right?… There was significant fatigue amongst leadership and those involved, right." - KI

First Nations across the territories experience the effects of colonialism through an ongoing lack of basic necessities. Evidenced by high rates of poverty, unemployment, addictions, suicide, overcrowding, homelessness, insufficient access to drinkable water, food insecurity and limited access to health and social services; all of which are far lower than the standard of dignity outlined in the Ontario Human Rights Code (2015). These challenges outweigh the chances of successful pandemic preparedness. For instance, Patterson (2021) describes how "people who experience food insecurity or poor nutrition are actually more likely to have underlying chronic diseases … (and) certainly when we are more well-nourished with a well-balanced diet, our immune systems are going to function better" (p.17). Before COVID-19, the rates of overdoses, poisonings, and deaths as a result of opioids were challenging to communities and existing health services. When the pandemic began, there was a rise in opioid use which created additional strain on families and communities. One FN-KI shared: **"You know, we had a lot of opioid overdoses as, you know, an even bigger pandemic than the COVID was."** Another FN-KI explained: **"Many people across Canada refer to the opioid crisis as the twin pandemics. We're losing more people to drug poisoning deaths than we were to COVID."**

At the same time, First Nations are balancing higher rates of poverty and material hardships, and First Nations' students living in their communities are more likely to fall behind in school (Saint-Girons et al., 2020). While the rates of First Nations' youth suicides have been on the rise since 2011. In fact, Indigenous youth living in their communities have the highest growing rates of suicide in the world, which is often "due to the deeper feelings of social isolation, health disparities, and lack of connection to the outside world" (Ineese-Nash, 2020, p. 276). Feelings only further burdened by the COVID-19 pandemic.

System's Gaps and Ongoing Colonialism

While measures were being put in place to ensure the safety of the rest of Canada, First Nations were continuing to be overburdened by limited resources, limited access to health care, ongoing human rights violations, and a plethora of other unmet needs (Patterson, 2021; Rowe et al., 2020). For instance, in 2020, Levesque and Thériault (2020) noted that many communities across the country continued to be without clean drinking water, stating "at least 61 long-term drinking water advisories are currently in effect, some having lasted several decades, in addition to several other short-term advisories" (p.385). One Key Informant shares their struggles in trying to get the message across that First Nations in Ontario needed additional supports:

> I begged- emphasis on the word beg- for a meeting with the province. Because there were some gaps in the response that have been long standing. But the COVID-19 pandemic just highlighted them... I begged for [a meeting] because of gaps... they've been around for a while but can't seem to get anywhere on them. And you know that they just became that much more apparent with the pandemic. And I don't know how to say this politely, but --- dammit. Like, we've just got to solve these gaps and move on. – KI

Flynn and Shanks (2021) note that "Canadian law recognizes First Nations autonomy in passing bylaws to control reserve lands but undermines this power through lack of enforcement and funding" (p.259). For instance, "unstable funding limits how well research and policy recommendations designed to improve First Nations' health outcomes during the pandemic [can be] turned into action" (Rowe et al., 2020, p. 93). COVID-19 really highlighted for many the depth and significance of the gaps in public health and health care. As one KI noted:

> There's a fragmented system that is creating gaps, inequities, because there's no clear roles and responsibilities and people are doing things differently. – KI

Pre-existing gaps limited how supportive COVID-19 response measures could be. Poor staff capacity and retention, jurisdictional challenges, and limited access to health resources further burdened communities. Remote communities were faced with even greater accessibility setbacks during the pandemic (Webb, 2021).

> "There was an extreme recruitment issue, not just across the Northern Ontario, but in Ontario, in general, and in Canada. And you'll hear that pop up, because the lack of available nursing capacity, obviously negatively impacted the [response] rollout... You need people to do this, and you need qualified individuals in community." - KI

Unique Challenges

First Nations have a variety of unique "cultural, geographic, socio-economic and historic-political realities" (Phillips-Beck et al., p.14) that are often overlooked in pan-Canadian, pan-Indigenous, and/or pan-First Nation approaches to policy development. For instance, First Nations spread across the province in rural, remote, and urban settings experience a unique set of associated challenges. For some FN-KIs, a lack of awareness of the uniqueness of diverse community needs and experiences, impeded the effectiveness of the COVID-19 response. We often hear of the diverse experiences of fly-in or water/boat/ice access communities, but a less commonly discussed example was shared during the interviews. In Ontario, we have a community that is situated on two provincial borders and two international borders (Canada and the US). This large and diverse community has members who are covered by one province's Health Insurance Plan, receiving their guidance from another province's health unit while navigating provincial, Canadian, and US COVID-19 policies and restrictions. One FN-KI explains:

> "We are landlocked by the US. And the only way to access any kind of Canadian services like a hospital or healthcare… [with provincial insurance] is to go through a customs port of entry."

It is difficult to imagine how challenging keeping informed and up to date during a pandemic would be for the members of this community. To illustrate the challenge, one FN-KI shared:

> "So, you have a family who say lives on the American side, but mom and dad work at the bank on the Canadian side, and kids go to school in the US side and get told they have to isolate because the whole family gets COVID. And mom and dad are total 14 days and kids are total 10 days and go back to school"

While movement restrictions and border closures resulted in their own sets of challenges, particularly for health access, another major challenge noted by several KIs included a lack of Internet access. For one FN-KI, they noted that the assumption that everyone has some form of wireless connection, whether by internet or phone, was taken for granted during the pandemic response for First Nations. The move to virtual was not effective for everyone. This affected children from attending school effectively in an online environment and employees from working from home. For others, it affected their abilities to keep up to date with COVID-19 safety protocols or connect with online cultural activities that were happening across the province.

Competitiveness

Some Key Informants shared the struggles with navigating internal division and friction between and across First Nations, First Nations' organizations, federal and provincial governments, ministries, and public health. Though a comprehensive picture was not shared, a long history of First Nations' advocating for sovereignty with little effective change has undoubtedly created some friction. Arguably, generations of oppressive colonial policies aimed at undermining autonomy and self-government, chronic underfunding of vital support services for First Nations, and existing frictions being amplified by the increased complexities associated with responding during a global pandemic surely contributed to what some described as "competitiveness".

Regardless, competition and "in-fighting" was described as a barrier to an effective and streamlined COVID-19 response, in some instances. For example, discomfort and disagreements between a First Nations Health Authority and a Political Territorial Organization representing the same communities led one KI to share:

"But we did find that there was competition between [PTO and Health Authority]... and they're all supposed to be serving that same community. And that's where it got difficult- actually, that's where it really got difficult. We stayed out of the political mire, but, you know, execution can only occur when you get political leadership on board, right, and consensus. And there wasn't consensus amongst [PTO and Health Authority} and sometimes the Tribal Councils. And I found that to be very, very difficult. And at the end of it, you know, my view is what's in the best interest of the individual and the community." – KI

Trauma, Grief, and Loss

On top of these everyday experiences, First Nations are also uniquely aware of the climate crisis and experience ongoing land and resource theft and extraction. Amidst these ongoing challenges, the already fragile health system, further overburdened by the pandemic, was then exacerbated by the gravesite discoveries at residential schools across the country, community deaths, the loss of Elders and Knowledge Keepers in retirement and long-term care homes, and limits on gathering making it difficult to grieve losses through culture and ceremony. The trauma associated with grief and loss is still being felt across our Nations.

The Cycle of Burden

The cycled burden of First Nations' pre-COVID-19 realities is further challenged by things that have been highlighted by communities, researchers, academics, and policy makers for decades. As we will continue to see throughout the report, the added weight of COVID-19 to the pre-existing situations for many First Nations overwhelms systems, people, and circumstances. Many First Nations highlight the need for more awareness of interculturally connective practices that can innovate equitable ways forward and lessen the burden for First Nations during times of added complex situations (Townsend & McMahon, 2021).

First Nations in Ontario require action from federal, provincial, and municipal governments and ministries to eliminate existing disparities in health, mental health, and social service and infrastructure needs for First Nations.

Settler Colonialism

- Socio-economic and geographic challenges
- Geographical barriers for many communities in northern Ontario and internationally bordered communities (situated partly in Canada and partly in the US)
- Lack of safe and appropriate housing and infrastructure
- Some communities without clean, drinkable water
- Overcrowding
- Health and social services inequities Limited access to local schools and education
- Less access to employment opportunities in communities
- Systemic racism and exclusion
- Ongoing lands and resources theft
- Limited access to wireless internet/many people without

Increased chance of having poorer health and social outcomes, including:

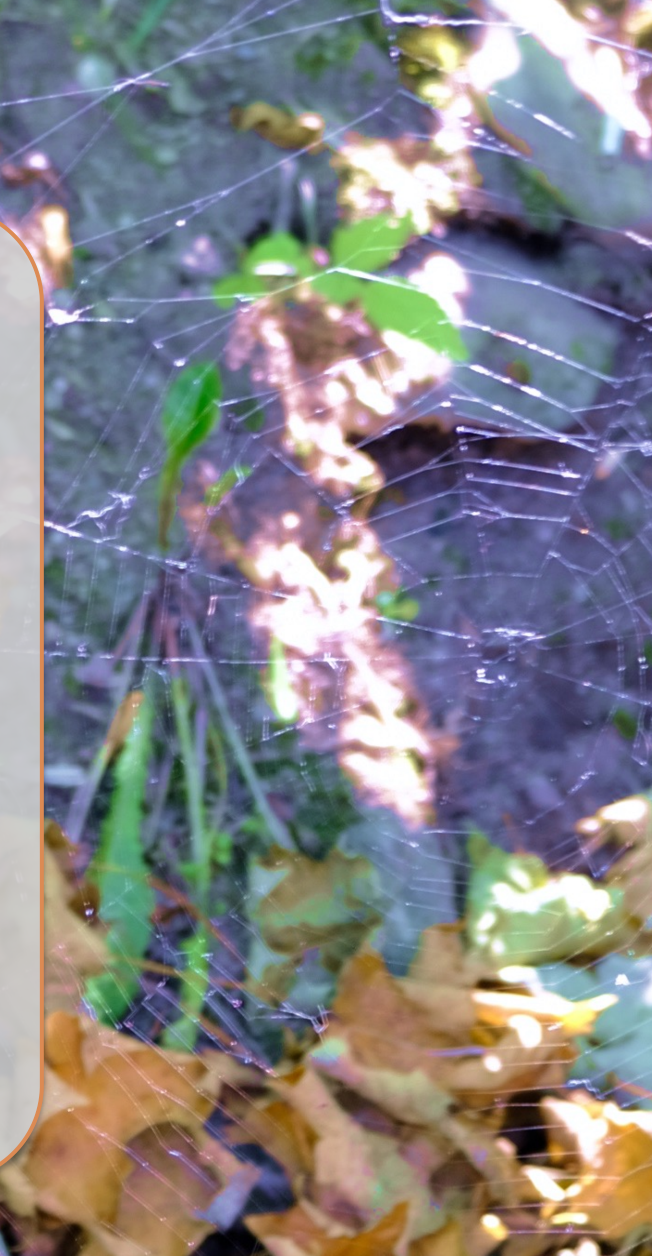
- Lower education and employment
- Poverty and food insecurity
- Homelessness and under-housing
- Mental Health and substance abuse
- Poor health
- Multiple morbidities
- Higher mortality
- High rates of suicide
- High rates of obesity
- Higher rates of incarceration
- Health systems distrust
- Government distrust
- Intergenerational trauma

Awareness of ongoing regional, national, and global crises:

- Climate and Ecological crises
- Floods, fires, droughts
- Pollution
- Wars
- Discovery of unmarked graves at Residential Schools
- Seasonal flooding and fires/ Evacuations

Compounded by COVID-19 and its response

- Fear and anxiety increase
- School closures
- Work-from-home orders
- Non-urgent medical procedures, surgeries, and check-ups cancelled
- Dental office closures, including pediatric dentistry
- Restricted gatherings, travel, and movement
- Businesses deemed non-essential closed
- Global PPE shortages
- Cancelled funerals and weddings
- Differing perspectives and opposing government mandates and regulations
- Misinformation/Disinformation



Theme 2

Responses

Theme Summary

This key finding is entitled ***Response*** and has several subthemes embedded within it. Amid the uncertainty and concern over what the pandemic would mean for people across the country, including First Nations in Ontario, the multiple layers of the response offered several protections while highlighting the areas where additional supports were needed. The importance of having pre-existing relationships was realized early on as pandemic response teams worked to come together during the pandemic. The emergence of several government-led COVID-19 Response Tables and Working groups were formed. Pandemic response decisions on behalf of First Nations people (with sometimes very few "if any" (KI) First Nations' leaders in the room) began.

What was noted as a "top-down policy response" (FN-KI), led to government mandates that aimed to limit the spread of the virus. Policies were being enacted with little awareness or consideration to the uniqueness of First Nations' experiences and realities in Ontario.

In this section, we highlight the pandemic responses from all levels of government and public health that were successful and effective. We weave the results of the response into our *Lessons Learned* while considering the many factors discussed in the ***Realities*** section of this report. In the next section entitled ***Resilience,*** we reflect on First Nations' pandemic responses in greater detail. There has never been a pandemic response of this nature in the history of the world. With the ability to connect online and collaborate in ways that were not possible during past pandemics, the COVID-19 response for First Nations in Ontario provides us with an opportunity to learn and grow. In this section, the responses between March 2020 and January 2022 ebb and flow through a timeline as the pandemic evolved from public health mandates to vaccine availability, and so on.

Before the Pandemic was Officially Announced

Early COVID-19 Awareness

When news began to spread about the Coronavirus in the Fall of 2019, many Key Informants shared that they were not initially concerned. For some, the news of the virus happening so far away offered a sense of security. For others, a lack of public health knowledge and believing that the virus would not impact them in their jobs (sometimes removed from those types of health fields) meant that little preparation was happening on-the-ground before the official pandemic declaration that could have supported community preparedness.

> **Because I'm not an actual, you know, health care, frontline worker, I kind of didn't really understand, you know, what, potentially could be heading-- I knew that it was, you know, a virus that was, you know, going to be spread, but then I didn't think that we would be in a global pandemic. – FN-KI**

But by December 2019, news had ramped up across the country and, as one First Nations' Key Informant explains:

> **We started to recognize signs of a looming pandemic most likely happening… you get that feeling like 'Oh, this feels like a big one'. – FN-KI**

By January 2020, federal-level government officials were already organizing meetings with First Nations' leadership across the country to discuss actions and make recommendations in case the virus become a pandemic in Canada:

> **Way back in January 2020, we assembled the very first meeting. And with the meeting, we engaged in discussed with our First Nations partners, including COO, our regional office and Ontario who has continued to have those engagements and discussions with Chiefs of Ontario. - KI**

One Key Informant noted that "**it was a full-blown pandemic that wasn't talked about like that yet, in February**". So planned conferences, gatherings, and events that were set to take place in February and early March went ahead as scheduled. At that time, no one really knew how COVID-19 was spread, and some people who shared attending events before the WHO (2020b) declared COVID-19 a global pandemic, also shared that they took extra precautions in their interactions with others while traveling:

> **By that time there was, you know, no hugging, no embracing, so it was still kind of like strange times, right. So, at the meeting we're doing, like fist pumps already, we had hand sanitizer, you know, so the public health measures were already coming into place. – FN-KI**

Regional Response

The Ontario division of the First Nations Inuit Health Branch (FNIHB-Ontario) has a direct responsibility to provide primary health delivery via federally employed nurses within many of the remote First Nations communities in the northern regions of the province. FNIHB-Ontario also supports public health delivery which includes vaccinations against other communicable diseases (for example: measles, mumps, rubella, sexually transmitted infections, and more). Naturally, FNIHB- Ontario was heavily involved with the COVID-19 response for First Nations.

"We been supporting, providing support, including financial support, you know, to Chiefs of Ontario, you know, for the tracking the data analysis is that COO has done a phenomenal work during- well, already before the before the the pandemic but during the pandemic, you know, with COVID tracking of the COVID infection First Nations, both in First Nations communities and also in urban areas, as well as more recently with the vaccine uptake" - KI

As a result of early conversations among health services leadership in Ontario, many organizations across the province received calls before the March 2022 federal announcement of country-wide closures. Organizations such as the COO, First Nations' Political Territorial Organizations (PTOs), Tribal Councils, the Ontario division of Indigenous Services Canada (ISC), the provincial Ministries of Health and Long-Term Care, Ontario Health- North-East Region, Ontario Public Health Units, and others were given **"an early heads up" (KI)** to begin preparing for the possibility of COVID-19 becoming a country-wide public health emergency.

By March, **"when things really hit the fan" (KI)** the real pandemic planning started. The WHO's global pandemic declaration on March 11th, 2020, led to a March 17th, 2020 declaration by the Ontario Premier, Doug Ford announcing a province-wide state of emergency. Immediate provincial mandates were put in place which included prohibitions of public events/gatherings of over 50 people, including live performances, parades, and places of worship, closed facilities providing indoor recreational programs including public libraries, private schools, licensed childcare centres, bars, and restaurants (Ontario Newsroom, 2020c). Closures were effective immediately.

Pandemic plans were reviewed or created at the start of the pandemic. No one knew at that point what the extent of this public health emergency would be and so, preparations for temporary closures and stay-at-home restrictions began. Pandemic response measures had intended and expected to lift by March 31, 2020 (Ontario Newsroom, 2020c).

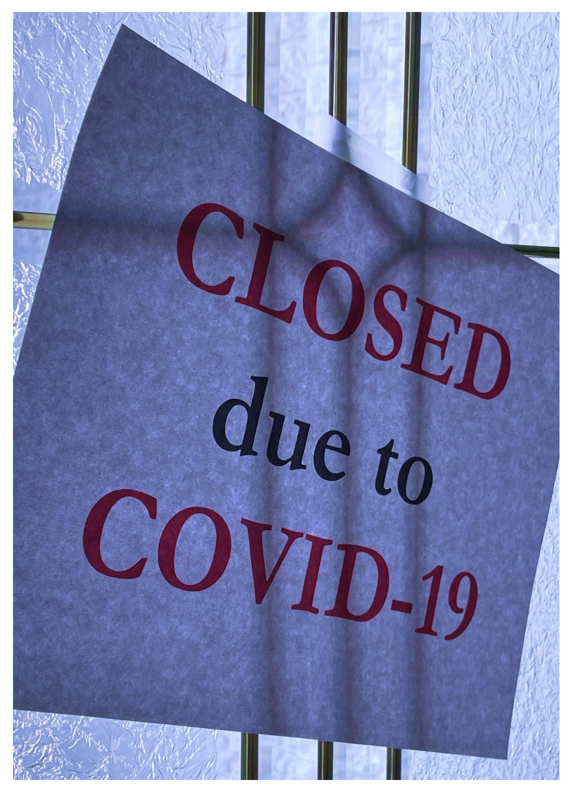
"The whole first three months or so was everybody trying to understand what it is we were facing, what the issues were, what some of the considerations were, and obviously, as the pandemic evolved, we've responded programmatically in service, you know, in terms of budget and different things…the first quarter January to March was sussing things out and having some initial conversations with all of the partners, frankly." - KI

National First Nations' Response

Following the global, national, and provincial declarations that announced COVID-19 a pandemic, First Nations' leadership waited for what how the response planning would roll out. On March 24th, 2020, when it was clear that the pandemic was bigger than imagined, the Assembly of First Nations (AFN, 2020) declared a State of Emergency for First Nations across the country. The AFN's official announcement called for "for immediate increases in funding for First Nations and full involvement in all discussions with governments on planning and preparedness to ensure the unique needs of First Nations are addressed" (para.1). Recognizing that federal funding announcements were insufficient to meet the unique needs of First Nations, the AFN (2020) announcement explained:

> The AFN is declaring a State of Emergency because First Nations need to be fully supported to meet all of the public health recommendations that this pandemic warrants," said AFN National Chief Bellegarde. "First Nations are the most vulnerable communities in the country and prevention efforts and preparation for critical care must be stepped up now. While the federal funding announced recently is a start, it is inadequate to meet the anticipated needs. This is about the health and safety of First Nations families and communities. We need to act now. (para. 2).

"We knew we didn't have enough epidemiologists, we didn't have enough nurses, we didn't have enough case and contact individuals, which was huge, right" - KI



COVID-19 Interventions

Throughout the pandemic, it was important to stay up to date with ever changing Public Health Guidelines. To prevent the spread of the virus, guidance included social distancing measures, practicing good hand hygiene, regularly disinfecting high volume surfaces, wearing a mask, avoiding indoor gatherings, working from home, if possible, screening daily and isolating yourself if you have COVID-19 or may have been exposed to COVID-19.

Lockdowns, Shutdowns, and Closures

At the very start of the pandemic, many businesses and organizations simply shut down anticipating a quick return to business-as-usual. Initial public health advice was suggesting that people prepare to stay home for seven days, which eventually changed to fourteen. Eventually, Public Health advised moving to virtual platforms, whenever possible. Concerts, festivals, conferences, and other events where people were likely to be gathering in large groups were cancelled or postponed. As the pandemic continued, many postponed events were eventually cancelled. Among the closures was Little NHL, which closed for the season in 2020 to avoid bringing the virus into communities.

"On the on the news…they were saying that you have to have at least seven days worth of medicines and dry goods and foods, so you don't have to go out… And I think that kind of got people very antsy and panicky. And that's when you know around that time, we heard about a toilet paper craze… then the Health Minister said that people must be prepared to have enough food in their homes, medication, wet wipes for 14 days." – FN-KI

School Closures

What began as March Break for students in 2020, resulted in Ontario declaring a state of emergency due to the increase in known COVID-19 rates across the region. Emergency remote education was instituted through virtual learning environments. Children as young as four were suddenly attending school through a screen.

School Closures Extended to Keep Students, Staff and Families Safe

Students Will Still Be Able to Complete School Year

April 26, 2020 12:30 P.M. Ministry of Education

Globally, an estimated 80-90 percent of learners were impacted by school closures (Saint-Girons et al., 2020). The 2019-2020 school year was completed remotely in Ontario. Following the initial disruption in education for First Nations' children across the province, a phased return to class was implemented for the 2020-2021 school year. For parents who selected to return their children to in-person learning, the completion of daily COVID-19 screening using online tools provided by public health, were required.

Case and Contact management

Testing

Public Health Measures

Education, compliance, and enforcement

Targeted supports

Communications

Ontario's Response to Keeping Ontario Safe and Open from November 2020 (Ontario, 2020)

Ontario's Evolving Priorities

By November 2020, six months after the declaration of the COVID-19 global pandemic, the Ontario provincial government released a report highlighting its major priorities.

The province's priorities used colour-coded thresholds based on the number of COVID-19 cases in the province to determine whether businesses and schools could reopen or remain open. Priorities included: limiting the transmission of the virus, avoiding closures, keeping schools and childcare open, maintaining health care and public health system capacity, protecting vulnerable populations, and providing additional supports where possible (Ontario, 2020).

Work from Home Measures

Organizations and governments across the country found ways to set their teams up with home office. For some, the initial decision to allocate spending to home office preparation was difficult, given the uncertainty over how long the pandemic would last. Organizations did what they had to do to support their staff and found ways to set their teams up with home office.

Many people were unable to go to work as businesses deemed non-essential were closed and federal budget allocations were announced to subsidize wage losses. Small business owners struggled to keep up with piling bills and a loss in revenue. When restrictions began to lift, provincial regulations limited how many people could be in a building at one time to leave a minimum of 2 meters or impermeable barriers between people. Anyone choosing to go out to restaurants or food and drink establishments were required to provide their name and contact information to support case and contact management efforts and face coverings were required in all instances when people were not eating or drinking.

Getting People Home

With so much uncertainty surrounding the movement and transmission of the virus during the start of the pandemic, the primary focus was to reduce the spread and reduce negative outcomes. The goal of keeping everyone safe was challenged when travellers across the country and out of country were not in their respective jurisdictions. Travel restrictions were initiated throughout the pandemic, but they began in March 2020 with the federal and provincial governments calling out to anyone who was traveling in and outside of the country to return to their regions. As part of the response, returning travellers were told to quarantine for fourteen (14) days to reduce the risks of transmission.

EMERGENCY ALERTS

EMERGENCY ALERT / ALERTE D'URGENCE
TRAVELERS RETURNING TO ONTARIO
You are at high risk of spreading COVID 19.
You are required by law to self-isolate for 14 days.
DO NOT visit stores, family or friends.
Everyone should stay home to stop the spread.
Learn more at this website www.ontario.ca/page/2019-novel-coronavirus

Communication and Knowledge Mobilization

While many communities had measures in place to keep people safe (discussed in greater detail in next theme entitled Resilience), so did the provincial and federal governments. Movement was restricted to essential services only, children were doing school from home, people were baking large quantities of bread, making home videos to share with friends and family, and finding ways to communicate ongoing response measures effectively. Governments and Public Health were releasing COVID-19 guidelines through social media, email, posters, brochures, videos, radio, podcasts, and more. There are examples of some organizations recognizing First Nations' diversity and using multiple languages to offer more accessible and effective communication to more people [image 2: How to Safely use a non-medical mask covering in Cree]. It was vital throughout the pandemic to communicate messaging in a variety of different ways and languages. The Public Health Agency of Canada (2020) were among the many who responded during the pandemic by ensuring some of their information was being released in First Nations' languages.

Communicating through Data

As early as March 2020, expert data analysts and epidemiologists within the COO's Health Sector and the Research and Data Management (RDM) Sector were looking to existing United States based COVID-19 data modelling reports in order to better understand what a model would look like for FNs, what existing information was relevant to FNs, and how modeling could help to predict the impacts of COVID-19 for FNs in Ontario. By April 2020, the MOHLTC was reaching out to COO and ICES in order to gain access to COVID-19 testing data for First Nations in Ontario that is held at ICES and governed by COO on behalf of FNs. This request reinforced for COO the value of their existing relationships with ICES and the datasets held there.

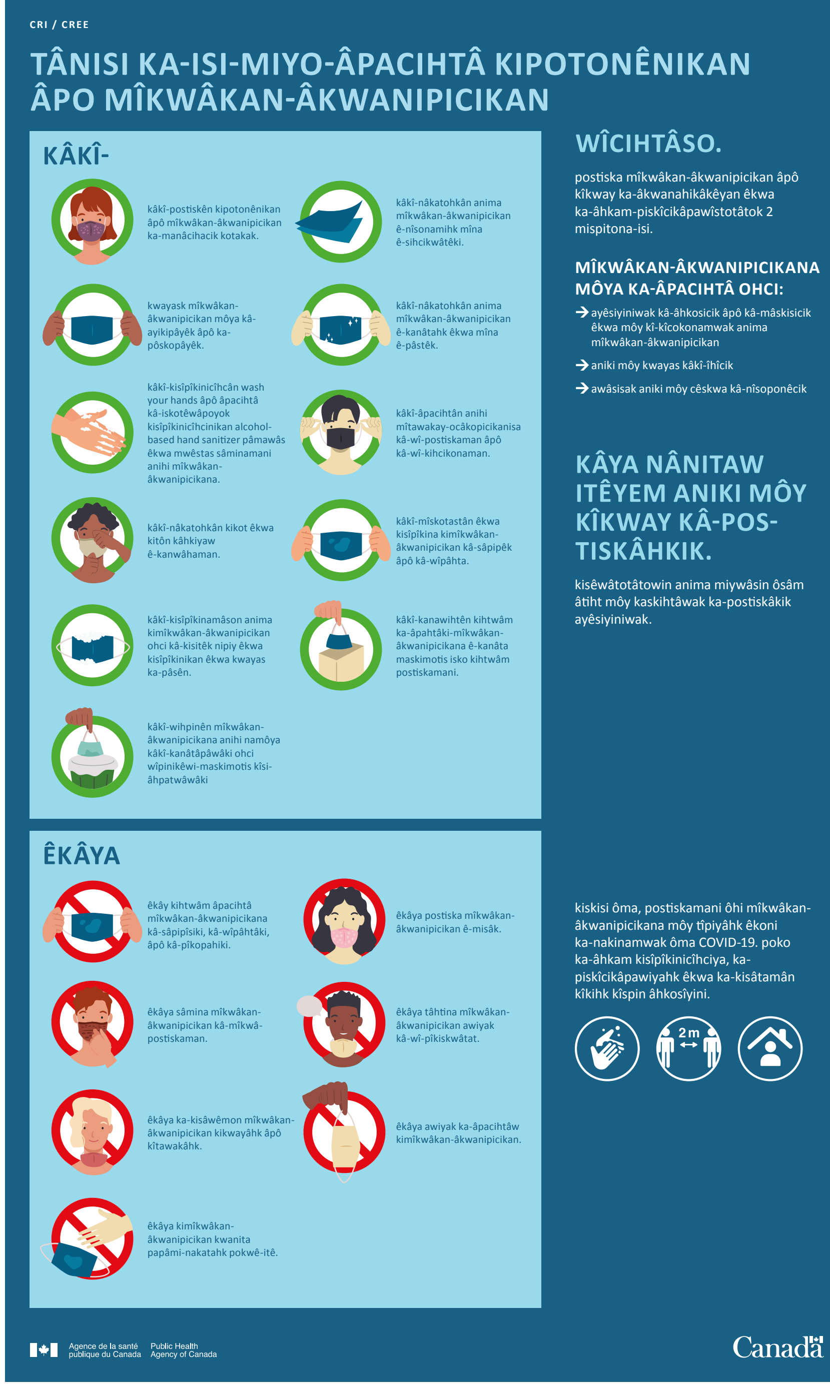


Image 2: How to Safely use a non-medical mask covering in Cree

Responding to Diverse Community Needs

The experiences of First Nations in Ontario varied from Nation-to-Nation throughout the first three waves of the COVID-19 pandemic. Additional challenges in southern Ontario were often related to proximity to the U.S. border, and how big and close together the population is. As one Key Informant explains based on first-hand experience:

"I would say the impact was greatest in the north, around the response. In the south. Sometimes [Southern FN community] was a little difficult, because they were so close to the border with the US as well as the metro area." - KI-01

Participants shared that several efforts were made to address the diverse needs of rural, remote, and urban First Nations communities. This included establishing several working groups, expert task force tables, advocacy work, and relationship building. Expert Tables were attended by First Nations leadership, provincial, federal, and municipal government officials, health care providers and other public health experts. Several Key Informants who were also attendees at various COVID-19 response tables and initiatives noted that gathering in this way allowed for improved communication of First Nations priorities while advancing response initiatives to address diverse community experiences.

"We delivered recommendations that pays attention to rural in rural remote environments." –FN-KI

Craft et al. (2020) note some of the burdens associated with ongoing challenges, explaining that "many First Nations communities across Canada are in a continual state of crisis and have declared states of emergency in their communities in the following areas: health (suicide crisis); infrastructure, including inadequate and over-crowded housing and unsafe drinking water; child welfare; and the climate crisis (fires, droughts, and floods)" (p.53).

Community Infrastructure

While many First Nations communities have space set aside for isolation and quarantine purposes based on past pandemic experiences, some communities also required infrastructure support, particularly in communities who have high rates of household overcrowding (Crooks et al., 2020). In response to this, some of the repurposing of community dollars provided funds to support emergency shelters and temporary shelters (Rowe et al., 2020). However, as one KI noted, there was never enough within the available budgets and communities had to make difficult decisions:

"There isn't a whole lot of additional infrastructure to have assessments and to have vaccines administered, or to have mental health services delivered. We know the housing situation is poor and needs vast improvement. But there's no money in the budget to build permanent infrastructure when it came to COVID. But there was money to renovate, or to provide a temporary shelter. So, we bought trailers for communities, and never enough. These trailers are sometimes used for homeless. Well, for us [health professionals], for homeless, they're not being there for isolation purposes, for assessment purposes, and all the rest of it. But the decision to use them was made by chiefs and councils. Their priority was to house the 10-person family, as opposed to have a space available to safely deliver vaccines. They said, well use the gym. Well, that's no good if you have infected people, right. So those are, that's just a micro example of, you know, we're sometimes communities made decisions based on resources given to them. – KI

Funding and Supports

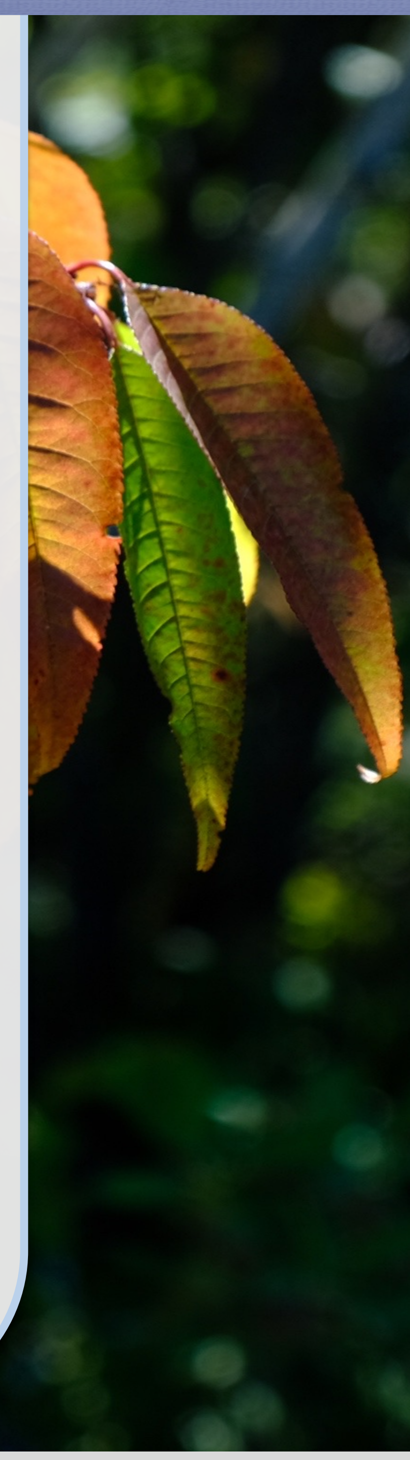
In their efforts to curb the known increased risks for First Nations in Ontario and Indigenous Peoples across the country, the federal and provincial governments began offering COVID-19 relief funding and support. Funding allocations were addressed by the federal government to Indigenous populations (inclusive of First Nations, Inuit, and Métis) who have different needs and requirements in times of emergency. Several funding supports were made available during the pandemic including initial federal funding of $650 million to support Indigenous communities with “health care, income support, and new shelters for women” were provided nation-wide (Hiller et al., 2020, p.29). Of this funding, $305 million was dedicated to the Indigenous Community Support Fund, to assist communities in preventing and preparing their COVID responses. Province wide vaccination plans committed more than $1 billion “beginning in 2020–21 to support the administration, distribution and rollout of Ontario’s COVID-19 vaccination campaign, including $50 million to support COVID-19 vaccinations in First Nations and urban Indigenous communities” (Bethlenfalvy, 2021, p.29). Meanwhile, government organizations supported First Nations by raising awareness of what funding and resources were available and allocating dollars to finding appropriate community health staff.

“We went and sought maximum resources for Ontario region and were highly successful. And at the end of the day, I just found out last year 2021-22 fiscal year, April of 2021 to end of March 2022, FNIHB's-Ontario budget was in excess of $900 million with a surplus of 35 cents. 35 cents! Less than $1 and 900 million. So, what was important is that we got the funding- what we could, and we got it out the door in the hands of the communities and the agencies that needed it most. Now that- COVID was a good chunk of that. But, you know, there were elevations funding and support, and mental health, which was, you know, obviously, a secondary concern to getting COVID was the, the stress and strain on communities, family members, and loved ones who are infected, right.” - KI

Funding opportunities for First Nations included support for food, IT supplies, educational resources, cleaning supplies, COVID-19 research advocacy, health and human resources, infrastructure, and more. Additional opportunities for community members were available to artists, language speakers, Youth, Elders, and just about anyone in between. For instance, Levkoe et al. (2021) point out:

> In the first few weeks of the pandemic, it became clear that Thunder Bay did not have the infrastructure in place to adequately coordinate emergency food supports. To fill this gap and address the emerging food needs facing vulnerablized (sic) populations, a series of ad hoc round tables came together to facilitate communication and resource sharing amongst social service organizations. (p.5).

“I'll tell you again. Last year, over $900 million came in and came out of our budget. The most ever in Ontario. 35 cents surplus. I know it's all out there.” - KI



Mental Health and Addictions Response

Organizations and governments also worked to come together to address major mental health concerns such as suicide and addiction. Federal and provincial response measures were implemented in order to ensure positive health and wellness throughout the pandemic. Early recognition that mental health services are often located/available in urban settings led to an increase in virtual opportunities and funding initiatives.

"So, raising the attention that most harm reduction programming happens in urban environments. First Nations communities are not always supported by provincial governments who have responsibility for physician services, and nurse practitioners and public health and primary care. And so that's not something that federal government funds to First Nations communities, they provide nursing services as a form of primary care, but their scope of practice is limited by insurance and their collective agreement. So, they have a small amount of time that they are required to invest in addiction services. So basically, First Nations communities have no resources or capacity or equity, to address opioids and methamphetamines." – KI-17

The Canadian Mental Health Association (2022) offered free mental health courses, resources, and services that were designed to address several of the priority areas that impacted overall wellness during the crisis. Addressing aspects such as social connection, grief, loss, loneliness, and mood. In addition, supports for addictions and overdose prevention were made readily available to anyone in need. Mental health providers also recognize the burdens associated with workplace fatigue and the psychological impacts associated with working long hours during a state of emergency with toolkits and resources for responding to employee-based anxiety and more (CMHA, 2022). Community-based mental health and addictions programming was also supported through the 'Indigenous Community Support Fund' which was provided by the Government of Canada (2022) throughout the pandemic.

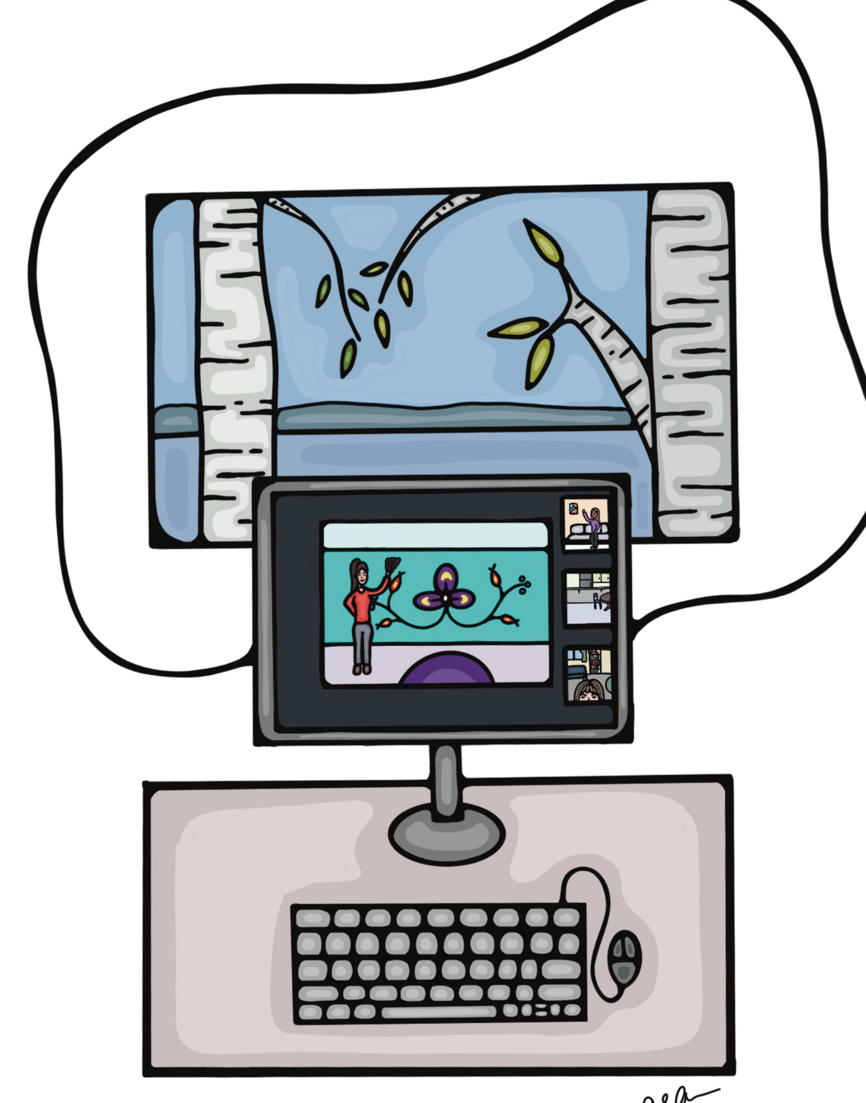
Theme 3

Resilience

Theme Summary

This key finding is entitled ***Resilience*** which takes the time to really highlight many of the cultural, linguistic, traditional, and relational strengths of First Nations that were happening throughout the COVID-19 pandemic. In a way, this theme could have been a subtheme of the ***Responses*** section, but because it demonstrated of community survivance, it stands on its own as a sign of First Nations' autonomy and self-determination during times of crises.

It showcases how First Nations came together, recognized existing realities while finding ways to keep communities safe once more, during COVID-19. In this section we also note the many advocacy efforts happening across the province by First Nations' communities and Leadership. By showcasing the resilience *of* First Nations *by* First Nations, we add to the many *Lessons Learned* throughout the pandemic. The ways that First Nations demonstrated resilience can and should be adapted to continue supporting and uplifting communities now and for the future.



Community Strengths During COVID-19

The First Nations' response to COVID-19, particularly during the first waves, exemplified our continued 'survivance'. The resilience and innovation of First Nations' during this time of crises demonstrated our ongoing survival and resistance (Rowe et al., 2021). In Ontario, First Nations communities, individuals, leadership, and organizations acted, adapted, and advocated throughout the pandemic. When the pandemic started, First Nations communities and organizations across the region shifted gears to prioritize the response and keep First Nations safe. Committees were formed, relationships were nourished and built, and efforts were put forward to capture wide-scale community engagement. Communities with existing pandemic plans began reviewing them to ensure they would adequately respond to this public health emergency.

First Nations took stock of their current situations and took immediate action to address gaps that were being left unfulfilled amidst the mainstream pandemic response. First Nations began to reorganize and reprioritize their workloads based on their knowledge and awareness of what the community needs were.

> **"Just because it was just so overwhelming, we needed all hands-on deck to to address what needed to be done." –FN-KI**

At the same time, First Nations' leadership were very aware that existing inequities would be devastating for communities if the virus entered their communities. Reflecting at the start of COVID on the devastation brought on by the H1N1 virus in the early millennium put most responders on immediate high alert. However, at the start of the pandemic, there was little known about how the virus was spreading, so communities began discussing actions that were appropriate for their communities and situations. Community level responses included "limiting who enters and who leaves communities, voluntary lockdowns, enforced security, community curfews, in-community COVID-19 testing centers" (Rowe et al., 2020, p. 90), to name a few.

Effective Community Pandemic Responses

1. Reviewing emergency plans
2. Joint decision-making
3. Reviewing evidence
4. Traditional health knowledge
5. Mental health and well-being
6. Securing public trust in authorities
7. Communication
8. Infection control measures
9. Stockpiling and supports
10. Community safety
11. Accounting for everyone

(Kyoon-Achan and Write, 2020, pp. 47-48)

"I believe, without a shadow of a doubt that if, if we weren't going to save lives, then why would I be doing this? Why would I have all these new gray hairs that weren't there?" -KI.

The Value of Pandemic Planning

Over time, an awareness that the virus was spreading through the movement of people led to an increase in community-level responses.

> What we learned was that the virus could only be transmitted if we were moving around and interacting, you know, with outside of the community. And if the community had no cases of COVID, then you could certainly prevent COVID from coming into the community by locking down your community and restricting access to it. - FN-KI

Armed with this knowledge, several communities continued to adapt their pre-existing pandemic plans. There was a general consensus that First Nations with good pre-existing health infrastructure and regularly updated emergency/pandemic response plans in place were likely to experience a more streamlined delivery and response during COVID-19. For those communities who had pre-existing plans, revisions and amendments that aligned with the quickly evolving circumstances were completed. Indigenous Services Canada and Public Health officials along with First Nations'-led organizations made themselves available to support communities during their pandemic plan creations and amendments. Some FN-KI's shared that revisions by a committee made up of First Nations' and non-First Nations' health officials and public health experts was particularly beneficial. Other FN-KI's mentioned that having their pre-existing plans reviewed regularly by a community-based committee before the pandemic was a particular strength when the emergency was declared. One FN-KI also shared that regular updates and emergency preparedness reviews were completed each time new staff joined their team for several years before COVID, which ensured that everyone was aware of existing priorities and necessary actions.

> The community had an ongoing emergency management committee. We met every month. I had been on that committee for years and there were other emergencies that happened in the community… So, emergency management is something that I think we've dealt with not, you know, not consistent emergencies, but enough that I think our Chief and Council, our community managers recognize that we need to come together on a regular basis to even prepare for emergencies" - FN-KI

Having pre-existing plans in place let communities know what their next steps should be. For instance, communities that had public health emergency management in place, were already ordering respirators, masks, gloves, and sanitizer for their communities, before the pandemic was officially announced as a global pandemic.

Good Planning, Better Results

Communities who were responding well to the pandemic were also more likely to be able to solve additional problems when they arose. If a heater in a health lab broke down or shipping COVID-19 testing strips to an out of community lab was inefficient, communities found ways to problem solve: "**Lab system not working, community becomes a lab system**" – KI. In some instances, planning for the pandemic and activating the plan was empowering for individuals and communities- providing a sense of ownership an involvement.

Effective community pandemic and emergency management planning and preparation recognized key differences between traditional health (most common) and public health. One KI offers this insight simply:

> "For the traditional health care system, it's the patient and the doctor or the patient and the nurse or the patient and some health care provider, right? In public health, the patient is the community. So, it's a different approach, it's a different lens." - KI

There was a general consensus that pandemic plans should include **emergency health plans**, **public health plans** (separate from traditional health care systems), **communicable disease plans**, and **environmental health plans**. Based on discussions, it was evident that federal, provincial, and First Nations' leadership were working hard to develop strategies aimed at keeping communities safe. For instance, organizations such as FNIHB worked to develop pandemic response strategies and communicated those strategies to First Nations' leadership and health organizations situated in communities.

When pandemic plans were unavailable, First Nations' organizations took the initiative to research what they needed to know. Many turned to local and national public health agencies, the World Health Organization, and anywhere else they could to get their information. It was important that the information they were gathering be up-to-date and relevant to First Nations.

> "We were getting our information from the Public Health Agency of Canada, Public Health Ontario, the province, the World Health Organization, and also, you know, anywhere we could get reliable information from, like the US, CDC, the literature. I mean, in the beginning, it was kind of scanty information, and then it evolved and changed and gathered as we moved along." -KI

Funding, Research, and Support

First Nations and First Nations-led organizations applied for several funding and grant opportunities that were available through government COVID-19 initiatives such as the "Indigenous COVID-19 Relief Fund". Learning about available funding opportunities was a challenge for some who were overwhelmed by existing COVID demands.

Coming together in a time of need, several First Nations'-led organizations found ways to support First Nations by connecting them directly to resources and opportunities. For example, the Indigenous Food Circle (IFC) supported communities improving food sovereignty (Levkoe et al., 2021).

Research opportunities amidst the pandemic also increased, with several calls directed towards First Nations-based COVID-19 research. First Nations' academics, organizations, and community leadership united to find research opportunities that would lead to improved COVID-19 responses and outcomes for First Nations.

> "We work closely with the First Nations we actually take our direction from the First Nations… They don't advocate to us for their needs. They tell us what what we need to be advocating for." – FN-KI

First Nations-led Advocacy

Recognition of community and geographical diversity was an important component of effective COVID response and advocacy. Community advocates highlighted the need for increased representation from diverse First Nations who one FN-KI stated required "**multiple seats at the table**" to ensure appropriate representation of First Nations from across the province.

First Nations responded as effectively as they could given the diversity of pre-existing situations for the 134 First Nations in Ontario. Many First Nations' representatives including Chiefs, Council Members, health staff, and more, participated in COVID-19 Tables and Committees. First Nations' organizational leaders were also among those both hosting and attending several virtual discussion tables and committees, including a Science Table and several provincial, federal, and public health teams and tables. In fact, one KI noted that they "**relied heavily on COO, at science tables**".

The COO was among the many organizations who were leading provincial calls ensuring ongoing communication and a voice in decision making maters related to First Nations. As part of the COO's response, at the start of the pandemic they started a weekly call that was open to Chiefs and community Health Managers across the province. This platform was used to stay connected, share resources, offer technical support and guidance, and recognize areas of community importance for increased advocacy. Attendance was high, with over 130 Chiefs in the region- many attending regularly along with Health Managers. For this reason, a consensus was reached to split the meeting and offer one call to Chiefs (with health staff welcome if their Chiefs requested), and a separate meeting for Health Managers. The First Nations and Inuit Health Branch also had a bi-weekly call with the COO, which was open to health staff, when necessary. Across the region, First Nations' leadership and the Ontario Regional Chief (ORC) were engaging in discussions with the Provincial COVID-19 Task Force and other groups advocating on behalf of First Nations and demanding that First Nations be involved in decisions related to COVID-19.

"The ORC was advocating for resources for First Nations, so that they could properly respond to the pandemic so that they would have the resources. And were a part of a larger advocacy push, nationally, as well as provincially to have governments provide funding to First Nations for things like food security, assisting them with controlling their borders, and access to PPE." – FN-KI

First Nations were advocating for proper supports including Personal Protective Equipment (PPE) (for example, gowns, gloves, face shields, masks, N95 respirators, and hand sanitizer) and mental health resources. At the same time, they were creating community barricades to keep people safe, taking care of Elders, administering community food hampers, and staying as connected as possible to resources and last-minute provincial and federal response changes.

SLFNHA communiqué

Going above and Beyond Mandates

Despite Public Health mandates, when the pandemic struck, many First Nations across the regions saw a surge of outsiders entering their communities. Outsiders were not respecting that First Nations are at an increased risk of disease burden and were continuing to enter communities for tobacco products, gas, or to access campgrounds. This lack of respect for community health contributed to some First Nations making the decision to implement 'border' patrols and in some cases initiate barricades or community pass card programs. As one FN-KI shares:

"We were seeing, you know, other areas of the country, starting to close things up... I remember seeing a photo of the highway in New York City, the week before, and people were like, there was hardly anybody on it in the middle of the day. And yet, here in the community, we still had, like, people coming from outside of the community, like lineups at the gas stations, the cigarette shops, like, people were not heeding the messages that we were putting out there" - FN-KI

By May 2020, at least eighteen (18) more "First Nations in northeastern Ontario closed their borders to keep outsiders and COVID-19 away" (White, 2020).

Craft et al., shares:

Combining the authority to act with respect to both wellness and emergency, some First Nations have enacted and implemented their own "disease emergency" by-laws under the Indian Act. The by-laws range from mandating self-isolation or quarantine; mandating physical- distancing; restricting travel; restricting access to public spaces or businesses; and establishing emergency shelters for citizens who are homeless or living in precarious housing situations. Orders have been enforced through fines (and in some cases provide for imprisonment) (p.63).

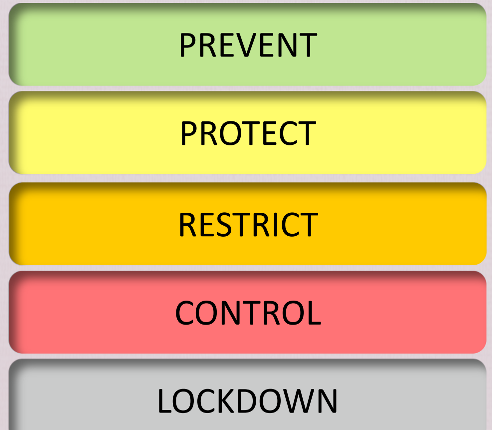
TEMAGAMI FIRST NATION
January 22, 2021
FIRST NATION CONTROL GROUP
BI WEEKLY REPORT
COMMUNITY INFORMATION
STATE OF EMERGENCY LEVEL 3
COVID-19 PANDEMIC
NO TRESPASSING
TEMAGAMI FIRST NATION
BEAR ISLAND RESERVE #1
Due to Covid 19 Global Pandemic; Bear Island Reserve #1 is
CLOSED TO PUBLIC
(Non-Residents)With the exception of
the Pier Market and to essential workers
(Hydro, Telecommunications, Water/Sewer, Contractors).
POLICE WILL BE ENFORCING TRESPASSING LAWS.
OPP 705-237-8963 OR 1-888-310-1122

Temagami First Nation COVID-19 public community notice

Adapting to Change

Communities also set their own public health orders (Hiller et al., 2020) and adapted existing frameworks which were sometimes adopted through mainstream public health approaches when working with First Nations. For example, community developed colour-coded response measures were implemented to communicate community COVID-19 infection rates and corresponding community-initiated restrictions.

"We had the colour-coded system at the beginning. That framework that was developed, was developed, specific to the community context that we had based on our our risk factors within our community as identified through our incident management team planning group. So it was very evidence based, it was even cited from some top public health practitioners out there. And, you know, it was interesting to see them starting to adopt some of our approaches here in the community" - FN-KI



Working from Home

Under Public Health advice, many employers moved their employees to remote work environments, when possible. Work-related travel and any external engagements were rescheduled, cancelled, or moved online early on into the pandemic. FN-KIs shared that despite initial concerns throughout the pandemic, it was important to make sure that their employees could continue to work and do the work that needed to be done.

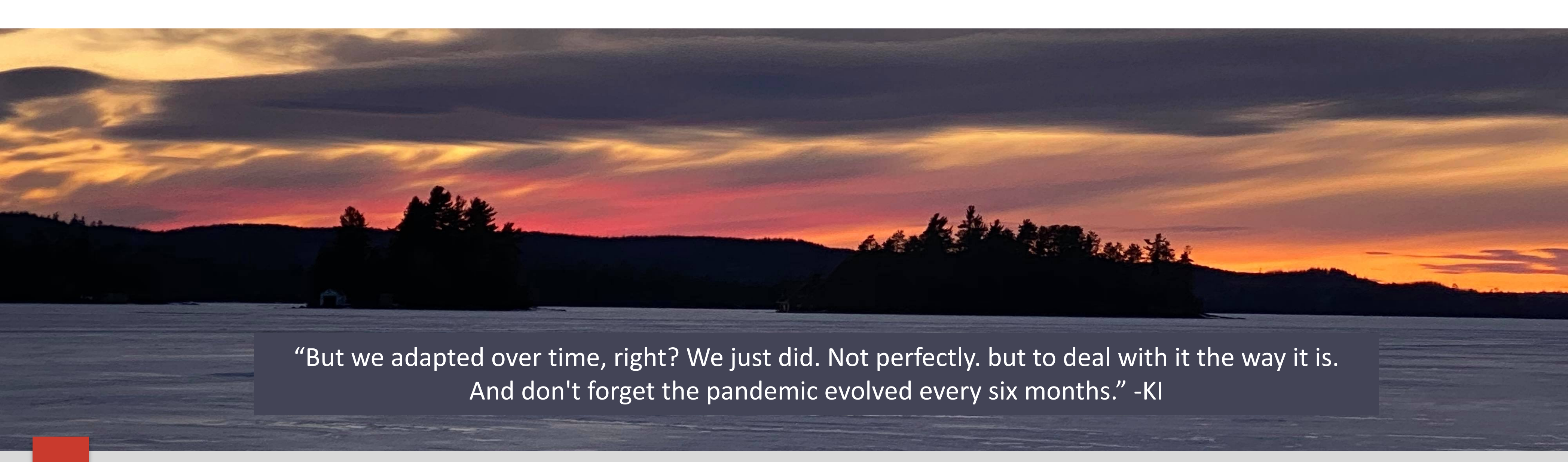
"We made sure that all our staff had the proper equipment at work, so they can continue proper equipment to work in their rooms. We had desks given to them. We had chairs given to them, they had their computers, they had cell phones. So, the work didn't stop, which was amazing." - FN-KI

While the pandemic continued, some people looked forward to the return to routine and return to the office, even if only a few times a week. For others working from home was one of the few benefits that resulted from the COVID-19 pandemic. The inability to travel for work also offered new opportunities to be with family and feel grounded.

"I get to stay where I am. And that's why I think one of the other great benefits is a lot of places are realizing that you can do remote work. People don't have to be in an office." - FN-KI

An Anishinabek Nation Press Release from May 2020 noted they would be continuing to work from home until September 2020 (Macdonald, 2020). In the Press Release, the Anishinabek Nation Chief Executive Officer stated:

> "Central to our response to the pandemic and decision-making processes is the health, safety, and well- being of our staff, their families and our communities. Our work transitioned almost immediately, but in two phases, to all staff working from home," says Marcia Trudeau-Bomberry. "This included the cancellation of all employee travel, work-related meetings, gatherings, events, and restricting visitors to all Anishinabek Nation offices. We are committed to incorporating digital strategies to improve how we work with and engage communities – and look forward to continuing our work for Anishinabek First Nations."



Sharing Gifts in Quarantine

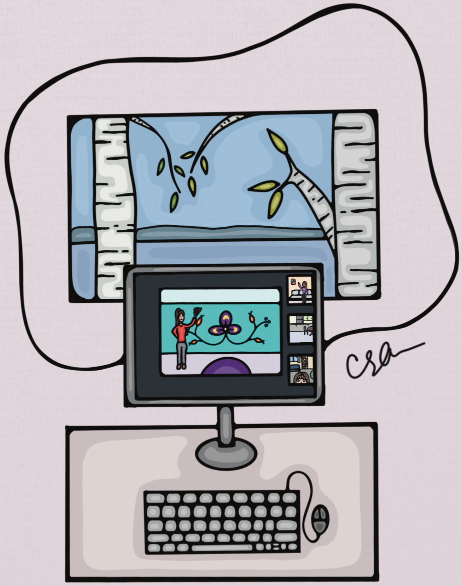
The busy-ness and chaos of the world appeared to come to a screeching halt at the start of the pandemic. The opportunity to find gifts and strength at the start of the pandemic resulted in many First Nations, in particular Youth, innovating new ways to stay connected and take advantage of the sudden change in pace. Though not everyone benefited from the pause in the hustle and bustle of the day-to-day, many First Nations made new groups on social media to share ideas on how to keep children and adults busy during the extended homestays while expanding skills and culture. Through social media and community websites, First Nations began sharing colouring pages, activity books, instructional videos for how to bead or sew ribbon skirts and non-medical facemasks, gardening and foraging tips, recipes, resources, language classes, virtual comedy shows, creative/arts-based virtual workshops, and so much more. Several First Nations activists also used social media as a way to raise awareness and dollars for community initiatives and activities to support Youth.

Non-medical homemade facemasks and crafts.

Preserving Culture

Throughout the pandemic and the response, First Nations across the province recognized that in order to sustain knowledges, traditions, cultures, languages, and more, it was imperative to keep those most vulnerable safe and healthy. Across Ontario, communities were finding new ways to combat COVID and its resulting fatigue and frustration due to increased isolation and seclusion. First Nations mobilized their response, to not only "protect their people, but also to protect their oral histories and stories, which are often in the care of the oldest people in the communities, who are sometimes the most medically vulnerable" (Rowe et al., 2020, p.92).

For First Nations, "culturally based practices have always been and continue to be used to amplify holistic healing and wellness... During the COVID-19 pandemic, dancers across the country continue(d) this practice as they dance to pray for healing and protection for their people and communities" (Rowe et al., 2020, p.92).



Prioritizing Mental Wellness

Several ongoing efforts were made by First Nations to support one another while developing plans that addressed prevention, response, and recovery. As part of addressing the mental health burden, First Nations were concerned about the impact of closures on treatment centres, and addiction response services. Within response planning, initiatives were undertaken to address these concerns. In support of First Nations, the Thunderbird Partnership Foundation (2020) launched a press release based on their 2018 Community Crisis Planning Report that embeds the First Nations Mental Wellness Continuum Framework into crisis prevention (Thunderbird Partnership Foundation, 2018). Thunderbird began offering their services in support of communities planning health and wellness initiatives.

> Your Health and Wellness Plan is your "Big Plan". Quite simply, it is your organization's/ community's primary document that defines your health priorities, outlines how the programs and services will help achieve your goals, and identifies how you will measure the progress and success of your (p.1).

First Nations prioritized the mental, emotional, physical, and spiritual realities of the people. First Nations demonstrated the importance of hope, purpose, belonging, and meaning in line with the First Nations Mental Wellness Continuum Framework developed by the Thunderbird Partnership Foundation in 2015. Key to driving all of these efforts forward were strong relationships and the ability to network.

Taking care of Mind, Body, and Spirit

First Nations' resilience and overall wellness throughout the pandemic and the response was a key objective of several initiatives put forward by communities. Communities developed health and wellness promotion programs, wellness toolkits, fact sheets, advocated for resources, and embodied the importance of community belonging. Innovative programming like the Nishnawbe Aski Nation (NAN) launched NAN HOPE (Mental Health and Addictions Support Access Program) which provided 24/7 mental health and wellness support to their 49 First Nations (nanhope.ca); and virtual counselling supports like Noojimo Health (noojimohealth.ca) were also developed to support First Nations throughout the pandemic. In a way, the pandemic provided an opportunity to develop new ways of addressing mental health and wellness challenges that were previously unheard of.

Grief and loss were particularly challenging throughout the pandemic because of the ongoing mandates on gathering indoors. Overburdened by the challenges of not being able to tend to the spirit of community members who passed onto the spirit world, First Nations would again take to social media to seek support.

> "So, people were asking on Facebook, does anybody have some shoes this size, or a suit or a dress this size, and they were looking for clothing, because they couldn't go out of the community and get anything. So, they're asking people, and that was good, that exemplified our values of sharing and caring, but not being able to take care of the Spirit and all in the ways that we normally would, left a question" – FN-KI

Food Security

With high rates of pre-pandemic food insecurity in First Nations, the added limitations to travel and external resources had a significant impact on families throughout the pandemic. Amidst supply and transportation shortages, several First Nations implemented food support programs to ensure families had enough to eat throughout the pandemic. For example, the Indigenous Food Circle (IFC) mobilized throughout the pandemic to support First Nations in Ontario at increasing food sovereignty by developing support systems and relational networks across the regions.

Levkoe et al. (2021) note the goals of the IFC were to work "to address immediate needs in a respectful and culturally appropriate way while also continuing to forefront the longer-term visions of food sovereignty and self-determination as part of this work" (p.3). Coordinating food efforts between First Nations and federal and provincial governments was shared by one KI as something that strengthened existing relationships and increased an overall understanding of food sovereignty in the region.

Staying Connected

The complexities and challenges facing First Nations throughout the pandemic made efforts to stay connected as part of community-level responses, essential. First Nations really did their best to ensure relations were maintained throughout the pandemic by leveraging existing infrastructure, advocating for improved wireless connections, and ensuring that students and families had the necessary technologies to stay in contact, remotely. By taking advantage of the virtual environment as best as they could. Communities hosted online community gatherings, Chief and Council meetings, and even graduation ceremonies. Staff holiday celebrations, such as Christmas parties were moved to online as well. In the section called *Repercussions*, we dive into the challenges associated with these connections.

"We had a Christmas virtual party, we had, you know, a healing session virtually. So, things like that, to help the staff. And in, give them that sense that we're still a big family here" – FN-KI

One of the insights that came from connecting during a pandemic which was made possible by the virtual environment, is that it allowed for a much broader network of relations to be developed. First Nations in Ontario were easily able to attend conferences, events, workshops, and more just about anywhere in the world from the comfort of their own homes.

Caring for Each Other

Throughout the response, communities found several ways to adapt to the consistently changing state of their community health status and evolving public health guidance. Many First Nations were quick to act when changes in COVID-19 infection status or protocol were made, making necessary changes related to schooling, work, and other community services. Hillier et al. (2020a) describe how communities across the country were demonstrating resilience during the pandemic:

> Throughout the pandemic, we have witnessed many Indigenous communities in Canada assert their authority in dealing with the COVID-19 virus, including creating their own public health orders, restricting travel through their territory, adapting their ceremonies, and intensifying public health campaigns. These actions must be recognized as an expression of Indigenous nationhood and a continued assertion of sovereignty. These community-led actions have, in part, led to a less severe impact of COVID-19 on Indigenous communities when compared to the general public (p.1000).

In response to the pandemic, Craft et al. (2020) note that many First Nations communities contributed to and attempted to improve the well-being of community members (p.64). For example, "some of the formal COVID-19 preparedness plans include instructions for traditional methods of cleaning, harvesting, and preparing traditional medicines and guidance on ceremonies" while others "have also included information on sustaining well-being and mental health during physical distancing" (p. 63). Community organizations were also reaching out to their members through email and social media, sending out care packages to students, and underscoring the importance of self-care.

COVID-19 care package mailed to students in 2020 from the Ontario Indigenous Mentorship Network

Protecting our Elders

Advocacy was only a piece of the demonstrations of self-determination by First Nations and First Nations' representatives during the pandemic. At the start of the pandemic, there was a lot of uncertainty over which age group would most experience negative outcomes as a result of catching COVID-19. The immediate goals were to keep the youngest and oldest safe from exposure. First Nations' Youth and First Nations' Elders among them (recognized as sacred Knowledge Keepers in communities) were prioritized in many community response measures.

As Saint-Girons et al., (2020) shared: "the death of Elders has a significant impact on the cultural perpetuity of First Nations, Metis, and Inuit given that Elders are the keeper of the traditions in these Nations and colonialism strategically targets cultural knowledge and security" (p.4). In communities, initiatives and protocols were implemented to ensure that aging First Nations' people including Elders were protected. For example, many First Nations translated communication materials to ensure that First Nations' language speakers, particularly Elders, were able to understand and stay informed (Patterson, 2021). This method was used both for communicating the response and for encouraging vaccine uptake (Patterson, 2021).

Getting Direction from Elders

By involving Elders in community response planning and decision making around the response, communities ensured that Elders were hopeful, full of purpose, feelings of belonging, and sharing meaning with their communities. Traditional knowledges were embedded into community responses and decision making. Many Elders also became actively involved in the move from in-person to online. Opening and closing ceremonies were regularly shared during virtual conferences and events through platforms like Zoom Video Conferencing.

While pieces of the First Nations Mental Wellness Continuum Framework were effective in ensuring some support for community Elders, the burdens of isolation and the inability to gather in person was undoubtedly very difficult emotionally and spiritually.

The Vaccine

By December 2020, COVID-19 vaccination efforts were well on the way and a series of public communications were released to encourage people to get vaccinated. Vaccination efforts were supported by several First Nations' organizations, including the COO. Anderson et al. (2021) note that the Canadian government identified Indigenous communities as high risk and a priority to receive the vaccine. While Mosby and Swidrovich (2021) recommended that Indigenous Peoples get priority access to vaccines in order to curb any hesitancy. However, being pushed to the front of the line to get a brand-new vaccine only stirred greater feelings of hesitancy for some First Nations. When COVID-19 vaccinations became available in Canada, First Nations' leadership, notably the Ontario Regional Chief, advocated to our provincial government that First Nations be prioritized during the rollout. One FN-KI notes:

"The Regional Chief made it clear that First Nations need to be a priority... She did a good job that way and we became priority, but it took a long time. It took a while." – FN-KI

Efforts to ensure vaccine uptake for First Nations, particularly because of the known greater risks of serious outcomes if infected, led to many initiatives. First Nations and non-First Nations were advocating and sharing resources. Whether questions related to what was in the vaccine, what the side-effects might be, whether it can be taken while pregnant, resources were available- in excess. Meanwhile, First Nations communities and organizations began implementing their own vaccine mandates. For example, the COO implemented an internal vaccination policy requiring proof of vaccine in order to work for them. First Nations communities also began sending staff home who could not prove vaccination status. Meanwhile, efforts increased to get the vaccine to as many people as possible, particularly in the northern parts of Canada, led to the creation of an initiative called 'Operation Remote Immunity,' ORI made getting the vaccine more accessible by coordinating nearly 200 vaccine clinics in remote communities by January 2022.

Further encouraging vaccination uptake, a series of culturally relevant messaging and imagery were shared through several online platforms. Enticing and fun messaging like "*I am getting vaccinated for the Elders in my community so our families can be together again*" and "get vaccinated so we can all play hockey again" could be found online during the vaccine rollout. First Nations' Youth also became involved by finding ways to make their peers aware and interested in getting vaccinated.

Youth organized virtual community engagement sessions, created open Q&A opportunities, hosted podcasts, and took to social media to spread the word about the vaccine.

Anishinabek Nation Social Media Image

First Nations' COVID-19 Data and Reporting

From the start of the pandemic, it was important to find ways to track COVID-19 data for First Nations in Ontario. First Nations communities "turned to data in order to most effectively impact COVID-19-related decision making, leverage community and research funding, mitigate the spread of the virus, and improve health outcomes for their communities" (Rowe et al., p. 91).

"We needed to know where the virus was moving. So, you know, which municipalities had cases which First Nations had cases. We needed that to get that information to First Nations." – FN-KI

The COO Secretariat as technical, autonomous, data stewards on behalf of First Nations in Ontario began reporting on COVID-19 testing and the rates of COVID-19 for FNs in Ontario very early on in the pandemic. Existing relationships between the COO Secretariat and provincial data stewards, ICES enabled this reporting on the data in "close-to real time!" Weekly COVID-19 reports were released by COO through the Health Sector and the Research and Data Management Sector. These reports provided regular updates on what the pandemic experiences were for FNs communities in Ontario.

To protect community anonymity, their numbers were released by key geographic areas (Northwest, Northeast, Southwest, Southeast, Central). They also included a series of other comprehensive and valuable information like changes since the week before and eventually COVID-19 vaccination status. Reports were made available publicly via the COO website, and to community leadership through email and social media. COO also ensured that any reports going to the Ministry of Health and Long-term Care or even the Ontario Regional Chief's office did not contain greater detail than the reports being provided to FN's communities themselves. The COO Secretariat data was limited in that it:

"didn't let you know exactly which communities had COVID. It didn't. It wasn't specific enough. But it was very accurate data in terms of number of cases and testing, which we felt was helpful." – FN-KI

Indigenous Services Canada, the First Nations Inuit Health Branch, and the Ontario Regional Chief's office were among the others reporting on First Nations COVID rates for the region. Though challenges associated with the data are discussed in greater detail in the section called 'Repercussions' – it was, as one KI explains, "important to get the data out there."

"Credit the communities, give credit to them, empower them, celebrate the communities. They have done a fantastic job. They led us, they provided us with direction, there were the bosses, we just provided some, I don't even want to say guidance, because they were the ones who were guiding... the overall vision, and the spirit, and the direction, we get that from them. So, we don't view ourselves as the experts. Communities are the experts. And we work with the experts. And we have learned from them. And our duty was to make sure that the gifts that we have, that we utilize those gifts for them. So, I want no credit."

- KI

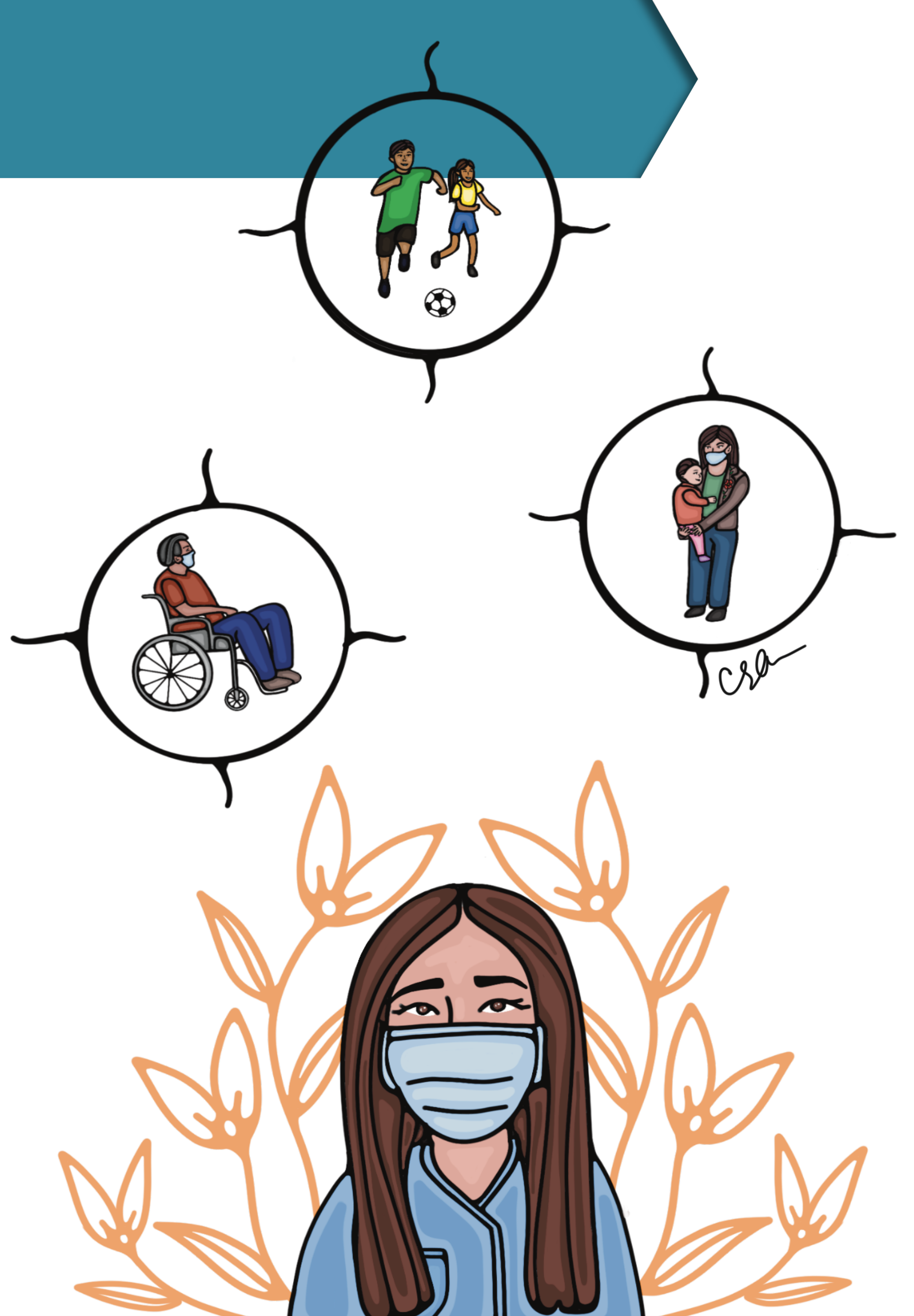
Theme 4

Repercussions

Theme Summary

This key finding is entitled **Repercussions** which weaves together First Nations' pre-existing **Realities,** the pandemic **Response**, community, and **Resilience**, while valuing relationships and highlighting challenges. This section takes the time to acknowledge and recognize the incredible efforts put forward by everyone involved in the COVID-19 response. At the same time, this section highlights some of the repercussions that were uncovered throughout the evaluation that require support to recover from the pandemic and prepare better for the future.

Beyond the distrust, fear, and anxiety of uncertainty and concern brought about between March 2020 and January 2022, the impacts of these woven components require more awareness and more meaningful consideration. For instance, the pandemic response from governments limited how effectively First Nations' voices were heard throughout the pandemic, which resulted in a reduction in First Nations' response power and ultimately reduced how effective responses were throughout the pandemic for First Nations. The repercussions resulting from COVID-19 for First Nations in Ontario are symptoms of greater systemic issues. We braid the results of this section into our **Lessons Learned** while recognizing the need to move beyond addressing the repercussions of COVID-19, but to also find ways to address the deeper causes of those symptoms.



Challenged by Realities

Amidst the many uncertainties surrounding COVID-19, one thing was certain- the existing realities for First Nations were a major concern for everyone in positions where pandemic decisions were being made. Several Key Informants shared that First Nations and governments were not adequately prepared for any pandemic, let alone what would come to pass. The realities of First Nations' pre-pandemic experience, challenged by the onset of the pandemic and response measures that did little to address beyond existing realities, resulted in a series of challenges. Calls to action to address ongoing states of crises have been put forward by First Nations for decades with little tangible change in the systemic roots of the burdens.

For instance, federal and provincial COVID-19 funding announcements were made with First Nations mentioned as a priority population. However, as Hillier et al. (2020a) note, "the Canadian governments pandemic response involved allocating funding for Indigenous Peoples. However, the funds allocated to Indigenous peoples, equalled only 1% of the federal funds allocated during the COVID-19 response even though these communities make up 4.9% of the Canadian population" (p. 1000). The Canadian government took no preparatory actions "to bolster Indigenous communities in their fight against COVID-19" (p. 1000). Hillier et al. (2020a) continue "the Canadian government waited until Indigenous leaders expressed persistent and extreme concern for their people before providing dedicated funding" (p. 1000).

The rapid spread of COVID-19 made apparent how unprepared the country was for a public health emergency of this magnitude (Levitz, 2021). The pandemic highlighted what many already knew including systems gaps and ongoing inequities faced by First Nations people in Ontario and across the country. As Thompson et al. (2020) explain:

> The First Nation infrastructure crisis is more than a building problem or a health problem for COVID-19 transmission and health care. It is a colonial systems' problem. The historic and present-day displacement and removal of Indigenous peoples from traditional lands, cultures, and lifeways; racism, exclusion, and economic marginalization; and legislation, policies, and practices have undermined the collective and individual well-being of Indigenous peoples (Thistle, 2017, as cited in Thompson et al., 2020). Indigenous peoples' poor health outcomes are from the infrastructural inequalities and regional underdevelopment generated by colonialism (Christensen, 2016, as cited in Thompson et al., 2020). (p.13)

"Nobody was prepared" FN-KI

Nearly three years on, and the pre-existing realities for First Nations have only been further exacerbated by COVID-19. This was the first pandemic of its kind and duration in modern times- something that was not accounted-for within many pre-existing pandemic and emergency response plans. Craft et al. (2020) explained that "First Nations communities will continue to face challenges from those who do not respect their inherent jurisdiction, particularly if their pandemic and recovery plans are not coordinated across jurisdictions" (p.62).

Despite the mediation efforts, there were 8,589 known COVID-19 cases in Canada by the end of March 2020 (Maher, 2021). Just shy of two years later, at the end of December 2021, Canada reported a pandemic total of 2,095,364 (more than two-million) confirmed cases (Pan-American Health Organization, 2021). At the same time, Ontario reported 10,436 new cases (CTV News Toronto, 2021). This was the province's highest single day case amount up until that point of the pandemic. Some infectious disease experts were speculating that the case counts in Ontario at that time were much higher. In December 2021, one expert suggested these numbers could be as high as 100,000 in Ontario alone (CBC News, 2021). Due to a shortage of COVID-19 tests and poor tracking efforts, we may never know the true impacts of COVID-19 for First Nations in Ontario.

"I don't think that we were actually prepared in terms of, you know, for longer term, right. Because I think in the beginning, people thought, 'oh, yeah, this is what maybe two, three months." – FN-KI

Failing to address Pre-Pandemic Realities

Statistics Canada (2022) released a report highlighting that COVID-19 will have long-lasting impacts on the health system, the economy, and society at large for years to come. Despite First Nations advocating for rights and asserting sovereignty leading up to the pandemic, the repercussions of existing burdens compounded by COVID-19 will impact First Nations even more- a reality that some communities are already. One KI shares:

> **"If the federal government, the provincial government, and the rest of the world is struggling to maintain this pandemic, how can a community, any community, no matter how far along they are in self-determination, genuinely handle a pandemic when we're still struggling with suicide and mental health and syphilis? I mean, the, the example I use, and I don't mean it in a demeaning sense, but it just highlights what the disconnect is for me." - KI**

The reality is that "historic and contemporary forms of colonialism predispose First Nations peoples to higher risk for COVID-19" (Levesque & Thériault, 2020, p. 383) and ultimately increases the burden of recovery. A report released in February 2021 by the Government of Canada that provides a comprehensive overview of the state of health and COVID-19 for Indigenous Peoples (First Nations, Inuit, and Métis) in Canada explains:

> For many years, Indigenous communities have experienced social and economic inequalities due to colonialism and face health inequities such as a high burden of cardiovascular disease, food insecurity, lack of clean water, etc. These circumstances leave many communities disproportionately unprepared for the COVID-19 pandemic. (Mashford-Pringle et al., 2021, p.2)

A lack of preparation and pre-existing inequitable health distributions being one of the driving factors. An example of existing inequities is made visible by the high number of First Nations' children in the custody of provincial Children's Service agencies. The pandemic posed an increased risk for child protection "including family separation, physical or sexual abuse, psychosocial distress or mental disorders, economic exploitation, and death" (Saint-Girons et al., 2020, p. 9). First Nations children were further burdened due to the closure of schools and other social services limiting opportunities for people in these spaces to identify at-risk children (Saint-Girons et al., 2020).

> **"A lot of people come into treatment with a requirement, it's mandated, it's not always their choice. And, and those that that mandate is from the courts or from child welfare. So, if they want to see their children again, or work towards getting their children back in their caring guardianship, then they have to go to treatment and address their substance use issues. Or maybe someone's on probation, or they might have a condition to engage in treatment. And so, when treatment closed, it impacted those clients... people didn't lose what they had gained while they were there." – KI**

Inconsistent Pandemic Preparedness

The Government of Canada completed its first pandemic plan in 1988. The first iteration of the Canadian Pandemic Influenza Preparedness document was released in 2004 and recognized "that marginalized or vulnerable groups in urban and remote communities might be at greater risk for negative health outcomes and that risk factors impacting these groups need to be considered when developing pandemic responses" (Saint-Girons et al., 2020, p. 10). The Government of Canada knew for more than 35-years that certain populations were at greater risk in a pandemic. This was evidenced during the H1N1 pandemic in 2004. In an article written by Alvin Fiddler in June 2020, he shared:

> The Canada I live in is reflective of a long-standing broken relationship between racialized and Indigenous peoples and the policing and justice systems. The Canada I live in values white lives more highly by upholding systems designed to criminalize historical traumas and perpetuate the cycle of poverty against racialized and Indigenous populations. The Canada I live in refuses to take concrete action to address the systemic crisis of police brutality despite the beatings and deaths of at least nine Black and Indigenous people since the declaration of the COVID-19 pandemic, and a painfully long history of disproportionate use of force with impunity by police in Canada. (Fiddler, 2020, para. 7-8).

Some have suggested that most First Nations in Canada have an emergency preparedness plan in place (Richardson & Crawford, 2020; Rowe et al., 2020). However, following discussions with FN-KIs and KIs, it is safer to suggest, as Craft et al., (2020) noted: "Some communities have recent experience with pandemics, including those that were significantly affected by H1N1 and SARS. Some now have emergency preparedness plans." (p.53).

All First Nations should have a pandemic/emergency plan in place that goes beyond COVID-19 strategies and that takes into consideration the variety of unique challenges faced by communities across the region. During the interviews, it was mentioned that funding was provided to First Nations to initiate pandemic planning following H1N1. However, some communities who were able to complete the development of a plan before COVID-19 were sometimes unable to keep those plans updated, likely due to chronic staff shortages and underfunding.

According to one FN-KI, even if plans did exist, there would be no way for First Nations' leadership to know which communities had one that responded effectively to a public health emergency of this magnitude.

Unprepared Despite Past Experiences

There was early awareness that the COVID-19 pandemic was not like any other in recent history. The very real possibility of increased harms for First Nations as a result of COVID was, in part, based on past experiences. Lavoie et al., (2020) explain:

> Although the COVID-19 virus is different and will behave differently than H1N1 both within the host and between hosts, social conditions, access to safe drinking water, crowding, age distribution, and comorbid profiles have not significantly changed since the H1N1 outbreak of 2009 (p. 2).

Several reports, including a Lessons Learned document with similar objectives to this one, aimed at improving pandemic preparedness were released in 2009 (National Collaborating Centre for Aboriginal Health, 2016). When COVID-19 became a pandemic in March 2020, more than a decade had passed since H1N1. Research based on H1N1 found that First Nations living in communities were at 2.8 times greater risk of hospitalization and 3 times greater risk of receiving intensive care than non-Indigenous Peoples, during the H1N1 outbreak (Richardson et al., 2012).

Boggild et al., (2011) noted that in 2009, Indigenous Peoples accounted for 3.8% of the total population in Canada, meanwhile First Nations were 6.5 times more likely to be admitted to the ICU than non-First Nations during H1N1. In fact, post-H1N1 research called for the re-evaluation of existing risks for First Nations populations in Canada (Boggild et al., 2011) for First Nations living in and outside of their communities (Green et al., 2013). However, even if interventions were in place that adopted recommendations from H1N1, so much has changed socially since then that it is possible some interventions would not have been culturally appropriate. Crooks et al. (2020) note:

> Many of the interventions put in place to curb SARS COV2 are counter cultural or almost near impossible because of overcrowded housing and extended family groups living together. This means interruption of cultural life as it was to be adapted to be consistent with new social isolation concepts (p.3).

Pre-Pandemic Health Transfer

Prior to the pandemic, efforts to address pre-existing health and mental health burdens within Nishnawbe Aski Nation (NAN) communities led to a very public transfer of health. This involves the transference of authority and governance over matters related to health from the government to First Nations' leadership. The process of developing 'The Charter of Relationship Principles' began in 2016 (Government of Canada, 2017), after Canada's adoption of the Truth and Reconciliation Commission's (TRC, 2015) Calls to Action in 2015 where there was a renewed sense of self-determination for First Nations across the country. The health transfer was taking shape for the 49 northern First Nations who are represented by NAN apolitically, across the region.

This Health Transfer is a notable example of ongoing and pre-COVID efforts aimed at health transformation which had been sought after for decades by some of the northern First Nations leaders in Ontario. Following the eventual Charter signing between NAN, the province of Ontario, and the Government of Canada in 2017, NAN released a progress report in the Fall of 2019 addressing their Health Transformation agenda (NAN, 2019). Within it, they share a history of surviving through an endless state of public health emergencies. The document highlights decades-worth of desperate unanswered calls for support for reasons ranging from deplorable health care conditions, completed and attempted suicides, loss and grief, prescription drug abuse and misuse, a lack of treatment programs and a need for mental health and addictions support, undertrained health care staff, nursing station deficiencies and unsafe infrastructure, and a lack of nursing staff to provide essential health services. Their report highlights nearly fifty-years of asking for government support and not receiving an efficient amount of it (NAN, 2019). The pandemic was declared only a few months later.

Unequipped and Overburdened

Many First Nations are simply unequipped to handle the added burden of a pandemic. Many communities live in a constant state of declared crises due to health, suicide, infrastructure, over-crowding, unsafe drinking water, child welfare, fires, droughts, and floods, already (Craft et al., 2020). While several COVID-19 funding opportunities were made available for First Nations during the pandemic, there simply were not enough resources to manage pre-existing realities and the pandemic response, at the same time.

Jurisdictional Oversight

Pre-existing jurisdictional issues were also a barrier to effectively using funding opportunities to support communities. For instance, Ineese-Nash (2020) explains:

> While communities across Canada continue physical distancing measures, schools and community programs have shuttered and adapted to online delivery models. For Indigenous communities, however, this is difficult if not impossible to provide without increased infrastructure in place. In Nibinamik First Nation, for instance, a community of around 400 residents (80% of which are under the age of 40), very few young people have access to electronic devices in order to avail themselves of online education systems or mental health supports. Those that do have a device would still have difficulty accessing online programs due to limited and unstable internet connections. The Ontario government has sought to support access to electronic devices to students within the provincial education system, however, due to jurisdictional oversight of Indigenous education as a federal responsibility, there has been little discussion of how this type of support would be provided to First Nation communities. (p.275).

Notably, First Nations living in urban settings during COVID, fell under the responsibility of the plans in place by their local Public Health Units. Jurisdictional issues were as diverse as the communities themselves. Flynn and Shanks (2021) explain, “In Canada, public and state responses to the COVID-19 pandemic have highlighted fundamental conflicts over political and economic power. Federal, provincial, and municipal governments have each asserted jurisdiction to justify restrictions to protect their citizens” (p.248). For instance, one FN-KI noted:

There were some jurisdiction issues, especially around testing, you know, initially in the early days, there was limited access to PPE and testing. But there were jurisdiction issues that among the 49 communities within the Nishnawbe Aski Nation, they're spread over five different Public Health Units. – FN-KI

Diversity of First Nations' Experiences

The experiences of First Nations in Ontario varied from Nation-to-Nation throughout the first three waves of the COVID-19 pandemic. The challenges in the south were often related to proximity to the U.S. border, and how big and close together the population is. As one KI explains based on first-hand experience:

"I would say the impact was greatest in the north, around the response. In the south. Sometimes [Southern FN community] was a little difficult, because they were so close to the border with the US as well as the metro area." – KI

Pandemic Mandates and Remoteness

Several pandemic mandates including travel bans, border closures, lessened cargo deliveries, and lower availability of flights in and out of First Nations' communities, did not effectively account for the impacts this could have on communities, particularly for remote communities in northern Ontario.

Travel bans and return home orders were a challenge for First Nations who often travel for supplies, foods, and other necessities or health reasons. In some instances, travel bans, and community borders prevented First Nations' community members who access supports and health services in the community from gaining access to care. For instance, a member who receives regular wound care/dressing changes from the local nurse, may lose the ability to access this life altering care if they are unable to cross community borders. First Nations' members may not be able to find a new provider amidst a global emergency. This sort of situation could lead to an infection, and possibly to unnecessary and avoidable amputation.

Isolation and Overcrowding

Isolation was also a challenge for many due to the high rates of overcrowding. One FN-KI shared that some families they work with do not have running water and live in over-crowded conditions. Without running water, some homes do not have a working toilet and are unable to wash their hands. This dramatically increases the risks of spreading the virus to other members of the house and is likely to spread to other community members as well.

Capacity

Among the many shortfalls was an ongoing need for increased community capacity. The Office of the Auditor General of Canada (2021) reported that between March 2020 and March 2021, there were 963 requests for additional support for contract nurses and paramedics to assist communities with their responses. Less than half of those requests were answered (48%), leaving 505 (52%) of community calls for support unanswered. Unfortunately, this increased the risk for First Nations to negative outcomes as a result of the pandemic by limiting access to necessary services in a time of crises increased community burdens. For instance, poor capacity and staff retention limited the ability of some First Nations to collaborate and build a community-led pandemic plan that was relevant and actionable.

Limited Reporting Capacity

Several interviewees commented on the overload of paperwork and reporting requirements as a result of any dollars being issued and of the pandemic itself. For instance, COVID case reporting requirements, particularly at the start of the pandemic were simply too much. One FN-KI noted that when a case of COVID was detected, the questions and paperwork surrounding each case required a series of detailed questioning for contact tracing purposes and reporting to federal and provincial governments:

"The paperwork surrounding those cases was insane, because everybody wanted every information, every morsel of information on these individuals. Where did you get it? You know, what are your symptoms? How are you feeling like everyday." – FN-KI

Communities and organizations who were already better staffed had the advantage of having enough support to apply for further resources and funding pots.

Competition over Resources

Limited supplies and capacity led to instances of "competition" over resources. As one FN-KI shares:

"Put the ego away. Those barriers have to disappear. We need to reflect on First Nations' wellbeing and what they need. Ego was in the way creating competition." – FN-KI

One participant suggested that the competition over resources was born of a fear of the unknown:

"Fear and the unknown... when people are making those decisions based out of fear in the unknown, then it eventually becomes a competition. like, 'what is the province providing us? What is the federal government providing to us?, Are we going to get our fair share of vaccines when they do become available?' And you know, that kind of fear-based thinking is not one based on trust or belief that we can make any difference for our future. We're just victims of the future or the present-day situation." – FN-KI

Impacts to Continuity of Care

The pandemics impacts on the continuity of care and the ability to support non-COVID health needs, which were limited due to reprioritizations resulting from a lack of capacity.

"It kind of affected the usual programming public health, in general does, like, you know, routine immunizations. Testing for sexually transmitted and blood borne infections kind of fell off the map for a little while, because, you know, nurses and doctors, everybody was pulled from working on those sorts of things to prepare for COVID-19." - KI

Unintended Consequences for Workers

As the pandemic unfolders, several FN-KIs and KIs shared that they were "**working around the clock**" to develop response plans that could be implemented as quickly as possible. Many responders were giving out their personal phone numbers, making themselves available in cases of increased emergency amidst the pandemic. All levels of government and First Nations' responders were working more than their regular workloads which became increasingly burdensome for many. One KI described giving out their phone number as part of their relationship building strategy sharing:

"I took time to invest in making, making myself available and accessible like giving out my personal phone number. Professionally, that's probably suicide because your phone never stopped ringing, or a lot of ringing. It just destroys your work- life balance." -KI

From developing response plans to implementing them, juggling additional workload responsibilities, and navigating the shift in family/child home/school dynamics, amongst a host of other sudden changes; first responders and pandemic response teams need to be commended. The experiences shared from people who worked in-communities or on the frontlines of the COVID-19 response for First Nations, speak of their time in a half-state of disbelief. Many shared how they were unsure how they managed everything. The fact that two years had already passed was unbelievable to many. Others shared that they eventually developed personal tools and supports to balance their work-life situations, and many turned- off their computers or phones at the end of their workday. However, many shared experiences of 3am phone calls and late-night planning discussions with government officials as the pandemic evolved.

"People are walking away from healthcare, as you can see in the news. Just brutal. Crazy hours, long hours, not being properly compensated. And then initially, you wouldn't want to understand how difficult it was to manage COVID." – KI

The unintended consequences for workers during the pandemic is one that will likely have long-term impacts, if supports are not developed to prevent worker burnout.

"We've all undergone this, this trauma over the past two years of responding to so many different situations that are unprecedented. How do you how do you get people to continue to want to do that?" – FN-KI

Changes in community leadership

A challenge shared by some resulted from changes in community leadership. New Chief and Councils were sometimes starting processes over and learning from the same mistakes previous leadership experienced. This was sometimes ineffective, particularly when Chief and Councils in some communities took on a big leadership role during the pandemic. Undoubtedly, leadership longevity contributed to more effective COVID responses.

There's been about 60 70% turnover of key staff. And so, when you don't have that longevity in there, that experience in there, people are learning mistakes for the first time. And they're not then taking that and applying it to a greater, right. Maybe, you know, generally make the same mistake three or four times you improve upon that. But we found pockets where that tribal council is doing the same thing they did two years ago off all new leadership. – KI

Supply and Demand

Pandemic mandates also increased what some referred to as "**panic buying**". Suggestions to stock up on food was not always effective advice, particularly in remote communities. As many communities began implementing their own isolation protocols and cargo flights in and out of communities were reduced, people began to be more concerned. The uncertainty over how long the pandemic would last, resulted in what one KI called, **"mass panic**".

For remote communities, Weier & Usher (2020) explain how the impacts of panic buying of basic household items "will impact remote communities through sheer demand" (p. 3). As toilet paper, food, and household items deemed essential flew off the shelves, First Nations with limited access to supplies were doing their best to keep people safe. First Nations' communities already experience higher price tags on average for regular household items. With the addition of panic buying influencing the supply and demand chain, some people were unable to afford essentials (Tsuji, 2021).

Ignoring Mandates

Despite the implementation of mandates, non-residents of many First nations continued to go into communities. As Craft et al. (2020) point out, "the response of many non-residents… was to ignore the stay-in-place protocol and travel to these First Nations communities to stock up on cigarettes. Simultaneously, there was an increase in online racism against First Nations communities that issued temporary closures" (p.60-61).

Overall Uncertainty

Pandemic mandates, moves to virtual environments, and general uncertainty left many people questioning and concerned over what was still open and when to cancel or reschedule appointments. As one FN-KI noted:

"And a lot of health providers have not had their offices open or may have reduced hours. And even the hospitals have reduced, like elective surgeries, elective procedures, just doing emergency and also for COVID- they reserved a lot of their beds for COVID ICU as we know. We're packed with ventilators and, you know, anything related to COVID. So, I think even those decisions for, you know, the health professionals made their decisions based on what they are able to provide. And if they can reschedule somebody they did, which is unfortunate. We know, a lot of people passed away from not accessing the health care in a timely fashion." - FN-KI

Virtual Environments

Everyone did their best. First Nations made do with the situation before them and found ways to use the move to virtual platforms for their own benefit. However, several participants spoke about the challenges associated with the virtual world. Saint-Girons et al. (2020) underscores that "these materials are not accessible for Indigenous families" (p.8) because Indigenous families are more likely to experience poverty and other material hardships, and students in First Nations' communities are more likely to fall behind in school (Saint-Girons et al., 2020).

Remote Relationships

A lack of connection and the challenge of building new relationships in a virtual environment led many First Nations communities and organizations to develop new ways of maintaining morale. For instance, some used the virtual environment to gather, have weekly touch bases, and host holiday activities. For some, the move to virtual was a brand-new learning curve and for others, not being connected at all was also a challenge. There was a general assumption that everyone has a wireless connection and the ability to get online for supports and events. However, this is not always the case, as one FN-KI shared:

> "Assuming that everybody has, you know, a device to connect to the internet. Maybe they may have a phone, but people may not have paid their, their bill. So, they may have been disconnected, right. Because we were trying to reach out to a couple of youth to attend some of these virtual sessions on mental health and wellness and self-care… I reach out to them individually… and she goes, I don't have internet at home. I'm like, OH! And I was totally shocked… She goes, No, I have to like, go to find WIGI in the community. And I'm like, I work with communities, and I live in communities. And … I felt so ashamed that my assumption was that all of our communities by now should have, you know, be connected, or have at least a device, right?" –KI

Burden of Technology

Technology is not an effective resource for everyone. For example, while many First Nations' Elders found ways to adapt to technology during the pandemic, others did not. Pre-existing assumptions that Elders knew how to operate Zoom, for instance, left some folks struggling during virtual gatherings. At the same time, many First Nations' ceremonies, which are typically done in-person and held as sacred teachings, were suddenly wildly available online. The process of moving First Nations' cultures online creates some discomfort that is worth exploring further. Additionally, online learning did not take into consideration the socio-economic and geographic differences of all students in Ontario. While several accommodations were shared that improved students' connectivity, there is opportunity to develop improved practices for the future.

Information Overload

The increase in virtual connectivity during the pandemic and the rise in information sharing led to an overabundance of information. Some KIs discussed what they called "**information overload**" or as one KI stated, "**we had an info-demic**" (adding that they didn't coin the term).

> "There's just too much information going around… we're overwhelmed with the amount of information that we were bombarded with. And I was partly responsible for that. So you know, you get an email, you thought that [so-and-so] didn't get the email. So, you resend the email to [so-and-so] who got the email already, or whatever. She gets it from 10 Different people the same thing people were like, well burnt out." - KI

Duplication of Efforts

Getting information into the hands of as many people as possible often led to over-flowing inboxes. Duplication of efforts made the over-abundance of information even greater. Beyond the administrative burden of this, it meant that sometimes important messages were buried amongst the unimportant ones. If a new response measure was to be initiated immediately, the memo could get lost in a first responder's inbox.

Mental Health, Wellness, and Addictions

The impact of COVID on the mental wellness of communities will have long-standing impacts. The combined mental, emotional, physical, and spiritual toll on First Nations' wellbeing are further burdened in a time of crises as a result of our existing realities. Existing health and social support needs including poverty, boil water advisories, and overcrowding is exacerbated further by national and global ongoings such as the discovery of unmarked gravesites on the grounds of old residential schools, missing and murdered women and girls, Indian Day School claims, land claims, pipelines, and more. The resilience of First Nations is overburdened by feelings of hopelessness and disbelief.

At the start of the pandemic, Statistics Canada (2020) announced that 6 in 10 Indigenous participants in a study on COVID-19 related mental health burdens reported that "their mental health has worsened since the onset of physical distancing" (para. 3). At the same time, there was a clear awareness before COVID that the rates of suicide and self-inflicted injuries were "the leading cause of death for First Nation youth and adults" (Ineese-Nash, 2020, p.274). For First Nations' youth living in their communities, the rates are even higher, due to "due to the deeper feelings of social isolation, health disparities, and lack of connection to the outside world" (Ineese-Nash, 2020, p.274).

The uncertainty of what the long-term repercussions of isolation and pandemic stress compounded by First Nations' existing realities requires further exploration.

Being locked up for so long, like no social interaction, especially when you come from a very social and community-based culture, you know, people are still recovering and still trying to get services and help from those effects. Not only the effects on, you know, mental health just in general, people being more depressed, and sad from the overstimulation of electronics, but then we have to consider, like the, the increase in domestic violence and alcoholism and opioid use.
-FN-KI

Limited Addictions Services and Resources

For First Nations already facing the realities of high rates of addictions and opioid use, it was difficult for workers and community members as the rates of overdoes and poisoning throughout the pandemic.

So, raising the attention that most harm reduction programming happens in urban environments. First Nations communities are not always supported by provincial governments who have responsibility for physician services, and nurse practitioners and public health and primary care. And so that's not something that federal government funds to First Nations communities, they provide nursing services as a form of primary care, but their scope of practice is limited by insurance and their collective agreement. So, they have a small amount of time that they are required to invest in addiction services. So basically, First Nations communities have no resources or capacity or equity, to address opioids and methamphetamines." – FN-KI

Inability to Grieve our Losses

The trauma of loss as a result of opioids, suicide, and complications from COVID were further challenged by mandates which prevented gatherings, including funeral and support services.

"The downfalls were the lack of bereavement, lack of funeral services, lack of families being able to provide support to each other during a loss. And we had so many losses, it's just so unreal. You know, we had a lot of opioid overdoses as, you know, an even bigger pandemic than the COVID was. I saw it so much at the beginning of COVID. In the two years we had so many deaths in the community, and then you can't grieve, you can't, can't go support the family or anything. And so that was that was super difficult." – FN-KI

The inability to grieve and perform cultural ceremonies will have long-lasting impacts on communities. As one FN-KI shares:

"What impacted them the most was-and especially for remote communities- that people who were sick had to leave the community alone. They had to be in hospital alone. They died in hospital alone. They then flew back to the community alone. And they were taken from the plane to the grave and buried without anyone. So that aloneness of that person who was sick, and then deceased, left a huge impact. And so, the question is, what do we do now to take care of that. And they're talking about taking care of the spirit of that, that person and taking care of the grief and loss of the people who are left behind. I heard one elder talking about the trauma of not being able to perform our cultural ceremonial rites around death, and not even being able to go out and get new clothing to bury them in."

- FN-KI

Data Efforts and Data Challenges

There are several considerations to make when looking towards the data that was released and reported on throughout COVID-19. Examples of some of the challenges included reporting where the numbers from one organization did not match the numbers from another organization. FNIHB, ISC, and others were also releasing their own COVID-19 numbers. However, what was striking for some KI's was that the different reports did not match. As one provincial-level official noted:

"Our numbers didn't always match with the Chiefs of Ontario, but, you know, they were close. - KI

There are many reasons why the numbers would not match across organizations and there are many reasons why we should make considerations to improve data reporting for future pandemic preparedness. For instance, as the pandemic went on, COVID-19 testing laboratories were signing on to share their data with ICES, perhaps some who were already sharing their data with FNIHB or ISC. As new lab data was added to ICES, the available data for FNs communities in the province would grow and change over time. The numbers could also be different from different organizations due to things like health cards being expired, people moving from one place to another to have their tests completes, or different methods used to categorize and report on groups or cases. Indigenous Services Canada for instances reports on 'Indigenous' identified, regardless of First Nations' status which is vastly different from the data that COO reports with. Data quality checks throughout the pandemic ensured that the number of on-reserve cases reported by other organizations never exceeded the total number reported by COO.

"One of the things that was confusing was in terms of the numbers. I know within COO, they had different numbers coming out and Regional Chief had different numbers coming out… So, there is a bit of a confusion." - FN-KI

The COO was able to report on COVID status each week throughout the pandemic. In any case, COVID data were appreciated by governments and the Ministry- which demonstrates the value of the COO's data partnerships and the ability for First Nations to function effectively as technical and autonomous data stewards on behalf of First Nations in Ontario.

While the COO Health and RDM Sectors were reporting on COVID-19 numbers, so was the Ontario Regional Chief's Political office. However, unlike the COO Secretariat who levied their existing relationships with ICES, the ORC's outputs were based on what communities shared online or over the phone. The numbers being shared by the COO Secretariat and the COO Political Office also did not match.

Duplication of Data Efforts

KI's who were aware of this duplication of efforts coming from the COO's Political Office noted that the process for data collection in this instance were collected through more holistic/on-the-ground methods. The ORC data collection included looking at weekly Public Health Unit numbers and then finding out through community phone calls, emails, and website and social media searches which of the 134 First Nations across health unit reach areas in the province were part of those case counts. The results of these efforts led to the public release of individual community COVID-19 infection rates. The goal for the ORC was to go above and beyond what the COO Secretariat was sharing and to communicate cases directly to communities and FNs' leadership. Instead of line graphs, the ORC released a weekly update that included a simple table. In one column, the name of the community, the next column listed the number of cases for that community the previous week, the next column the number of cases the current week, and the last column the most recent known number of ICU beds occupied in the area. A colour-coded legend was used to highlight communities that had significant case numbers.

Some KIs shared concerns that listing cases by community name does not the First Nations Principles of Ownership, Control, Access, Possession (OCAP®). Mainstream data regulations also have protections in place to ensure that individuals remain anonymous, which is why the reports made through ICES and other provincial reports grouped communities by region. Despite these limitations, the COO Political office released data that was given to them verbally or already made publicly available online. Some FN-KIs commented that data released in this way, directed to communities instead of governments was very valuable, particularly for those interconnected communities who exist in close-proximity to one another.

"A lot of communities are interconnected. Like there are families in let's say, you put a cluster of communities like Manitoulin Island, there's, you know, four or five First Nations that are really deeply connected to one another. And so you wanted to let people know where cases were in First Nations so that they could make decisions like whether to send their own members to other community events or issue travel advisories for certain areas. So, the compilation of data and putting together these data pieces were a really important part of the response for First Nations." – FN-KI

COVAX and Vaccine Data

Arguably, there are situations where not being completely compliant with the First Nations Principles of OCAP® is acceptable- particularly when that non-compliance is consented for, by, and with First Nations. However, there are situations when non-compliance with OCAP® becomes an impediment that benefits everyone, except First Nations. The COVAX system is one pillar of a global initiative that openly tracks, and shares vaccine usage, supply, and surplus. One of the many uses of COVAX is to offer a place where vaccine surplus can be shared and distributed around the world in cases where vaccines are about to expire.

While the details of the challenges associated with COVAX require further investigation, KIs did have a few things to say about it because "**COVAX is not OCAP compliant in any shape or form**" (KI). According to KIs, the COVAX platform was the only platform that was being used as a tool to capture vaccine status across the country. It was also the same platform that needed to be accessed in order to print or save proof of vaccination cards.

"COVAX is the system, the IT system that basically did all of the inventory of vaccines but also matched that inventory. So [matched] that vaccine with that person, so the [right] person got the vaccine in their arm. So, it was basically the IT system that captured every vaccine. So, it's what would then spew out your little vaccine passport with a little QR code later on." – KI

Ineffectiveness of Vaccine Data Capture

Hampering the effectiveness of the platform was that First Nations who entered vaccination status into the platform would not be able to then see what their community vaccination rates were. The system was limited in that it wouldn't identify whether someone was from a specific First Nations community or not because "**especially at the beginning, none of that was captured**" -KI.

Meanwhile, the Province of Ontario increased mandate expectations by calling for 'Enhanced COVID-19 Vaccine Certificates', which had QR codes attached, which were suddenly needed to prove vaccination status to access certain businesses and services. Some communities did not sign-on to COVAX because it is not OCAP® compliant and agreements between the provincial government and First Nations had not been reached when QR codes were mandated.

The only way to get the QR code was to have your vaccination status entered into the COVAX system. Some Chiefs and Councils were struggling to decide on whether to sign onto COVAX before the government mandated the QR codes.

In some instances, vaccinations being delivered in communities were being tracked on paper at the community level for the communities. However, some community members were turned away from hotels and restaurants in cases where they did not have the proper proof of vaccination which included the scannable QR code. One KI observes:

"They [community Leadership] were getting pressure from a lot of their members that they needed those QR codes and the only way to be able to get it was to be in COVAX. So, the communities did sign onto COVAX and would sign. They signed the agreements, the user agreements." – KI

Despite the forced/coerced signing onto the global COVAX system, OCAP® compliance was not achieved at the time of interviewing.

"So even with COVAX, like there's, that's the frustrating part of it, it still cannot pull out data specific to a First Nation community. The reason is because it goes by postal codes. So, for example, Six Nations has, I think there's five different postal codes within the community, which also applies to areas outside of the community. So, if they pull that data, they're not only extracting Six Nations data, but data also from around the community. So, it's not a true reflection of community coverage." – FN-KI

Unfortunately, there are real world implications when data are not recorded and reported properly. The lack of access to the vaccine system, COVAX is an example of those implications. Because the vaccine required two doses in order to be fully protected, follow-up and ensuring that both doses were received by community members was a serious challenge. Uncertainty over vaccination uptake and whether communities were sufficiently protected as the province and communities began to lift pandemic mandates created unnecessary risks for communities.

"I have Elders and I spend a lot of time with residential school survivors, just as part of my mental health work I support residential school programs. And our Elders who've been to residential school have been through worse than we have in the last two years.

Like there's just no comparison, right?

There's no comparison.

So, watching and listening to residential school survivors about how they coped was really important.

So, part of it [recovery] is perspective, right?

If a child can get through residential school, I can get through COVID as a, you know, a grown up.

Hearing from the elders just about how to heal, it was about your state of mind, it was about ceremony, it was positive thinking it was just spiritual fortitude.

Like, you can get through this.

You can stop and make things better.

You can change how you look at things.

You can learn to be grateful.

You can learn to see the good in things."

- FN-KI

Summary of Overall Lessons Learned

INCREASING RESPECT AND RECOGNITION FOR FIRST NATIONS AS INHERENT RIGHTS HOLDERS

- Policies and practices were developed and implemented throughout the pandemic without meaningful First Nations' involvement or engagement. We must remember that First Nations have the right to "maintain and develop their political, economic, and social systems" as per the UNDRIP, which must be respected throughout all policy development and decision-making. To ensure cultural continuity for First Nations, increases in Elder and youth involvement should be encouraged.
- Increased public awareness of the diverse needs and realities of First Nations across the province is necessary in order to mitigate ongoing oppression and racism and to encourage greater cultural awareness.

TAKE STOCK OF WHAT IS KNOWN

- Evidence available prior to the COVID-19 pandemic attested to the reality that First Nations are more susceptible to negative outcomes as a result of an emergency. This is largely a result of the complexity of inequities experienced by First Nations as a result of entrenched colonial and systemic oppression and racism.
- COVID-19 only further exacerbated the injustices and human rights violations that have long been recognized. Calls for support from First Nations, Inuit, and Métis in Canada, and Indigenous Peoples around the world have gone unanswered for decades. It is important that we unite in recognition of how much work has already been done to highlight priority areas, that would support First Nations in addressing the complex legacy of colonialism.

RELATIONSHIPS AND PARTNERSHIPS

- To effectively improve First Nations' existing realities and limit the burden of a crises like COVID-19 for First Nations in the future, there is a deep Governments can support First Nations through meaningful collaboration and by putting forth genuine efforts to advance First Nations' priorities.
- There was a general lack of meaningful relationships pre-pandemic which created challenges during the pandemic. First Nations who had pre-existing relationships that were well built between local First Nations' organizations, federal and provincial governments, and other local supports were better prepared during the pandemic. Poor relationships and a lack of thoughtful engagement and consultation led to decisions and implementations on behalf of First Nations that were not developed by or with First Nations.
- We must find ways to reduce/eliminate divisiveness amongst our Nations to ensure that we can effectively support each other and advocate for our best interests.

Summary of Overall Lessons Learned

EVALUATE AND EXPAND EXISTING INFRASTRUCTURE, PROGRAMS, AND SUPPORTS

- In order to eliminate inequities associated with health, mental health, addictions, and substance abuse, governments and organizations must work in meaningful engagement with First Nations' organizations, leaders, and communities to conduct relevant assessments of existing research, literature, and community reports that will lead to the development and implementation of effective supports, substance use and addictions treatments, recovery programing, and more.
- Processes that evaluate the effectiveness, efficiency, and use of existing community programming and supports are needed in order to support the growth and development of programs that are making a genuine impact for First Nations and to alleviate future pandemic pressures.
- A lack of flexibility from federal agencies limited the effectiveness of those programs, leaving some people unable to get the support they needed in times of increased emergency.

THE COMPLEXITIES OF COLONIALISM

- The COVID-19 pandemic made clear several areas where increased and sustainable funding and improved access, support, services, capacities, and opportunities could have positive rippling improvements for First Nations in Ontario that address the legacy, including in: Health, Mental Health and Addictions, Social Services and Child Welfare, Education and Employment, and; Poverty and Overcrowding. We must stop waiting to do tomorrow, what must be done today.
- Health, mental health, and social service worker recruitment and retention was an impossible challenge throughout the pandemic. First Nations' community staff reprioritized their existing workloads in order to respond to the pandemic. A shift in priorities left many pre-COVID priorities unsupported, increasing demands for health and social services and highlighting areas where increased aid was needed.
- Policy and protocol development must address pre-existing community health, mental health, addictions, and social service needs. First Nations require greater in-person access to health, education, and social services.
- Recognizing the diversity of our experiences includes respecting individual autonomy throughout times of emergency. For instance, choices related to vaccination should be respected to avoid labelling/ marking individuals as either vaccinated or unvaccinated.
- We must develop/increase opportunities for First Nations to develop and enhance community programs and services. For instance, we must protect communities against substance abuse and family violence during emergencies.

Summary of Overall Lessons Learned

PRIORITIZING WELLNESS

- We must recognize and respect cultural and ceremonial practices that are necessary components to overall mental wellness, particularly during times of increased crises.
- The unpredictability of the pandemic and the activation of community self-determination resulted in some communities closing their borders to health staff and implementing procedures that would keep workers aware from their own homes for several weeks due to isolation and quarantine policies. It was an ongoing challenge to send health care workers to some communities as a result.
- Programs should be developed at the community level and offer First Nations with opportunities to build skills and capacity that they can use to support their own communities.
- Ensure that community workers are culturally aware to ensure that services are well supported.

PANDEMIC AND EMERGENCY PREPAREDNESS

- We must identify community-determined priority areas to protect staff and communities and ensure workforce wellness.
- Whether communities are preparing for a pandemic, natural disaster, or any other type of crisis or emergency, planning is key to a streamlined approach. Fragmented jurisdictional responsibility creates response barriers for First Nations in Ontario.
- The lack of a streamlined process, guidance, and policy resulted in some communities being unaware of which government was in charge. A patchwork of incohesive emergency response measures implemented by federal, provincial, and local governments was complicating and difficult to navigate.
- The role of various governments and public health organizations when working with First Nations in Ontario should be clear and streamlined during a pandemic. An approach like that provided through 'Jordan's Principle' is needed in order to have a human/community-first model where priorities are met and who pays for it is determined later.
- Throughout the crisis, health and social service staff were being sent into First Nations communities with often little-to-no cultural awareness. In some instances, responders with cultural awareness training arrive in First Nations communities for the first time and experience the shock of what they expectation to see, versus the reality. Among the many challenges associated with a lack of cultural awareness is that it can lead to First Nations choosing to limit their own access to essential services.

Summary of Overall Lessons Learned

- The unpublished chapter from the Ontario Ministries of Health and Long-Term Care's Emergency Planning and Preparedness: Ontario Health Plan for an Influenza Pandemic, entitled 'Chapter 10: First Nations' that was reviewed as part of this evaluation highlights one of the many gaps in streamlined preparedness. Because the draft was never released to the public, there was no streamlined process for how communication and pandemic responsibilities for First Nations in Ontario should be distributed. Chapter 10 being left unpublished could be because there was never an appropriate consensus met, which again, highlights a need for more discussion and improved emergency preparedness planning.
- Preparing for future emergencies requires increased initiatives that focus on systems change and immediate efforts to close the gaps made visible by COVID-19.

FIRST NATIONS' DATA SOVEREIGNTY

- We must value First Nations'-led data practices that prioritize First Nations' data for the benefits of First Nations and to increase data for First Nations' governance.
- First Nations-led Data Sovereignty capacity must be increased at community levels to assert sovereignty more effectively during times of crises.
- Processes to streamline the effectiveness of data collection and reporting is essential to ensure that First Nations are receiving the best possible resources given the situation highlighted by the best possible data.
- Systems designed to track and monitor vaccinations (i.e., COVAX) require more regulatory oversight from First Nations, prior to implementation. For First Nations to genuinely assert sovereignty over data, they must be well informed of the risks and benefits before agreeing to use.
- While governments and ministries find increasing value in First Nations' data, processes should be implemented that reflect and respect First Nations' priorities in relation to data.
- While we consider the quality of the data themselves, we should also consider the quality of the outputs and their benefits to First Nations.

Section 4

Recommendations

Theme Summary

As we learn from the past, recover from the present, and prepare for the future, this section offers a series of **Recommendations.** We braid the lessons learned to address the **Realities, Responses, Resilience,** and **Repercussions** that were highlighted throughout the report.

As explored throughout, First Nations' communities often experience overcrowding, poor access to clean water, lack of healthy food options, and more. These situations have resulted in a series of health, mental health, and social burdens that First Nations require support for. During the pandemic, pre-existing health and social inequities became an even greater burden. The widening of these pre-existing gaps will take generations to resolve unless immediate actions are implemented.

The recommendations are intentionally comprehensive and focus on addressing the past, present, and future.

INCREASING RESPECT AND RECOGNITION FOR FIRST NATIONS AS INHERENT RIGHTS HOLDERS

Recognize and respect the duty to consult and accommodate rights' holding First Nations in all decision making.

- As rights holders, First Nations must be meaningfully consulted prior to policy development. Greater efforts must be made to engage and inform First Nations' communities of situations that may impact them. Consultation should not begin during an emergency but should be maintained on an ongoing basis to support and avoid future emergencies.
- First Nations must be given a greater voice at decision making tables. First Nations' involvement must value diversity, culture, and relationships. Considerations to dynamic experiences across the province will necessitate contributions from multiple voices from different regions.
- To ensure relevant, traditional, and cultural knowledges are embedded throughout decisions and to ensure cultural continuity, Elders and Youth must be meaningfully engaged in all processes where decisions are made.
- To regain the trust of First Nations, engagement in decision making must be meaningful and genuine.

Appropriate funding and supports are needed for First Nations to lead risk and benefit assessments on all policies and practices that were developed and implemented throughout the pandemic in order to ensure that they align with First Nations' priorities.

Recognize, respect, and prioritize First Nations rights to self-determination and autonomy.

- All government must be respectful of individual and collective First Nations' rights to self-determination, even when those decisions oppose public health guidelines and suggestions.
- Review policies and eliminate barriers that prevent First Nations from bringing support people with them during health appointments outside of the community. Considerations to family dynamics and other circumstances should be made.

Develop policies and protocols that require anyone working directly or indirectly with First Nations to have appropriate and relevant cultural safety and anti-racism training. Policies and practices must engage First Nations communities in the development of these initiatives.

TAKE STOCK OF WHAT IS KNOWN

Uphold the inherent rights of First Nations' by taking stock of existing First Nations and Indigenous rights documents and action plans that and (re)commit to meaningfully and sustainably implementing all relevant and necessary recommendations.

- To better prepare for future emergencies, we must reflect on the work that has already been done, taking stock of what we already know, and implement recommendations that are relevant to First Nations in Ontario.
- This includes genuine engagement and truth-telling with First Nations in Ontario to fully implement **relevant recommendations** and calls for action outlined within pre-existing Indigenous rights documents and calls for action such as the:
  - Royal Commission on Aboriginal Peoples (RCAP) Report released in 1996 which outlines 444 recommendations;
  - Truth and Reconciliation Commission of Canada released in 2015, which outlines 94 Calls to Action;
  - 46 Articles in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), passed by the United Nations in 2007, accepted by the Government of Canada in 2015, and implemented into Canadian Law in 2021 as the UNDRIP Act; and,
  - National Report on Missing and Murdered Indigenous Women and Girls Report released in 2019 which outlines 231 Calls for Justice.

Eliminate ongoing inequities and address the symptoms of broader systems burdens resulting from the complex legacy of colonialism.

- In order to prepare for future emergencies, policies and protocol development must take into consideration the diversity of lived and cultural experiences to address pre-existing barriers to in-person access and use of health, mental health, addictions, education, and other social service priorities.
- Policy and protocol development must address inequalities and the symptoms of broader systems burdens such as overcrowding, poor access to clean drinking water, and lack of healthy food options, food security, and infant food security (including planning for breast-fed babies).
- First Nations are encouraged to consider completing evaluations that look at the risks, costs, and benefits of implementing temporary programs to support immediate needs while working to address bigger gaps. For instance, while health and social gaps are being addressed, considerations should be made that extend emergency relief food baskets.

EVALUATE AND EXPAND EXISTING INFRASTRUCTURE, PROGRAMS, AND SUPPORTS

Develop and implement effective performance measures and evaluation strategies that address the strengths, weakness, opportunities, and threats of all policies, programs, and services at the community level.

- Appropriate funding and supports must be provided for First Nations to review the risks and benefits of existing policies and to identify new policies, mechanisms, and opportunities that eliminate barriers and inequities for First Nations in emergency management, community health, mental health, addictions, and social service needs.
- Policy and protocol development must ensure that funding access and availability is appropriate for First Nations and meaningfully addresses community priorities such as food and supply shortages during times of emergency.
- Federal, provincial, and municipal funding models must be designed that have flexibility and can adapt in times of crises.
- Evaluate existing case and contact management strategies in preparation of future pandemics.
- Policies and protocols must be implemented that streamline emergency response measures tri-laterally.
- Expand opportunities for First Nations-specific recruitment and retention that align with the diverse situations of First Nations.

Review and address the ways that government commitments to advance First Nations' rights are being upheld and/or undermined.

Evaluate the known and projected long-term costs of COVID for First Nations in order to address the burden of cost underestimations during future emergencies.

Increase funding and opportunities that strengthen the effectiveness of relevant community programs and services through increases in capacity, funding, and infrastructure investments.

THE VALUE OF RELATIONSHIPS

Prioritize the development, expansion, and strengthening of sustainable relationship and partnerships.

- We must respect and make space for First Nations' relationships and cultural practices, particularly during times of emergency
- First Nations can streamline emergency and pandemic response measures by building and reinforcing relationship with health and social services, governments, municipalities, and organizations across your territories.
- To support future pandemic preparedness planning and ensure more proactive responses, processes should be developed at all levels to ensure that relationships are being built between and among First Nations, governments, local organizations, and services.
- First Nations' Leadership and organizations can support communities in the development and strengthening of relationships with local organizations, public health, and governments by working with communities to streamline and track their efforts.
- First Nations' Leadership and organizations can advocate for improved funding, support, and capacity to ensure that relationships can be sustained over time.
- Federal and provincial policy development must recognize and respect First Nations' right to self-determination and prioritize practices that ensure meaningful relationship development and collaborative consultation processes.
- Policies that are reflective of First Nations'-derived priorities pertaining to sustaining healthy relationships (whether interpersonal, intergovernmental, or environmental) should be taken seriously and be respected and adopted through policy initiatives by mainstream governments.

Governments can develop and strengthen relationships with First Nations by ensuring that communities have sustained funding and capacity to build and maintain relationships.

ADDRESS THE COMPLEX LEGACY OF COLONIALISM

Prioritize First Nations' mental wellness.

- Increased efforts and funding opportunities aimed at eliminating the burden of mental health and addictions challenges for First Nations, including homelessness, are necessary.
- Policies and funding mechanisms must support First Nations' overall wellness, in line with the First Nations Mental Wellness Continuum.
- First Nations can make more time and space to come together in ceremony and celebration of our ongoing successes, strengths, and accomplishments.
- We must increase opportunities for hybrid models and encourage employees to take their breaks and leave their desks at the end of the day is suggested.
- Find ways to create cultural and recreational opportunities and activities for youth in communities.

Invest in, evaluate, and encourage land-based initiatives and services in life promotion and suicide prevention, while prioritizing grief, loss, and bereavement for individuals and workers.

- Efforts to honour the lives of the people who were lost throughout the pandemic must also be considered.

We must address infrastructure gaps highlighted or made worse throughout the pandemic and develop plans to prepare for future recovery.

Support First Nations' in lessening the burden of food insecurity and advocate for initiatives that support food sovereignty.

Ensure that First Nations have efficient supports in place in situations where a work/school from home order is implemented.

PRIORITIZING WELLNESS DURING A PANDEMIC

Prioritize the wellness and effectiveness of community health, public health, and social service workers.

- Checklists and quick reference guides should be developed to support health care workers during emergency responding, particularly for contract workers who do not yet have strong relationships with the community they may be situated within.
- Policies, protocols, and training opportunities should be designed that offer all staff a clear understanding of their workload in case of an emergency in order to ensure that there are no priorities are left unsupported and to ensure that staff are not overloaded.
- We must ensure that all staff are well trained and have a good awareness of local and regional health and social services.

Develop effective mechanisms to ensure that First Nations' leadership and decision-makers are well-supported throughout times of increased emergency.

Implement more effective supports and recovery mechanisms for emergency responders and encourage mental wellness practices.

Funding and support are required to ensure the recruitment and retention of health, mental health, and social service staff in order to build capacity.

Develop and implement effective supports and recovery mechanisms for First Nations community members and community first responders.

First Nations can develop processes that recruit and train community volunteers during times of increased emergency to alleviate some of the pressures from health and social service staff.

EMERGENCY AND PANDEMIC PREPAREDNESS

To ensure that emergency and pandemic preparedness for First Nations in Ontario aligns with First Nations' rights and priorities, to develop effective strategies that address ongoing health challenges for First Nations, and to streamline the effectiveness of First Nations' health in Ontario, there is an urgent need for the establishment of a provincial-level First Nations' Medical Officer of Health.

Emergency and pandemic preparedness plans must be developed in collaboration with communities in order to offer a full spectrum of emergency coverage. Community members know best what situations their communities face and could ensure that unexpected situations are planned for accordingly.

- Meaningfully engage with First Nations' organizations, leaders, and communities to identify effective, equitable, and sustainable funding mechanisms for First Nations across all First Nations' identified priority areas.
- Appropriate funding and supports must be provided for First Nations to conduct relevant assessments of existing research, literature, and community reports that will improve the development and implementation of effective supports, substance use and addictions treatment and recovery programs, and more.
- Funding policies and protocols must ensure that funding opportunities do not further overburden community workers with strict application and reporting processes.

Increase investments that address First Nations' priorities and implement effective, streamlined, and sustainable mechanisms, infrastructure, and supports to respond to diverse community needs.

Avoid the duplication of efforts by coming together in times of need.

When planning for future pandemics and emergencies, address all forms of connection and communication challenges experienced by diverse First Nations communities.

Develop policies that ensure that First Nations' families can stay connected, particularly when someone must leave their community for healthcare purposes.

Ensure that First Nations have accessible and cost-effective opportunities to get and maintain wireless access and internet connection in line with community self-determination.

Policies are needed that address supply and transportation barriers to and from communities during times of increased emergency.

Strengthen and streamline policies and action plans that define the roles and responsibilities of First Nations and non-First Nations' governments and organizations during times of increased emergency.

- We must develop a recognized process for who oversees different response components during an emergency or pandemic. For instance, identify and communicate which government, public health body, or First Nations' authority is monitoring outbreaks, reviewing pandemic plans, communicating to First Nations', leading and delivering pandemic tables and working groups, etc.

Emergency and pandemic planning must align with diverse community experiences, priorities, and needs.

Implement a First Nations'-led renewal and revision of the Ontario Ministries of Health and Long-Term Care's 'Emergency Planning and Preparedness Chapter 10 plan.'

- Takes into consideration the realities of present and future First Nations' planning needs, appropriately distributed pandemic responsibilities, and is in line with changing provincial health landscape, is needed.

Create community-led pandemic preparedness teams and organize community initiatives aimed at regularly reviewing, revising, and communicating emergency management and preparedness processes and plans.

Prepare for pandemics and other emergencies in line with diverse community experiences and priorities.

Better anticipate and plan for how First Nations will be impacted by emergency and pandemic responses.

Improve and streamline communication efforts in order to avoid information overload. Ensure that First Nations can access necessary information through multiple visual and audible mediums, and First Nations' languages.

Pandemic response planning must account for the sacred relationship that exists with all of creation. Processes that further burden or damage the environment, ecology, or biosphere should be adapted to ensure future planetary sustainability.

FIRST NATIONS' DATA SOVEREIGNTY

Ensure effective mechanisms are in place that support First Nations' Data Sovereignty

- Policies must be developed/ implemented to protect First Nations from being coerced/forced into signing onto data agreements that do not assert or take into consideration First Nations' rights to data sovereignty.
- The development of First Nations-led mechanisms for data and vaccine tracking that is community-led and developed is required.
- We must ensure that IT systems designed for the purposes of tracking data that is inclusive of First Nations data are designed in partnership with First Nations. First Nations Data Governance should not be an afterthought.
- We must ensure that data outputs about First Nations are by First Nations and for First Nations by addressing the legibility of charts and tables and ensuring that all pandemic and emergency related information is interpretable by a wide range of readers.

Develop and implement policies that streamlines the responsibilities for how First Nations' data is shared and analyzed to strengthen outputs, ensure cohesion, and avoid duplication of efforts.

Commitments to funding and support are required to build meaningful community-level data sovereignty capacity and increase understanding.

Evaluate the risks and benefits of emergency data collection efforts to ensure that First Nations'-led data governance priorities are being met.

Conduct a review of community perspectives on the uses of data throughout a pandemic to determine effectiveness and improve community-level data awareness.

Review data policies, procedures, and regulations before and after the pandemic to determine potential impacts on First Nations' Data Sovereignty

Final Words

COVID-19 compounded the pre-existing inequities for First Nations in Ontario. While First Nation's and non-First Nation's governments efforts to respond were quick and efficient in many instances, they did not do enough to address long-standing underlying community burdens. The ability for First Nations to overcome obstacles was highlighted throughout the pandemic as much as the existing gaps were.

This evaluation aimed to uncover the COVID-19 pandemic response for First Nations in Ontario which is organized into four major themes within this report: Realities, Responses, Resilience, and Repercussions. Best practices and well-established processes were shared throughout this evaluation.

Throughout, we weaved together the lessons learned and made recommendations that are born from the interconnected review of the literature, documents, and the generously shared Key Informant interviews. Implementation or further evaluation of the risks, benefits, and harms associated with recommendations deserves meaningful and relational action on the parts of First Nations' Organizations and Leadership, federal, provincial, and municipal governments and ministries, and First Nations' communities themselves.

Importantly, though they are born through First Nations engagement and development, actions taken to address recommendations require community vetting and approval. Notably, the implementation of recommendations requires genuine commitments to eliminate past harms by providing sufficient resources, funding, support, and capacity. All levels of government should work together towards ensuring that First Nations have the necessary policies in place to continue to function effectively and well during any type of emergency, including a pandemic.

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APPENDIX A

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APPENDIX A (Continued)

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