



First Nations Health Authority  
Health through wellness

# FNHA's Statement on the Societal Consequences of BC's COVID-19 Response

BC's response to the COVID-19 pandemic has had a significant impact on people who live in the province since the pandemic was declared a public health emergency on March 17, 2020.

Indigenous peoples have been disproportionately affected by COVID-19 as well as the public health measures taken to respond to it, which have reinforced existing inequities, discrimination and racism present in BC's health system.

Data shows that First Nations people in BC have tested positive for COVID-19 at a higher rate than other residents, have had lower median ages of hospitalization and have higher rates of admission to intensive care units (ICU) and death from COVID-19.

Social determinants such as housing, food security, education and geography are critical aspects of our health and wellness, as are access to primary and emergency care. The impact of COVID-19 on these determinants has had a ripple effect on the health and wellness of First Nations in BC.

However, First Nations people and communities have faced this pandemic and drawn strength and resilience from Indigenous ways of knowing, being and living. As part of the broader First Nations governance structure in BC, the First Nations Health Authority (FNHA) has been proud to serve as a partner, advancing communities' priorities during the COVID-19 pandemic.

## **STRENGTHS OF THE PANDEMIC RESPONSE**

First Nations' responses to the pandemic have showcased strengths and resilience that are grounded in culture and community. First Nations people have found new ways to connect with loved ones, support their communities and keep each other well.

The [FNHA's Good Medicine series](#) highlights "good news" stories that demonstrate how communities have adapted positively during the pandemic with creative solutions and how community members have chosen to be kind and support one another.

In acts of self-determination, now recognized by the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), many Nations across BC have established checkpoints or closed their communities in an effort to protect Elders, seniors and other vulnerable members from the spread of the virus.

First Nations community leaders and health directors have played instrumental roles in keeping community members safe, leading emergency response operations, obtaining personal protective equipment, coordinating COVID-19 vaccine clinics and planning for the safe resumption of services.

The FNHA has worked quickly to adapt to the emergency, expanding our virtual services to ensure First Nations individuals have access to essential health services during the pandemic.

In April 2020, the FNHA launched the [First Nations Virtual Doctor of the Day](#) to increase access to primary care that is close to home. Knowing the impact COVID-19 and related isolation have had on mental health, the FNHA also launched the [First Nations Virtual Substance Use and Psychiatry Service](#), which provides access to specialists in addictions medicine and psychiatry, as well as mental health and wellness care coordinators. The [Maternity and Babies Advice Line](#) provides support to expectant and new parents, as well as their families and the health care providers of newborn babies in rural and remote First Nations communities in BC. In recognition that not everyone has access to the technology needed for virtual services, the FNHA partnered with the Social Planning and Research Council of BC to distribute 700 Wi-Fi-enabled tablets to help First Nations people and communities stay connected to health services during the pandemic.

As a partner in health and wellness, the FNHA has worked with communities to identify needs, providing support and services throughout the pandemic. When community transmission of COVID-19 became more common, the FNHA introduced meal, accommodation and transportation supports for people who need to self-isolate. Alternative accommodations, such as hotels or community spaces, were organized where self-isolation at home was not safe. Transportation to and from the isolation location were arranged whenever necessary. Meal supports have been provided and the FNHA increased meal rates to match rising food costs.

Working closely with our federal and provincial health partners, the FNHA and First Nations communities launched a successful immunization campaign that prioritized First Nations and other Indigenous peoples to receive a first dose of COVID-19 vaccines.

Vaccines became available in rural and remote First Nations communities at the end of December 2020 – six weeks earlier than originally anticipated – and by March 31, 2021, first-dose vaccine clinics were completed for every First Nations community in BC.

The FNHA adopted a “whole community” approach in which all eligible people in First Nations communities were offered vaccine doses. The FNHA also advocated for and collaborated with First Nations people who live away from home to ensure they were prioritized for vaccination and had access to culturally safe services.

Indigenous adults became eligible for their first vaccine dose as part of Step 2 of BC’s immunization plan. As of early December 2021, more than 118,700 people age 18 and older and more than 11,600 people age 12–17 had received at least one dose of a COVID-19 vaccine in First Nations communities, as well as outside of communities by regional health authorities. Of these individuals, more than 105,200 First Nations people age 18 and over and more than 9,900 First Nations people age 12–17 had received two doses.

First Nations children age 5–11 also began to receive the pediatric COVID-19 vaccine as soon as doses became available in the province.

These actions, which could only have occurred through strong partnerships with communities and the broader health system, helped to keep First Nations people safer and saved many lives. The FNHA continues to work closely with provincial health partners to ensure First Nations people are prioritized to receive a booster dose and to ensure that additional vaccine doses are available in community for anyone who has not yet been vaccinated.

## NEGATIVE IMPACTS OF THE PANDEMIC RESPONSE

BC's response to the pandemic has also had negative impacts on First Nations people, especially where the public health response has reinforced long-standing inequities that disadvantage Indigenous peoples. This has been most evident in the toxic drug public health emergency, which has dramatically worsened during the pandemic.

Following the province's call to maintain physical distance and to self-isolate, people who use substances have often done so alone. For a large period of the pandemic, there has been low utilization of treatment facilities, overdose prevention sites and other harm reduction services, even as drug supply toxicity surged.

The consequence has been a significant and disproportionate increase in overdose events and deaths among First Nations people. During the first seven months of 2021, there were 175 First Nations deaths due to toxic drug poisoning, which significantly exceeded the total number of First Nations drug toxicity deaths that occurred in all of 2019. First Nations deaths in 2021 constituted 14.5 percent of all deaths from drug poisoning in BC. From January to July, women represented 39.5 percent of all First Nations drug poisoning events, as compared to 24.1 percent of other residents who were women.

First Nations people have not been alone in experiencing the uncertainties, stresses and losses related to the pandemic and its profound impact on mental health. People around the world have been navigating elevated rates of anxiety, depression and grief.

For many First Nations people, these challenges are layered with the intergenerational trauma and loss associated with previous pandemics, with contemporary trauma, systemic racism in the health system and colonialism more broadly. Distrust of health care providers and the wider health system has contributed to some First Nations people feeling reluctant to access mental health and substance use services and has contributed to lower vaccine uptake in some communities.

In the midst of these challenges, First Nations people in BC have been subjected to a new and ongoing wave of racism and discrimination, both within and beyond the health system. As detailed in the 2020 report *In Plain Sight*, systemic anti-Indigenous racism pervades BC's health system and "results in a range of negative impacts, harm and even death." Over the course of the COVID-19 pandemic, many First Nations individuals and communities have experienced stigma and have been denied access to businesses and services, especially in areas where there have been localized outbreaks of the virus.

At the same time, many First Nations people, especially those who live in rural and remote parts of the province, have experienced reduced access to a wide range of health and wellness services, including primary care, screenings, assessments and immunizations. For many, preventative care and surgeries have been delayed or deferred. Others may have chosen to postpone or cancel health appointments due to concerns about COVID-19.

The pandemic response has also interrupted daily life for First Nations in BC, for those experiencing business closures and reduced family incomes. Communities have also seen a rise in food insecurity due to challenges in production, transportation, access and storage. Some have experienced decreased physical activity due to more time spent at home.

In the face of these challenges, First Nations people have traditionally drawn strength and resilience from community, culture and ceremony. While communities have worked to find new and safe ways to connect (e.g. virtually), public health orders and measures taken by communities to protect people from COVID-19 have frequently limited important community events and cultural activities. The decreased connection to social support networks and services has been particularly impactful on women, girls and 2SLGBTQA++ people, some of whom have had to face gender-based violence with fewer resources or options.

### **ENGAGEMENT WITH THE PROVINCE**

In the province's examination of the societal consequences of the public response to the pandemic, BC's Office of the Provincial Health Officer (OPHO) and the BC Centre for Disease Control (BCCDC) approached the FNHA early and consistently. The FNHA was invited to participate in the working group set up for this purpose and to provide First Nations-specific input into the development of the project's Societal Consequences reports.

While the OPHO and BCCDC have been supportive of the possible creation of First Nations-specific reports, it became apparent by mid-2021 that there was not capacity to do this fully or in a good way due to multiple interconnected crises. In particular, First Nations communities have grappled with the heartbreaking findings of the unmarked graves of their children across BC, beginning with the findings at the former Kamloops Indian Residential School in late May. In lieu of a series of First Nations reports, this statement serves to capture some of the more significant positive and negative unintended societal consequences of the COVID-19 pandemic for First Nations people in BC.