

**Moving Towards Self-Care and Self-Determination: Improving the Role and Organization of  
Tribal Councils in Remote First Nations Wildfire Evacuations**

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## ABSTRACT

During climate change, wildfires will increase in frequency and size, equating to an increase in wildfire evacuation frequency and duration. Keewaytinook Okimakinak Tribal Council (KO) struggled to identify a role and scope of practice during the 2021 wildfire evacuations of their communities due to the absence of a defined role of tribal councils during emergency evacuations. To identify the role of KO, and improve their response, there were three research questions: 1) What is the current role of self-care and self-determination in KO service? 2) what were the perspectives, experiences, and recommendations from KO service providers and community volunteers who played a role in the wildfire-driven evacuations of several KO communities in the summer of 2019 and 2021? 3) What recommended practical and systematic changes can be suggested that promote self-care and self-determination while considering SDH differences and is culturally appropriate?

To answer these questions, 15 service providers (tribal council employees and volunteers) were interviewed through a 1-hour semi-structured process. Questions were primarily focused on staff perceptions of KO tribal council service provision, the place of self-care and self-determination in KO service, the evacuation experiences, emotions, and perspectives of staff. These interviews were then video recorded with consent and transcribed verbatim by a professional transcription service, and then imported into NVivo windows (QSR, 2021) software. An inductive coding method of quantitative network analysis was performed.

Major results showed that host site conditions coupled with the separation of families, a lack of opportunity for self-determination and self-care, and the

transplanting of First Nations into a foreign city contributed to widespread drinking and security issues in some of the host sites. A staff-reported role of KO, as it currently functions, and as it can function in the future was clarified. KO can bridge the gap between the rigid western system of emergency management and the unique requirement of their member nations. KO advocates for its member nations, showing government departments alternate perspectives and approaches to better fulfil their member nation's needs. Data analysis showed that the role of KO includes coordination of resources and improvements in information delivery, listening and advocating for nations and individuals, building trust and capacity, supplying resources, aiding in navigation of western systems, guiding the community and promotion of self-determination. KO must also aid in emergency planning, prepare their staff with training, and prepare their organization with an emergency structure to fulfil their emergency requirements.

To address the problems that occurred in the 2021 wildfire season, recommendations were made. These included: to clarify and make known their role within the tribal council and externally and restructuring their organization during emergencies. Improved accommodation selection, especially to promote self-care, traditional foods, and activities, keeping families together, and increased security and First Nations involvement are important.

Keywords: First Nations; Self-Care; Self-Determination; Self-governance; Post-Colonial Theory;  
Social Constructivism; Wildfire; Emergency Evacuations; Emergency Management; Tribal  
Council;

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## LIST OF TERMS

Considering the decolonizing approach I take in the data analysis; I selected a list of terms to prepare readers for the subsequent tone. This explains why this list is not fully exhaustive.

**Colonial Government:** Referring to federal or provincial government in Canada from the Indigenous perspective, emphasizing the separation between First Nations and Canada as a Nation.

**First Nations (or Nations):** Referring to Indigenous territories and lands, emphasizing their power as federal rather than municipal.

**Indigenous:** Referring to all native groups, including Metis, Inuit, etc.

**Tribal Council:** Organizations funded largely by the Canadian federal government through Indigenous Services Canada, tribal councils exist to provide broad services to their member nations, as mandated by these member nations, but as funded by Canada.

**Social Determinates of Health (SDH):** Factors related to social status that inherently influence health. Aboriginal peoples have a far lower average SDH than the rest of Canada.

**Two-eyed Seeing:** Originally conceived by Iwama et al. (2009), two-eyed seeing is a concept stating that in order to understand the whole picture, one must look through two eyes: western science and Indigenous Traditional Knowledge

**Savages:** European colonial view on Indigenous peoples, used to undermine their rights on the notion that they did not believe in a Christian god.

**UNDRIP:** United Nations Declaration on the Rights of Indigenous Peoples. Canada is non-compliant.

**FPIC:** Free, prior, and informed consent, a statement within the UNDRIP legislation.

This applies to all actions which affect traditional lands and is not upheld in Canada.

**Self-Governance:** The inherent right of Indigenous groups to govern themselves.

**Bridging:** Utilizing multiple perspectives such as in two-eyed seeing to fill bring about and fill gaps within relationships between First Nations and colonial actors.

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## INTRODUCTION

Within a changing climate, there is an increased frequency and intensity (duration) of evacuations related to climate-driven forest fires (Amiro, Stock, Alexander, Flannigan and Wotton, 2001) Evacuations are very disruptive to evacuees and pose real health and wellbeing threats especially related to mental health, continuity of care, self-care, and self-advocacy (NCCPH, 2021). Evacuations are often needed due to the risk of smoke exposure and loss of life. Emergency evacuation events in Ontario tend to be reactionary with little preemptive planning and organized as a top-down focused project with a single goal – protection of life and property (McGee and Christianson, 2021). Combined with the ongoing legacy of a paternalistic relationship between the powerful colonial government and First Nations, there has been very little opportunity for First Nations to create emergency management plans in their own ways. First Nations are without their own plans or the resources to produce and support them within the rigid emergency management structure and existing paternalistic relationship the colonial powers use. Self-care or self-governance during an evacuation event cannot begin to be conceived, let alone practiced under these circumstances. Except for Band Council, there are no defined roles and responsibilities for First Nations or tribal councils in emergency services (JEMS, 2021; House of Commons, 2018). This makes it very difficult for organizations, especially tribal councils to establish their role amongst the chaos of an emergency and communicate effectively during a reactionary plan. Keewaytinook Okimakinak Tribal Council (KO) is a tribal council who aided in the evacuation of their member nations in 2021. They have a focus on the promotion of self-care and self-determination during these wildfire evacuations.

### Self-determination

According to (Bruin, Posluns and Hall, 2006), Self-determination, or self-governance can occur at the level of the nation. They note that the right to self-governance in First Nations is an

inherent right that has not yet been fully realized. These rights are affirmed in the United Nations Declaration of the Rights of Indigenous Peoples (United Nations, 2007). The assembly of First Nations desire revenue sharing, territorial integrity, self-governance, and self-determination for indigenous peoples.

It is suggested that people become self-determined when their needs for competence, relatedness, and autonomy are met, and that leaving any of these three pillars unsupported or unfulfillable within a social context will invariably have a large detrimental impact on wellness (Lopez-Garrido, 2021; Center for Self-Determination Theory). According to the Centre for Self-Determination Theory (CDST) (2021), both the social and physical environmental conditions that allow these basic needs is a key predictor in vitality, mental health, and resilience.

Happiness tends to come with pursuit of intrinsically motivated goals which are self-determined. This makes individuals feel a greater responsibility about the outcome (CSDT, 2021). The feeling of possessing the autonomy and capacities required to make their own choices is something that is nearly universally desirable (CSDT, 2021). There are several motivational paths behind self-determination theory as outlined by CDST (2021) including motivation by interest and feelings of value towards a goal, a focus on rewards, gains or approval, or anxiety concerning competence. Extrinsic goals such as financial gain tend to be associated with a lower wellness when compared to intrinsic goals such as a sense of community and personal growth (CSDT, 2021). Brenda Gunn said “self-determination is really a starting point for the realization of human rights” as quoted in the Missing and Murdered Indigenous Women and Girls Final Report (Canada, 2019)

Self-determination is important in wildfire evacuations because of the unique aspect of every nation. Each of KO’s member nations are different from one another in their demographics, culture, values, aid requirements, expectations, etc. No party will be able to



fully capture the needs of first nations besides themselves. Thus, as with all service, improved self-determination, or the ability to choose, will improve evacuation outcomes. Self-determination as a part of self-governance is also a fundamental right of First Nations that must be adhered to (United Nations, 2007).

#### Self-Care

The World Health Organization (WHO) defines self-care as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (WHO, 2021). Under this definition, self-care is a broad topic relating to hygiene, nutrition, lifestyle, environmental factors, socioeconomic factors, self-medication, etc. This refers not only to the ability to care for oneself, but also to access outside help, and navigate barriers to helping oneself or accessing help (including external information) (WHO, 2021). Self-care fundamentally refers to individual aspects such as autonomy and personal responsibility, as well as group or community aspects such as income and culture (WHO, 2021)

Self-care is an important right that evacuated nations and individuals require the ability to practice. In the context of natural disaster threats, According to Stathis (2021), self-care is a broad term that includes examples such as boarding up windows days in advance of a storm, adding sprinklers to homes before a major wildfire, or deciding not to evacuate. Patients have the right not just to refuse or accept medical care, but to decide the fate of their own community, traditional areas, and peoples. Self-care relies on preparedness and information before events, promoting a sense of community and a responsibility for its wellbeing, as well as individual autonomy. Due to the processes of colonialism and continual paternalistic relationship between the colonial government and First Nations, this is often difficult to achieve.

## Social Determinants of Health

Statistics show that health follows a social gradient whereby higher social position correlates to higher health (Marmot and Wilkinson, 2005). This relates to the social determinates of health (SDH), or the environmental conditions that people live and work in (Marmot and Wilkinson, 2005). Some examples of SDH include genetics, behavioral choices, access to medical care and health-related services, social, environmental or workplace stresses, etc. (Perman, Mullins and Newhouse, 2015).

Reading and Wien (2009) suggest that the social determinates of Aboriginal health are distinctly different in their physical, emotional, mental, and spiritual aspects than that of non-Indigenous peoples. Health of Indigenous peoples at the individual, community and national level are affected by the inequities in SDH. Indigenous peoples have historically been and continue to be restricted from access to resources that might help their health situation (Reading and Wien, 2009). These Aboriginal groups have suffered colonial processes that results in a reduced self-determination, and a lack of influence over policy that pertains directly or indirectly to them (Reading and Wien, 2009). First Nations have had losses of land, language, culture and social life, and endured racism, discrimination and exclusion (Reading and Wien, 2009). Ongoing process of colonialism have produced racism in the healthcare system often so intense that Indigenous people either avoid care completely or strategize around it before visiting an emergency department (Allan and Smylie, 2015). Remote communities in general also tend to have a lack of access to economic developments that promote health (Water and food security, health care, fitness facilities, etc) (Reading and Wien, 2009).

Aboriginal individuals have higher mortality rates and a lower life expectancy than non-Aboriginal people (King, 2010). Among aboriginal people, infant mortality is 20% higher, diabetes frequency is three times higher, suicide rates are 11 times higher, and Aboriginal peoples have half of the average age (lower life expectancy) compared to non-Aboriginal

peoples (Webster, 2006). Canada was ranked 4<sup>th</sup> in the Human Development Index, while aboriginal communities ranked 64<sup>th</sup> and aboriginal people living elsewhere (in colonial society) ranked 36<sup>th</sup> in 2006, a trend which has not changed (Webster, 2006). Aboriginal communities suffer incomes far below the poverty line, unemployment, low rates of graduation from high schools, and inadequate housing (Mitchell, 2005). Aboriginal individuals have a difficult and limited access to health services (Brenda et al. 2014). In Northwestern Ontario, 60% of First Nations communities lived without fresh potable drinking water in 2006 (Webster, 2006). As of February 2021, 61 long term drinking water advisories remain in effect (Sartana-Dally, 2021).

Aboriginal individuals report high levels of racism, stigmatization, language difficulties, intimidation, harassment, and deep fear when encountering the colonial medical system in Canada (Brenda et al. 2014). There is often difficulty accessing care with long wait times and communication barriers (Brenda et al. 2014). Indigenous peoples are confronted with the “notion of ceding, struggling to accommodate themselves and their needs within a rigid, Western health care structure” (Brenda et al. 2014). Aboriginal individuals often feel judgement towards their economic and political disadvantages (Brenda et al. 2014). Judgmental behaviors can manifest in the form of lack of effort in care, and poor communication of test results, health conditions, waiting times, etc. (Brenda et al. 2014). Repeated negative experiences cause individuals to develop an untrusting relationship with health care professionals (Brenda et al. 2014). “Literature describes the effects of misunderstandings with health care professionals, discrimination, loss of privacy, lack of companionship in the hospitals, lack of access to traditional healing practices, and feelings of being neglected and denigrated as persons permeate Aboriginal peoples' experiences within the health care system” (Denison, Varcoe and Browne, 2014; Brenda et al. 2014). This means that during wildfire evacuations, while First Nations individuals have increased access to

increased medical resources, they are not accustomed to accessing them and often receive worse service than locals. After evacuations end, individuals who were being treated in the host site also may not have access to the same treatment options at home, thus continuity of care is a concern.

Keewaytinook Okimakinak Tribal Council

Keewaytinook Okimakanak Tribal Council (KO) is a service organization and not a political organization (KO, n. d.). Their goal is to support and provide services to their member communities – Deer Lake, Fort Severn, Keewaywin, McDowel Lake, North Spirit Lake and Poplar Hill First Nations (KO, n. d.). The Tribal Council's mandate includes promotion of development, Indigenous rights, especially self-determination, promotion of cultural awareness and maintaining relationships between its member nations and private and governmental actors (KO, n. d.). Their goal is to provide help in areas of health, education, economic development, employment assistance, law, public works, finance, and administration (KO, n. d.). To achieve this, they had the following departments: KO Administration, KO Lands and Resources, KO Research Institute (KORI), KO Finance, KO Health, KO Nursing, KO eHealth Telemedicine Services, KO Public Works, the KO Centre of Excellence, K-Net (information and communication technologies) KOBÉ, KOSSS, and KiHS (Keewaytinook Internet High School). The communities that KO serves and their population follows (Table 1)

Table 1. KO communities and their populations

KO Community	Population
Deer Lake	1164
Fort Severn	640
McDowell Lake	59
North Spirit Lake	300
Poplar Hill	481

Source: KO (<https://kochiefs.ca/firstnations>)

All of these communities except McDowell Lake (who presently utilizes their lands in a seasonal manner as they work towards full reserve status) have winter only roads, scheduled healthcare flights and charter services. Deer Lake First Nation has a fully equipped nursing station with nurses who work only with this reservation, an X-ray machine, pharmacy, fire hall and other services which some member Nations may not. The KO Tribal Council communities are located in Northwestern Ontario near the Manitoba boarder (Figure 1).



Figure 1. KO Community Locations (KO. <https://kochiefs.ca/firstnations>)

In addition to their mandate and goals as outlined above, KO also supports emergency management (KO, n. d.). Because this role is undefined, neither KO nor member nations have a formalized emergency evacuation plan. This means that emergency response is reactionary and self-organizing, which can lead to service provider stress, sub-par service and care, and reduced community input. Combined with the lack of awareness of roles, responsibilities, and potential effects of evacuations on health, that comes along with planning, there is a large risk to community and individual wellbeing. These implications of not having emergency management plans or clear emergency role for KO were experienced first-hand in the summer of 2022 when three of the KO First Nations were evacuated simultaneously (along with two other First Nations) and KO was expected to provide a substantial support role (personal comm Dan Duckert September 2021). Given climate change and the anticipated increase frequency and severity of wildfires and other extreme events, this research is timely and even more relevant (Kasischke and Turetsky, 2006)

In 2021, 793,000Ha of forest were burned in 1198 fires, up from the average between 2010 and 2020 at 162,000Ha in 869 wildfires. (CIFFC, 2021; TBNewsWatch, 2021) The KO nations that were evacuated in 2019 and 2021 as well as other related information are summarized below (Table 2).

*Table 2. Wildfire evacuations in 2019 and 2021.*

First Nation	Year	Evacuation Reason	Evacuated Demographic	Host Communities
Keewaywin	2019	Red Lake 23	All – vulnerable early	Timmins, Sioux Lookout
Deer Lake	2021	Red Lake 51	All	Thunder Bay, Cornwall, Cochrane
Poplar Hill	2021	Red lake 65	All – Vulnerable early	Kapuskasing, Cochrane, Thunder Bay, Kenora, Lac Seul
North Spirit Lake	2021	Smoke issues from multiple fires	Vulnerable population only	Sault Ste. Marie

Sources: CBC News (2021), Perkel (2019) and Ebbing (2021).

#### Objective and Research Questions

Because the current emergency system in Canada does not have an explicit aim to promote self-care or self-determination, the dispossession of relationships that catalyze the promotion or maintenance of physical, mental, spiritual, and emotional wellbeing is accentuated. The KO Tribal council needs to find its role in the promotion of self-care since it is within their mandate and objectives to promote self-care and self-determination.

To better understand its' role going forwards, the KO Tribal Council needs to identify what their current role during wildfire evacuations is, and how to improve its role to support and advance self-determination and self-care within the KO nations. This research's importance was highlighted by the 2019 and 2021 wildfire evacuations. The specific research questions to provide this understanding are: 1) What do the KO employees currently understand about their

role in self-care and self-determination? 2) What were the perspectives, experiences, and recommendations from KO service providers and community volunteers who played a role in the wildfire-driven evacuations of several KO communities in the summer of 2019 and 2021? 3) What are the practical and systematic recommended changes that can be proposed in an emergency management system for KO Tribal Council that accounts for the Social Determinants of Health differences, is culturally appropriate, and promotes self-determination and self-care? Drawing on social constructivism and post-colonial theory, interviews were conducted with KO employees, service providers, and volunteers to answer these RQ and meet the outlined objective.



## LITERATURE REVIEW

Due to the lack of literature showing tribal council roles in emergency wildfire evacuations, and the tribal council goal to service their member nations, literature review focuses on three broad themes: 1) Historical Dispossession and Oppression; 2) wildfire and climate change; and 3 Indigenous Emergency Management. Section 1 focuses on oppression and dispossession as they relate to First Nations to highlight the contextual trauma, injustices, lands, and rights through which First Nations care should be considered. Section 2 considers the increase in wildfire behavior and the subsequent effects on evacuation event frequency and duration. The third and final section focuses on existing literature in Indigenous Wildfire Evacuations, and what other, relatively similar studies concluded about improving service to First Nations in evacuations.

## Historic and Ongoing Dispossession and Oppression

Indigenous peoples have been oppressed and dispossessed from the early days of colonization, when the Indigenous people were viewed as less-than human, and white settlers could take their lands, to modern times through the child welfare system, residential schools, control of funding, etc. (Canada, 2019; Canada, 1996). This content is relevant to this research, as to fully consider Indigenous health, especially mental health, one must attempt to understand the traumas they have endured. These traumas set the conditions by which First Nations developed a mistrust for the western system, which continues to oppress them.

Missing and Murdered Indigenous Women and Girls Final Report (2019)

Two-eyed seeing is an important concept, stating that to understand the whole system, one must look through two 'eyes' or 'lenses', one of Indigenous Traditional Knowledge (ITK) and one of western science, as originally identified in the report by Iwama et al. (2009).

Indigenous peoples have inherent rights, such as the right to self-governance, that does not need to be affirmed by a foreign government (such as Canada) but should be recognized (United Nations, 2007). Solutions to Indigenous problems must be self-determined to fully consider context, as solutions are not generalizable across all Indigenous nations or groups (United Nations, 2007).

Early Canadian establishment in North America, Regulation of Indigenous Identities and Governance, assimilation via residential schools, the sixties scoop and child welfare systems have a legacy of cultural destruction. Health implications related to repeated relocations, lack of food security and inadequate access to health or addiction services continue to be endured. Indigenous people have a lack of opportunity for education or employment.

Colonial Perspectives on Governing Indigenous Peoples

The Royal Proclamation of 1763 made it duty to respect Aboriginal title through Treaty. The Royal Proclamation also formulated rules for engagement with Aboriginal peoples, such as that they are not to be "molested or disturbed" (Canada, 1996). Aboriginal lands were to be acquired only by fair treaties or purchase (Canada, 1996). Eleven numbered treaties were then negotiated and formed, extinguishing Indigenous ownership of the land (according to the crown). The treaties paved the way to removing First Nations and Metis from their lands. According to Canada, (1996), these treaties were knowingly written differently than agreed verbally, and the colonial government perpetuated a story of "misunderstanding" while not

upholding them, but using the treaties to enforce later laws, causing a mistrustful relationship from the onset.

The Management of Indian Lands and Properties Act transferred all authority for Indians and Indian lands reserved for Indians to the Chief Superintendent (the chief is an elected federal official, not desired or paid by the Indigenous group, a system which continues to date) (Canada, 2019). The Gradual Enfranchisement Act (1869) established the existing band council system to replace traditional Indigenous governance.

The Constitution Act delegated Indians and Indian lands as responsibility of the federal government in 1867, making Indigenous peoples officially wards of the state (The Constitution Act, 1867). An act to amend and consolidate the laws representing Indians (the Indian Act) (1876) kept the Indian definition which ties title to a male bloodline and tied female Indian title to her husband (Canada, 2019). This ensured that Indian Status would eventually be lost (Canada, 2019). Under the Indian Act, those that lost Indian status (and their children) were evicted from their community. Further amendments were made to the Indian act such that reserves could be moved by municipalities, and Indigenous groups had no determination of what infrastructure (such as rail lines or roads) were built through their reserves as referenced by the Oliver Act, 1911 (Canada, 2019).

#### Seven Fallen Feathers

Due to a lack of infrastructure (high schools) in their home nations, seven youths from remote northern First Nations moved in with boarding families in the foreign city of Thunder Bay, Ontario, attended high school, and died tragically between the years of 2000 and 2011 (Office of the Chief Coroner, 2016). Each youth died under violent or suspicious circumstances, but none were initially investigated, and all were ruled accidental deaths (Office of the Chief

Coroner, 2016). The Office of the Chief Coroner Inquest into Seven First Nations Youths (2016) reported that the deaths were due to failing government policies, funding schemes (specifically in relations to the social determinates of health) and systematic racism within the police force and other major institutions. It is found in this report that neglect of First Nations has caused living conditions akin to third world countries (Lampron and Chartrand, 2020). When the youths were forced to move to Thunder Bay due to chronic underfunding, they were all met with continued racism and a lack of social resources to support such a massive transition (Lampron and Chartrand, 2020). Due to culture shock and strange/difficult living conditions, the youths sought out secluded areas such as the waterways of Thunder Bay, where they were killed (Lampron and Chartrand, 2020). The lack of tools to navigate a colonial society was the cause. In the police and coroners' reports, the cause of death was either that the youth refused or failed to adapt to cultural (settler) norms, or that the parents should have provided better parenting or life circumstances, both highlight the naivete and neglect by the relevant parties.

#### Historical trauma

Aboriginal peoples have unique challenges regarding historical trauma. For this group, historical trauma is largely referring to the banning of cultural practices, and the policies and institutions whose purpose was assimilation and loss of culture (Mitchell, 2005).

Colonial discovery was one of the first traumas that Indigenous peoples faced at the hands of Europeans. During initial "exploration", Indigenous peoples were kidnapped and taken to Europe as trophies, as Europeans declared the land for themselves that was previously "no-man's-land", discounting the "savages" that lived there (Canada, 2019). At the time, it was illegal to acquire land owned by someone else, unless of course, you were not of European decent (Canada, 2019). Later, this was empowered by the idea of the "doctrine of discovery" (imposed in a series of "papa bulls" or decrees), where land inhabited by non-Christians could

be “discovered” and claimed. Anyone without a Christian god was seen as less than human, and therefore could not own property. These views, while less explicit, remain within Canadian policy today.

Many colonial laws on governing Indigenous peoples are based on the Doctrine of Assimilation, which according to Dussault and Erasmus (1996), were based on four fundamental, dehumanizing ideas. 1. Indigenous peoples are inferior and unable to self-govern. 2. Colonial authorities know best. 3. The relationship of respect and sharing in the treaties has no force or meaning. And 4. European ideas about development and progress are inherently correct and could be imposed upon Aboriginal people. These views also remain within modern colonial governance of First Nations, and directly impede self-care, self-determination and self-governance.

### Residential Schools

The first residential school opened in 1849, through which the ‘Indian problem’ would be solved (Dussault and Erasmus, 1996). While the failure of this system was obvious early on, the last government-run residential school closed officially in 1996, a nearly 150-year legacy (Elias et al. 2012). Aboriginal independence would be removed by apprehending children from their families at a young age to instill colonial ways in schools far from home for an eight to nine-year period (Dussault and Erasmus, 1996). Upon arrival at the school, siblings were immediately isolated from each other, their hair was removed, they were given “white” names, and they were issued uniforms akin to that of prisoners (often made of burlap) (Sharpe, 2011). In 1950, 40% of teaching staff in these schools had no experience or training at all (Kuran, 2003). Children lived in dorms with no ventilation, transmitted disease amongst themselves and were often denied any care (Sharpe, 2011). Children were often viciously punished for speaking to their siblings, speaking their language, or for no reason at all (Sharpe, 2011). Some

such physical punishments and abuses included: sexual assault including forced intercourse and sexual contact with authorities, forced abortions from impregnations by authorities, burning or scalding, beating to unconsciousness, electric shocks, unprotected exposure to the elements, withholding medical interventions, etc. (Sharpe, 2011). Children were killed and their peers taken to their graves as psychological punishment (Sharpe, 2011). Some additional psychological, emotional, and cultural abuse included: beating (often naked) in front of peers, verbal abuse, vilification of the aboriginal way of life, withholding letters or personal property, locking in small spaces for extended periods of time, enforced labour, forced participation in the beating of peers, denying women sanitation pads, etc. (Sharpe, 2011). There were (documented) nutrition experiments done in six schools where doctors malnourished children to the point of death, giving supplements to determine if they eased malnourishment and developmental problems, and in these trials other medical interventions such as dental care were denied to control as many variables as possible (MacDonald, Stanwick and Lynk, 2014).

Conditions in residential schools were often so physically, emotionally, spiritually, culturally, and sexually abusive that knowingly futile escape attempts were made (such as attempting to traverse vast distances with little clothing or food, often during inhospitable winters), leading to the deaths of children (Sharpe, 2011). This has had lasting, multi-generational effects such as very high suicide rates (Elias et al. 2012), difficulty understanding family or parenting from lack of experience and alcohol and drug addiction (with little to no systematic support) (Sharpe, 2011).

During the same time as Residential schools, Aboriginal people were often forcibly moved for food security, illness, unemployment, or simply if they were inconvenient (Dussault and Erasmus, 1996). This meant that children who were taken from their families often were never able to find their uprooted and relocated families again.

### The Child Welfare System

With the realization that residential schools weren't working, the Canadian government had to solve their "Indian Problem" in a different way. In the period between the 1960's and mid 1980's, over 20,000 First Nations, Inuit, and Métis children were apprehended by the child welfare system (Paradis; Cowie, 2010). These children were to be fostered or adopted by mainly white, middle-class families, thousands of miles away from their homes, and in some instances sent out of the country or the continent (Paradis; Cowie 2010). Beginning in 1951 through the Indian act (the same act as residential schools at the time), social workers without any training or context approved child apprehensions, with reasons out of the parent's control such as race or poverty (Paradis). These apprehensions continued for over 30 years. They were not consented by the family or community, and the First Nations were not required to be notified until into the 1980's (Paradis). Children were separated from their siblings, often lied to about their heritage, denied their birth records, and discouraged from any connection to Indigenous ways of living (Paradis). They often encountered physical, emotional, psychological, and spiritual abuse, racism, prejudice, etc. (Paradis; Cowie, 2010).

Today, in an impoverished society where individuals have no access to traditional ways of living, the children continue to be apprehended by the welfare system. Twenty-four percent of apprehensions of Indigenous children were due to "unsafe" and twenty-one percent "overcrowded" living conditions (forty-five percent total) compared to only seven percent in non-Indigenous apprehensions (Canada, 2019). Flexible Indigenous) were getting their income solely from social assistance or other benefits, an aspect of life largely out of their control (Canada, 2019). The actions that Indigenous families take to survive food insecurity and severe poverty, such as raising children as a community rather than a family unit is often interpreted by the colonial-valued family services system as 'neglect' and used to justify apprehensions

(Canada, 2019). This furthers an already untrusting relationship (Canada, 2019). Many have speculated that the sixties scoop has not ended, but simply evolved into the ‘millennium scoop’ (Paradis).

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2007)

One of the major calls to action in the Truth and Reconciliation report (2015), was to implement the UNDRIP legislation in Canada (Indigenous Foundations; Canada, 2015). The declaration serves to “constitute the **minimum** standards for the survival, dignity and well-being of the Indigenous peoples of the world.” (United Nations, 2007). Under this legislation, Indigenous people retain all other human rights and freedoms (United Nations, 2007). The declaration specifies that Indigenous peoples have the right to self-determination of political, economic, social, and cultural endeavors (United Nations, 2007). Indigenous people have autonomy over, and the right to traditional lands and resources which would have been owned, occupied, used, or acquired (Indigenous Foundations). This would include all of Canada. UNDRIP affirms the Indigenous right to free, prior and informed consent (FPIC) to any actions which may affect their lands (United Nations, 2007). The UNDRIP legislation commands countries to abide by their treaties if they have them (United Nations, 2007). Upon release, 144 countries adopted UNDRIP, with 4 voting against it, including Canada (Indigenous Foundations). Canada did not adopt UNDRIP into law until 2016 and asserts FPIC is not to be considered a “veto”, an idea that directly contradicts this legislation (Duncanson, S., Brinker, C., Twa, K. and Sanger, M. 2021) Canada has questionably adhered to its’ treaties and has not ceded its control over Indigenous lands.



### Wildfire and climate change

In the North American Boreal Region, burned area doubled from the 1960's and 1970's to the 1980s and 1990s (Kasischke and Turetsky, 2006). There was more than a doubling in large wildfire years due to an increased frequency of large forest fire events with areas greater than 1000 square kilometers (Kasischke and Turetsky, 2006). The proportion of burning in the early and late growing season increased, suggesting a longer wildfire season. Hanes et al. (2018) affirm this, stating that in the last 57 years, there is a trend to a more active, longer fire season, with more area burned, and a higher frequency of large fires. It is nearly universally accepted that an increase in average temperature under climate change correlates with an increase in fire activity (McGee and Christianson, 2021). As demonstrated by the historic trend shown below (Figure 2), climate change has resulted in an increased wildfire frequency and intensity, which is likely to continue to worsen into the future. This will result in an increase in smoke events, needing more evacuations with the potential for longer durations, requiring emergency management with a focus on self-determination and self-care.

In the interest of self-determination, and as backed by the Nibi Declaration (2021) and UNDRIP (2007), this new age of wildfire management in the context of climate change demands the involvement of Indigenous peoples and traditional knowledge in new ways. Wildfire management is not only a resource decision on traditional lands, but a natural cycle that First Nations have lived with for thousands of years, as displayed by Christianson, (2013).

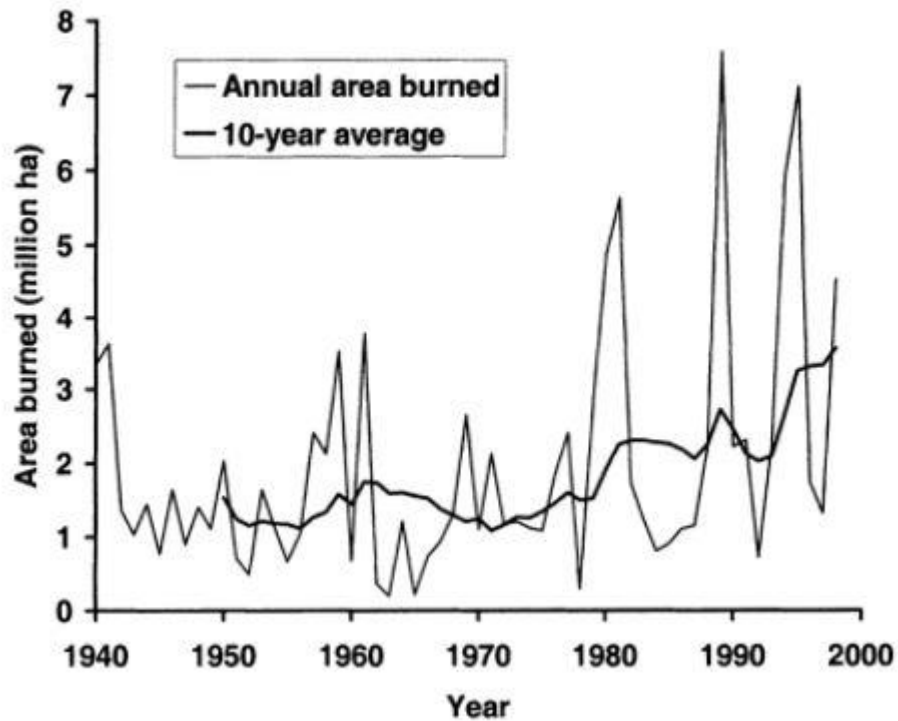


Figure 2. Annual area burned in the North American boreal forest region based on historical records

. Source: (Kasischke and Stocks, 2012).

#### Emergency Management and Wildfire Evacuations

When disaster events such as forest fires occur, First Nations are often

evacuated to reduce the risk of loss of life and health consequences due to smoke

exposure. According to McGee and Christianson, (2021), there are six phases to an

evacuation: 1) deciding to evacuate: the decision comes from the chief and council of

the evacuating Nation, 2) putting a plan in motion: typically, the plan should involve

things such as a list of evacuees and their health risks, 3) Troubleshooting

transportation: accessibility, gas, etc., 4) finding accommodations: hotels, large centers

such as an arena, a neighboring reservation, etc., 5) taking care of evacuees: medical, and mental support, etc. and 6) returning home: continuity of care is important.

First Nations are then treated as refugees in colonial society for, in some cases, many weeks (Yumagulova, Yellow and Dicken, 2021). Due to their proximity to continuous forest and lack of resources, Indigenous communities are more frequently and severely affected by these events (Yumagulova et al. 2021; McGee and Christianson, 2021; Mottershead, McGee and Christianson, 2020; House of Commons, 2018). McGee and Christianson, (2021) state that First Nations make up just 4.9% of Canada's population, yet  $\frac{1}{4}$  (25%) of all wildfire evacuations affect them. A 2018 literature review by National Collaborating Centres for Public Health (NCCPH) revealed that there are no relevant literature explicitly detailing the needs of long-term (multiple week) evacuees, but it did find that: Studies tended to focus on health damages from the disaster with no attention on evacuations; Any literature in community health evaluates emergency preparedness, evacuation decisions and processes, and short-term health rather than long-term effects (Yumagulova et al. 2021). Yumagulova et al. (2021) suggest that their biggest concerns with long-term evacuations are addiction and mental health, referencing the shock of evacuating from an isolated rural, often dry community to a larger colonial city (Yumagulova et al. 2021). They found that long-term evacuation is associated with asthma, diabetes, and chronic infectious diseases. They also found evacuations to cause more relationship breakdown and violence.

Evacuation consequences were higher in First Nations compared with non-indigenous communities because of colonialization, structural inequities, and the

cultural effects of geographic displacement (McGee and Christianson, 2021; Yumagulova et al. 2021). First Nations roles and responsibilities are poorly defined, leading to exclusion of their involvement, knowledge, and cultural expertise especially related to wildfire management and the needs of their people (McGee and Christianson, 2021; Yumagulova et al. 2021, Poole, 2019; House of Commons, 2018). Wildfire management is a resource decision, thus First Nations need to be involved in planning from the beginning, as well as have an active role in any emergency events (House of Commons, 2018). Poorly executed and non-culturally appropriate care is often far-worse than the direct effects of the disaster First Nations are being evacuated from (Yumagulova et al. 2021). Practicing self-determination is far more effective for promoting the health and wellbeing of First Nations Peoples in these scenarios (Yumagulova et al. 2021).

The literature presents concerns in relation to wildfire evacuations such as procedures that mimic historical and contemporary injustices including forced child and family separation, overcrowded, unsanitary, precarious accommodations, unfamiliar and unsafe environments, unacceptable communication, and logistical problems with support requirements which all tended to stem from a lack of emergency preparedness and completely inadequate funding allocation (McGee and Christianson, 2021; NCCPH, 2021; Yumagulova et al. 2021, poole, 2019; House of Commons, 2018). Poor information sharing procedures were extremely problematic (McGee and Christianson, 2021; NCCPH, 2021; Yumagulova et al. 2021; Mottershead et al. 2020; Scharbach, 2014). Colonial, standardized (generic), rigid, top-down approaches by colonial

governments which are paternalistic in relationship fail to meet the nuanced and unique requirements that individual First Nations require. By definition, these paternalistic relationships infringe upon First Nations and their member's rights to self-determination and self-care. This should not be the case, as noted by the Canadian House of Commons (2018), the role of federal government is to provide funding and support, and the role of the provincial government is that of a service organization – ie. to service the Nations, not to control them, force dependency or withhold information. It should be noted that this control of funds approach continues to emphasize the paternalistic relationship between the Canadian government and First Nations. It is also noted that the intense grief endured by First Nations are not just due to the loss of property or pets, but by the loss of their independence, traditional territory, and cultural connection to that land (McGee and Christianson, 2021; NCCPH, 2021; Yumagulova et al. 2021).

Emergency management is typically responsive and timely, thus standardized systems such as IMS and other rigid approaches are used to manage, organize and simplify response (Molino Sr, 2006). With all these complications, and the unique response that First Nations require, it becomes apparent that this rigid system does not fulfil First Nation needs of self-determination and self-care. As Neal and Phillips, (1995), state “a rigid, bureaucratic command and control approach to emergency management typically leads to ineffective response ... flexible, malleable, loosely coupled, organizational configurations can create a more effective disaster response.

### Suggestions for Improvement of Wildfire Evacuations

Scharbach (2014) suggested that there is a difference in values between First Nations and their evacuators. In Hatchet Lake First Nation these values manifested as a focus on the wellbeing of others, their community, and their traditional area (Scharbach, 2014). These values differ between communities which suggests a First Nation-lead approach may be the only way to capture their individual values throughout the experience (Montesanti, Thurston, Turner and Traveller, 2019). Drawing on interviews with community members, Scharbach, (2014) show that in Hatchet Lake First Nation in 2012, the evacuation failed to meet the nations expectations in three key ways: 1. The way the forest fire itself was handled, 2. Evacuation Organization and preparedness, and 3. Interactions between host communities and First Nations. These themes imply that improved involvement of Indigenous peoples from the beginning would far better satisfy their needs while also promoting self-care and self-determination (Montesanti et al. 2019). Montesanti et al (2019) state that emergency plans, response, recovery, and mitigation should be Indigenous led to capture Indigenous knowledge and capacities, the determinants of Indigenous health, self-determination, Indigenous conceptualizations of health, healing, and resilience, culturally safe, and individually adapted for each nation. Askin (2021) found that the major barriers to Indigenous involvement in wildfire evacuations (and more generally) were a lack of trust towards (or relationship with) the colonial government and limited financial support from said government. This funding, according to Askin (2021), would allow the hiring of emergency support staff and the purchase of things like suppression equipment or smoke scrubbers to shelter in place

and reduce smoke exposure risks and the frequency of evacuations. Askin (2012) also found that non-Indigenous workers had a lack of cultural, historical and contemporary injustices, and a lack of clarity surrounding roles and responsibilities.

Mottershead et al. (2020); McGee et al. (2018), state that strong First Nations leadership, keeping families together (including extended family), providing adequate social support, and using familiar host communities and facilities had positive effects on evacuee experiences. Mottershead et al. (2020); McGee (2018), go on to state that First Nations and other Indigenous communities need to participate in emergency management activities, with timely information. They also say that community-based, unique evacuation plans must be implemented, with destinations-in nearby First Nations rather than colonial cities when possible. Further suggestions included defining risk situationally rather than categorically, allowing assistance to be granted to those in need while keeping families intact for the entire duration, and increasing First Nations involvement to increase self-care, self-determination, and overall autonomy (Poole, 2019). Sets of recommendations from Yumagulova et al. (2021) and House of Commons (2018) reflecting these suggestions are in table 9 and 10, respectively (appendix IX & X).

Although the dynamics of First Nations emergency evacuations have a relatively small scientific literature, there is no research found that focused on how Tribal Councils or other Indigenous support organizations should be involved to promote self-determination and self-care.

### Evacuation From the First Nation

According to McGee and Christianson (2021), during the evacuation community members need preparation time for evacuation, increased information such as timelines, who needs to be evacuated, what to bring and for how long to prepare. Because family units in First Nations may be larger than immediate parents/siblings, evacuees need adequate time to prepare, or they risk not having the support they need while they are away (Askin, 2021; McGee and Christianson, 2021). There may be additional stresses associated with movement during evacuations such as running out of gas if the evacuation is by road, thus transportation details should be well planned (Askin, 2021). Askin (2021) also suggested that evacuees experience many other biophysiological consequences of evacuations such as addictions issues, traumas, material loss, social alterations, etc. that must be considered.

The decision to evacuate is for the First Nation and is for the Chief and Council to make (McGee and Christianson, 2021). Individual residents have the right to stay behind and may want to do so for a number of reasons including but not limited to: retention of control over the situation, unfamiliarity of the host community or inadequate information, worry for pets that otherwise would need to be left behind and worries about homes being burned or broken into while they are away (McGee and Christianson, 2021). Many will leave once police forces speak with them, often leaving out of fear, which perpetuates a feeling of loss of control and may bring back traumas (McGee and Christianson, 2021). It is important that their decision is respected and informed, without coercion or intimidation (McGee and Christianson, 2021).



As McGee and Christianson (2021) state, the person currently responsible for emergency management tends to be a full-time employee in a different capacity, carrying out emergency management only as needed, often as a volunteer (McGee and Christianson, 2021; McGee Christianson, Mottershead and Heno, 2018). This is because, according to McGee and Christianson (2021), Indigenous Services Canada currently has no funding for an emergency manager position in First Nations.

#### Host Accommodations

Accommodations for evacuees tended to be in three broad categories: 1. Hotel stays, 2. Large centers (arenas, schools, etc.), and 3. Other First Nations. Evacuees who stayed in hotels tended to have no entertainment or activities provided, leading to a claustrophobic and neglected feeling (McGee and Christianson, 2021).

First Nations members are transitioned from enjoying nature and open spaces to living confined to hotel rooms (McGee and Christianson, 2021). Because the cost of rooms often falls on individuals or the First Nation (to be reimbursed later), there are often too many people in rooms, forcing uncomfortable accommodations (McGee and Christianson, 2021). There are unforeseen logistical issues with hotel stays such as a lack of credit cards for room bookings, a lack of savings to cover meals, transportation, activities, etc. (McGee and Christianson, 2021). Here, funding should be provided upfront to cover these things rather than as a reimbursement which assumes they have the capacity to pay for these things with colonial dollars in colonial systems (McGee and Christianson, 2021). First Nations staying in hotels often experience racism from

hotel staff, at restaurants, and during any activity they may participate in outside of the hotel (McGee and Christianson, 2021).

Evacuees who stayed in large centers reported vastly different experiences than hotel stays. Here, discomfort often stemmed from a lack of privacy and crowding that may be associated with institutions and historic traumas (McGee and Christianson, 2021). There are reports of security lights, difficulty sleeping or feeling at home, with little to no special treatment given to Elders and pregnant women (McGee and Christianson, 2021). In large centers there is often no temperature control, long walks to bathrooms, long lines for food, strict mealtimes and colonial foods which were not conducive to the evacuees' way of living (McGee and Christianson, 2021). Individuals often report feeling like they were under surveillance with a lack of trust, and a prison-like sign-in system with little autonomy during their stay (McGee and Christianson, 2021). It was stated that Elders and community members would have felt more comfortable camping together in a safe area than staying in these centers (McGee and Christianson, 2021). Community members tended to have increased stress from increased monitoring due to mistrust, judgement, unacknowledged high vulnerability and risk, language and cultural barriers and historical and contemporary systematic injustices including the child welfare system and a deep mistrust of social workers (NCCPH, 2021; Yumagulova et al. 2021). Minimal transportation or support for daily life in a foreign city also caused increased stress (NCCPH, 2021).

Cheap outdoors activities were very beneficial for families to keep spirits up and minds off the situation in their Nation (McGee and Christianson, 2021). Some such

activities included swimming, sports, movie nights, bingo and other games nights, traditional activities, etc. (McGee and Christianson, 2021). Without these events, people without spending money may just stay in their rooms feeling trapped (McGee and Christianson, 2021). During their stay, updates from home were very helpful. Videos posted on band websites or social media platforms such as *Facebook* showing their community, volunteers or staff feeding pets, homes safe and protected, etc. was a great stress reliever and something residents could cling to during their stay away from home (McGee and Christianson, 2021).

## METHOD

## Positionality

I am a culturally practicing status First Nations man from Northwestern Ontario with immediate family in the industries of natural resource management from an Indigenous perspective and remote Indigenous community health nursing. In addition, I have been a forest fire fighter for the Ministry of Northern Development, Mines, Natural Resources and Forestry (NDMNRF) for four years and have gained insight into many forest fire decision makers' thought processes and Ontario's system of emergency management. While these perspectives and lived experiences have been both a reason for taking on the study and invaluable tools for understanding the research, developing a method, and providing critique and recommendations, I also acknowledge that they introduce bias into the study. I desired to share these personal positions to better contextualize the research in the pursuit of transparency.

## Theoretical Understandings

## Social constructivism

Social constructivists seek to understand how meaning can be interpreted from subjective experiences and interactions with others (Askin, 2021). Social constructivism is multidisciplinary and rooted in multiple fields such as including human geography, philosophy, sociology, and linguistics, and is related to transformations in behavior (Askin, 2021). Due the nature of quantitative data collection and management, especially interviews, social constructivism is a well-suited data analysis approach which is commonly utilized. This means that social constructivism is applicable to my research in the personal accounts given by KO staff and given the

historical relationships between First Nations, colonial governments and the potential or actual role of tribal councils in that relationship.

#### Post-Colonial Theory

According to Allan and Smylie (2015), Indigenous health cannot be understood outside the context of colonialism. This includes unjust historical and contemporary practices and policies which primarily served to: 1) possess Indigenous lands and disrupt traditional economies, cutting off food sources and forcing dependence; 2) control who deserved the title “Indian”; 3) destroy the transfer of identity and traditional knowledge; and 4) undermine roles and responsibilities of women in a traditionally matriarchal (or matrilineal) society (Allan and Smylie, 2015).

Post-colonial theory explores the impact of colonialism on political, social, historical, and economic structures including thought patterns (Askin, 2021; Kerner, 2018) Post-colonialist theory seeks to empower indigenous peoples in the face of the infliction of colonialization, as detailed in the relevant sections below (askin, 2021). The post-colonial lens is one which must be considered by all parties, KO included, to properly support First Nation self-determination and self-care.

#### Research Design

Because the research draws heavily on social constructivism (Creswell & Poth, 2018), a qualitative method of semi-structured interviews is an appropriate method of data collection.

### Study Context and Setting

KO and its member communities lie within remote northwestern Ontario, with mostly fly-in only reservations. While KO First Nations lie primarily within treaty 5 and 9 territory (Table 3), KO's head office (in Thunder Bay, Ontario) and subsequently many KO employees who work in that office reside within the territory of treaty number three. It should also be noted that Deer Lake First Nation is in a unique situation with their own nursing station and nurses.

*Table 3. KO First Nations and their treaty numbers.*

First Nation	Treaty Number
North Spirit Lake	9
Keewaywin	9
McDowell Lake	9
Fort Severn	5
Deer Lake	5
Poplar Hill	5

### Recruitment and Data Collection

Perspectives, experiences and recommendations from 15 KO employee service providers and temporarily employed community social workers (i.e. recreation support) who were involved in the summer-2021 wildfire evacuations of several KO communities were interviewed in a semi-structured format.

Recruitment was purposeful, with assistance from Anjali Mago, KO Director of Health following internal KO protocol and practices. Participation criteria were: 18 years of age or older, KO employment, volunteers, or temporary community employment, and were involved in one of the evacuation host cities or evacuating from the reservation. There was no other inclusion or exclusion criteria.

Interviews were conducted virtually by Parenteau, Duckert and Galway, lasting around one hour each between the dates of January 17<sup>th</sup> and February 4<sup>th</sup>, 2022. They were done over zoom following the semi-structured interview guide (Appendix V). Before gathering data, a consent form (Appendix I) was shared, written consent obtained, and verbal consent confirmed before each interview. Interviews were video recorded with consent and careful confidentiality. All covid 19-related protocols from all involved parties the Lakehead University Research Ethics Board approval was achieved.

Semi-structured interviews suited the study objectives to account for the diverse background of participants and their experiences due to their flexible nature. The interviews had 4 major sections, beginning with an introduction to the interviewers, research goals and confirmation of participant consent. Section 1 was on Introductory and Contextual questions and sought out demographic information not supplied during recruitment such as their role with KO. Section 2 was related to the staff perceptions of KO service, how to provide it, to whom, and the place of self-care and self-determination within KO service provision. The intent of section two was to clarify the role of KO in emergency situations. Section 3 is about experiences from the evacuations themselves. Prompts considering successful and unsuccessful behaviors, adaptability, autonomy, and self-care were used. The fourth and final section was on the emotional aspects of the evacuation, relating to stress and the potential for self-care for staff and for community members

during the event. Finally, during the wrap up section, suggestions for improving service were requested.

#### Data Analysis

Once complete, the interviews were transcribed professionally verbatim in February of 2022. I read through the transcripts to check for mistakes and began a process of getting to know the data, the first step in inductive coding to attempt to organically generate themes for a thematic network (Attride-stirling, 2001). Themes eventually arose from the combination and hierarchical organization of codes to speak to my research questions. Galway and Duckert reviewed these themes to enhance rigor and support the data analysis process. In defining in organization of the codes, greater understanding of them was achieved. Using NVivo Windows (QSR, 2021), a thematic network was generated. A non-exhaustive table (Table 7) illustrating some of the major themes and sub-themes was generated, and supportive quotes are used throughout the results section to illustrate themes.



## RESULTS

## Participants

Two of the fifteen participants were helping at the evacuation sites rather than the host sites. Eight were female, seven were male. Participants were from the following departments or roles within KO: Health care (10) (nurses, Personal support workers, Physiotherapists, etc.), crisis coordination (2), law enforcement (1), Public Works (1) and Education (1) (Table 4). These participants were in 6 different host sites: Thunder Bay (7), Deer Lake (3), Cochrane (2), Cornwall (1), Kapuskasing (1) and North Spirit Lake (1) (Table 5), helping with three different First Nations (with two participants having worked shifts in both North Spirit Lake and Deer Lake): Deer Lake (11), Poplar Hill (4) and North Spirit Lake (2) (Table 6).

*Table 4. Participant departments*

Department/Role	Number of participants
Health Care	10
Crisis Coordination	2
Law Enforcement	1
public Works	1
Education	1

*Table 5. Location of participant work During the 2021 wildfire evacuations*

Evacuation Support Location	Number of Participants
Thunder Bay	7
Deer Lake	3
Cochrane	2
Cornwall	1
Kapuskasing	1
North Spirit Lake	1

*Table 6. First Nation worked with by participants during the 2021 wildfire evacuations*

First Nation	Number of Participants
Deer Lake	11
Poplar Hill	4
North Spirit Lake	2

Analysis of the responses to the semi-structured interviews yielded 2 major themes and 14 major subthemes, as described in table 7 (pg. 33) and Table 8 (Pg 48). These themes are in no particular order, and are presented in non-exhaustive tables to set the tone of the sections to come. I have chosen to present these themes in depth through as much the voice of the participants as possible, limiting researcher bias.

Table 7. Self-care results overview

Major theme	Major Subthemes	Description
Self-Care	Host Site Accommodations	The host site accommodations sub-theme coded for accommodation data such as evacuation length, evacuation comforts (food, activities, etc.)
	First Nations Perspectives	The First Nations perspectives theme coded for KO staff interpretation on evacuee emotions and how they relate to historical and contemporary injustices.
	Stress	The stress theme coded for things such as long hours and staff burnout.
	Host Site Safety	The host site safety theme involved things such as addictions and drinking, violence and security
	Evacuee Self-Care	The evacuee self-care theme coded for examples of KO staff observing First Nations performing self-care
	Staff Self-Care	The staff self-care theme coded for examples of KO staff performing self care, as well as their opportunity to do so
	Activities	Activities coded for the mention of activities and their effects on the overarching evacuation
	Staff Support	Staff support coded for examples of, or wishes for supports that could be provided to staff such as clear emergency roles, leadership presence, etc.
	Monitoring	Monitoring coded for debriefings and meetings through the evacuation, their benefit, and any requested changes in frequency.

### Self-Care

#### Host Site Accommodations

Once evacuated, First Nations refugees arrived at their accommodations for their stay away from home: hotels. Their stay was crowded and long, as one respondent recalled: "...anywhere from four to six people (per room) ... I can't imagine

myself being removed from my home for a whole month and having to live in a hotel room to the best of my ability”.

The hotels were spread across four colonial cities (Thunder Bay, Cochrane, Cornwall and Kapuskasing). In these cities, there was anxiety and stress for First Nation members associated with being in an unfamiliar community, or a foreign land. As one respondent noted: “an urban centre is so different from people’s home communities. Maybe people would have more opportunity for self-care, (or that it) would take out some of that stress... If they were in another community a bit more similar to their own”. Another stated: “I think they definitely felt dispersed, and I think it did help them feel a sense of just being unsettled, you know, and not being home and in the familiar. Again, it’s ... all the anxiety that comes with ... (being) in a community that’s not your own. They are English speaking communities and not Oji-Cree, so you’re away from your mother tongue, your language and your culture and you’re with people who are different people... in the city everything is so fast-paced”. Some evacuated community members may not speak English, and their home communities do not have public transportation, traffic lights, or requirements for the use of bank accounts or other western concepts like credit cards, or drivers’ licenses. This means that, while hotels in urban centers are difficult but tolerable for those culturally adapted to colonial life, they are a large barrier to the self-care and autonomy of First Nations peoples, especially those from the remote north.

Food and mealtimes were important during the evacuation. Meal experiences varied between host sites, but were often untraditional foods, which lead to

discomfort. An interviewee stated that: “Yeah, it was pretty repetitive ... some weeks we had like chicken fingers maybe three or four times”. Another participant recalled, from the perspective of an evacuee, “Oh, we’re so hungry because we don’t like this kind of food”. When referenced, traditional foods such as wild game, wild rice, bannock etc. seemed to have a positive effect on evacuees. As one participant recalled about mealtimes: “It was just a chance to kind of sit and socialize with the community members over a meal, which was really nice”. Community building and gathering places such as shared mealtimes seemed to have a positive effect on evacuation experiences.

#### First Nations Perspectives

According to KO staff, First Nations members went through emotional hardships. Community members seemed to be worried about the life they left back home. They were stressed about homes being broken into or burned in the wildfire, or about the pets they had to leave behind. Families were separated. When asked about evacuee emotional states, one participant responded: “Probably displaced. I know a lot of them were fearful of their families that were separated. That was a major concern. Some of them voiced concerns about their home, their pets that were left behind. So, there was a lot of stress on them, as well. So sometimes when you think, “My God, I can’t believe how much they were drinking,” but it’s a coping mechanism. So, you know, unfortunately they had a lot of stress and worries, as well, and it’s not easy living out of a hotel room, and you’ve got five, six people sharing a room if you have a big family”.

Evacuees were isolated living in a hotel. Due to their location, budgets, and difficulties navigating the western world, they were often unable participate in activities otherwise would have been available. When they were able to get out of the hotel and explore the host city, community members reportedly experienced racism and harassment. As one respondent said: “there were community people coming, driving by, taunting Poplar Hill members”.

The separation of families during the evacuation was a problem of particular concern, being cited by eight of fifteen (8/15) participants. Participants saw this as problematic at both the host sites with vulnerable populations such as elderly and with young parents or adults without their supports. These separations happened due to the structure of the evacuation itself. High-risk patients are evacuated early due to the risk of smoke inhalation. Because evacuations happen in stages, where subsequent groups may not evacuate for weeks or at all, if multiple evacuations occur simultaneously, or a host site simply fills up, non-high-risk evacuees which may evacuate weeks later can end up in another host site. Participants relayed that a lack of familial support, especially with children or elderly evacuees, caused unnecessary stress. One participant shared this example: “there was this elderly lady alone with her grandchildren here in Thunder Bay and her sons were somewhere else because they were young adults, healthy, so they were not sent to Thunder Bay, they were sent to another site. So, she needed somebody in her family, like a son or daughter to support the grandchildren”.

### Historical and Ongoing Injustices

Historical and contemporary injustices as discussed, albeit briefly, in the literature review were sparsely mentioned. Contemporary child apprehensions during the evacuation were brought up, but without the context of colonialization or the 60's scoop being mentioned: "we were pleading that Tikinagan shows a presence there, as well, because the children were getting apprehended, and it would be a different jurisdiction. It was such a mess, and even that alone was another mess, determining who was responsible to help these children. And everyone passed the buck. Yeah, it was really sad". A lack of trust, addictions issues, violence, etc. were also brought up, outside of the context of colonialization. Colonialization, or any historical injustices, were only explicitly brought up by two participants, including the following: "You don't have to look very far in our Canadian- shared history to understand that there is hundreds of years of impacts from Canadian colonial history that have impacted generations to generations to generations within the KO Chiefs communities".

### Stress

#### Staff Stress

Staff at the host sites reported feeling overwhelmed and burnt out by their experiences and the long hours required. As one KO staff member recalled: "we were working, like, I don't know, 18-hour days, some of them. It was really, really tough". There were stressful and traumatic experiences during the evacuations. One KO staff member recalled: "I was very tired, just not sleeping at night. Especially those first three, four nights where ... we were basically security overnight ... There were definitely

trigger moments when you saw domestic assault, or you saw other forms of assault. So, moments of fear, moments of sadness”.

#### Host Site Safety

The most referenced code in the entire analysis was about drinking. KO First Nation reservations have prohibitions on alcohol, but when community members leave due to evacuation, ease of access along with triggers such as the emotional traumas, isolation and boredom, etc. contributed to widespread, daily alcohol consumption in some host sites, even amongst those that would normally never drink. Due to the phased approach that evacuates high-risk members early, the older parents and grandparents were often taken to one site while the younger, healthy people ended up grouped in a separate host site. The Poplar Hill Phase 3 group had an estimated age range of 18-35. This resulted in alcohol used by nearly everyone, including parents, and during most of the day at these sites. Once alcohol, or money for alcohol ran out, theft became an issue in some cases. As one respondent stated: “They were phase three people that went, so no health conditions. We only had three Elders out of our whole group, and those three Elders were drinking ... And it was the significant amount of children we had and we were probably at a 97 percent rate of intoxication.... I'm even probably saying that 97 percent is a low number, to be honest. It was every single room. When I sit back and think about it, I recall two for sure that I had never seen drink – two rooms.... And there was, you know, child abandonment. There were physical altercations. There was a lot of domestics. There were people breaking into hotel rooms to steal money. It was probably the most horrific experience I've ever



had". The Poplar Hill site in Kapuskasing was averaging between an estimated 4-8 police pickups per night for domestic abuse, intoxication, or other offenses. One respondent at one of these host sites stated: "if you can stop the community's members from drinking, I think so many problems will be solved". One respondent summarized her experiences as follows: "They started running out of money. Then they started drinking hand sanitizer ... Then when they would run out of hand sanitizer and money for hand sanitizer, then they started resorting to breaking and entering, with knives, to people's rooms ... two rooms just right beside me had got broken into in the middle of the night at knifepoint. So, I was sleeping with the chair up against my door. And again, I was so tired". Some also noted that diverting the attention of those who might drink by going out for coffee or having activities to participate in were helpful.

With the widespread drinking came violence, and with it, child apprehensions. As one respondent recalled: "Dad is passed out on the chair. There is puke all over him, blood all over the sheets. There has been a domestic in there. No mom to be seen. And now basically Child and Family Services are being called". As another remembered: "...it was constant calls to Child and Family Services ... we were pleading that Tikinagan shows a presence there, as well, because the children were getting apprehended". Addictions, violence and racism were expected in the final evacuation group. When planning the host site, staff brought up the following: "if you put these individuals in Toronto a third of them will die, be murdered likely, one third will end up in jail and the other third will be lost never to be seen again". Host sites tried various methods to reduce drinking and violence by implementing deterrents like sober activities and

additional security staff, but to little avail, as a KO staff member recalled: “so two types of security going around – and then they also had a minimum of two OPP officers that were on the ground. It still didn’t slow anything down, but you felt like you had a team there”.

Self-care: What does it mean to respondents?

Staff tended to have a good understanding of what self-care might mean in an evacuation setting, as one respondent exemplifies: “self-care, at least in my profession, is doing things that are meaningful to you to pass your time and to stay cognitively, mentally and physically healthy. So, exercise programs, having an ice rink in the community or having a gym where people do yoga or deep breathing or some other activity, group feasts”. Another responded: “It means building capacity at the community level ... the community understanding that they need to take on their own health care”. According to staff, self care is not, however, just the understanding that one must care for themselves. It is also having access to the resources one requires to care for themselves.

Evacuee Self-care

Self-care at the community level can also mean community members caring for themselves, rather than relying on external resources. As one respondent recalls: “I feel that in Thunder Bay we saw a lot of good examples of self-care. Again, with having community members that were involved in the efforts, you know the community liaison roles. And a few community members were drivers as well that would take

people to get groceries, and to appointments. And we saw a lot of community members even just informally stepping up and helping with childcare and stuff like that you know?”. Respondents tended to feel that there was little opportunity for self-care. Cooking for yourself, eating traditional foods, shared mealtimes, etc. were not always available, and different between host sites. When asked about the opportunity for self care, one KO staff member responded: “Probably not. I mean again I just feel like the whole environment is so different. And you know, a lot of community members especially in the summer enjoy, you know, going out fishing, and being outside. And you just can't really necessarily do that in an urban centre like Thunder Bay ... So I feel like it's a bit harder to find those escapes in that environment”.

#### Staff Self-Care

Staff also found it was difficult to practice their own self-care. One reason for the lack of opportunity was the sheer volume of work and time commitment involved, as one staff member stated, when asked about their opportunity for self-care: “Not at all. Yeah, that was just not possible given the hours we were working. I remember my colleague and I the last night before we were to switch off, I remember I said to her, “We need to go sit down and eat a meal together because we have to have at least one meal together before we leave this place,” you know, because otherwise it was just grabbing things on the go”. Sleep deprivation was heavily referenced, due to sleeping location and security at the host site. Sleeping in the same hotel as the evacuees, and/or a lack of security allowing the potential for harm contributed to staff working

extreme hours. Increased security helped, as one respondent said: “I ended my nights a lot earlier knowing that we had two security teams plus the OPP. And I had to at this point trust that they know the security”.

Staff mentioned that when they began staying in separate accommodations than the community it was easier to self-care, but, the host site requires additional overnight staff and/or security. One staff member illustrates in response to a prompt about the accommodation change: “Yes, yes, that was – almost immediately took the stress level down more so than, you know, I could even begin to imagine”. One staff member mentioned that a “self-care advocate” role may be helpful – staff that have resources available and ensure that self care is talked about and practiced by staff and evacuees alike.

#### Activities

At the host sites, people did not always have a purpose during the evacuation, as illustrated in the following quote: “You would often see people just outside of the hotel just wandering and just not knowing kind of what to do”. When asked about their experiences with a non-KO First Nation evacuation, one respondent replied: “It was a different situation altogether because people had access to go fishing, people had access to walk around, you know, just walk safely, walk around as if they were working in their home community. They had safety to be able to gather with their families around a table, like under a big tent, and just have more family time. It was altogether different”. Access to traditional land-based activities and a more culturally appropriate environment, with families together can make a large positive change. Family activities

can help ease the drinking problems during the evacuation, as exemplified in this quote: “the parents had to stay sober. They’d stay away from the alcohol for a little bit longer ... that seemed to impact on ... the night and how it would go sometimes”. The opportunity for activities varied between sites based on both location and staff capacity. Selecting accommodations with activities and self-care in mind should be considered. One staff suggested outsourcing activities, food, etc. to local outfitters, First Nations, etc. to ensure culturally appropriate food, activities, and self care opportunities. Activities and shared meals also served to increase the sense of community in the host site, positively altering evacuee and staff experiences.

#### Staff Support

Due to their circumstances, some staff felt unsupported by KO, or that the support provided was inadequate. One KO staff member stated: “I don’t feel there were any supports ... The only thing we really got from KO was our daily meetings. ... I Guess they would hear us”. That same staff member went on to say: “I think to the level of pleading for assistance and backup and everything else that didn’t come until later, I (didn’t) feel very supported”.

#### Emergency Roles

During the evacuation, frontline staff tended to view their roles as “general support”, rather than for the specific role they were hired for. This meant that staff were uncertain of their roles and responsibilities during the event, making organization

and cooperation with other organizations difficult. Identification and clarification of specific emergency support roles, with clear responsibilities and chain of command will help interactions between coworkers and organizations become more efficient. One staff member stated “It could just be a couple pages. This is what’s expected of you. That would be the first, as well as adding in there any time that we are responding to a crisis situation, such as the wildfire evacuations, all of our titles, whatever we were hired to do, is out the door. You are now just a support staff. I often heard people that were upset about having to pick up things or doing rounds”. Staff also mentioned that knowledge of the larger emergency system and the relevant parties would have been helpful.

Staff said there was a lack of leadership presence at the host site: “But I didn’t feel like there was anybody in charge. We were all in silos”. One participant said: “there were times where we weren't sure like who we should ask for specific information. Or like even the simplest things. Where you know, we needed a whiteboard, or needed basic nursing supplies. Like we weren't exactly sure who we should approach. Because there's so many different people involved in the planning, and kind of involved in those like leadership organizing roles”.

KO Leadership set up a management center in their own offices rather than at the host site, but this led to a lack of KO leadership presence, as quoted: “we did not get the full picture and the provincial people and those fire people, all those red cross, all those external organizations who were coordinating they were there, they were in-person meeting with everybody in that big room and they did not see KO

representation". In sites where leadership had more presence, staff said: "the higher up leadership also has more of a relationship with you know other service providers and stuff like that. So, I do think having – maybe not for the entire evacuation, but I felt at least you know at the beginning when things were still kind of rocky and just getting setup. It was helpful for us to have leadership on the ground so that we could have a bit more guidance and could kind of communicate our needs to our leadership as well". As illustrated by the following, not only does KO need to have leadership present, but visible to other organizations and community members: "We were so disconnected with everyone. The chief and council were not happy. The elect chief and council, like always I heard from everybody, "Where is KO? Where is KO?" Although, we all were there". To address this issue, a respondent suggested: "It could be equipment. It could be a t-shirt, laser name badges, anything that has just KO, a big KO logo. You know, we could have something on the back that says support staff on it".

#### Resource Support

Resources supplied to community members such as toiletries, donated clothing, games, phone chargers, etc. were very helpful: "Chargers, .... Socks, some shoes, basic stuff ... Because when they evacuate, everybody is in a rush, they don't know to pack everything, and I think those kinds of things are helpful".

When resources can't directly be supplied, access to money is a requested substitute. Activities, entertainment and self-care all cost money when you're living in a hotel. For example, arranging an activity or getting coffee or tea with band members can be a substitute for drinking. Multiple staff members were using their own money

for things like coffee, games, or chargers for community members. Having a budget for this type of support-based discretionary spending, or some sort of prepaid gift card system is requested by staff.

#### Monitoring

Participants stated that check-in meetings were helpful, and that more of them would have been appreciated. As one staff member relayed: “we had morning meetings every morning with the nursing staff, the hotel, fire EMO, other organizations as well like Red Cross. The First Nations were there like Chief in Council, leadership, an Elder, and that was really good to have communication every morning and just talk about all avenues of care at the host site, so I think that really helped to streamline communication and keep things going, so that worked really well”. In another site, meetings and debriefing happened, but at a later point: “I think that like while we were preparing everyone was just so focused on the present and getting things done. That we did not take the time to really stop and talk about what was actually happening. Or have any kind of debrief at that point ... But then towards the end of the evacuation when we kind of had our role established and felt a little bit more settled, then we started to kind of talk about how things were going. What was working well for us? Kind of where we were in terms of you know like how we were doing with the evacuation itself and stuff like that”. In order to improve care in the host site, all staff should communicate and be aware of major problems, priorities, upcoming events, etc. To solve problems, one must first understand them. This should involve both daily interorganizational meetings to understand the broader objectives of the host site, and



internal KO meetings to ensure all staff understand their roles and KO's specific responsibilities with genuine listening to staff from all levels of the organization.

*Table 8. Role of KO overview*

Major theme	Major Subthemes	Description
Role of KO tribal Council	Service	This theme was about who KO staff serve, and what good service looks like.
	Flexibility	This theme coded for examples of situational adaption and flexibility required, especially in emergencies.
	Communication Bridging two Worlds	This theme was about Information delivery This theme involved KO's role in relying upon their trusted relationships to bridge worlds
	Self-Determination	This theme was about self-determination (capacity building, emergency planning, advocacy, guidance, etc.)

#### Role of KO Tribal Council

##### Service

When asked about who KO serves, nearly unanimously, participants felt that while KO is formally responsible to member First Nations leadership, KO serves every band member in those member Nations.

When asked about what good service means to KO, participants cited listening to the needs of individuals within their member Nations: "one of KO Chiefs' biggest strengths is really listening to the needs that come from the grassroots, whether that's off reserve members or on reserve members or chief and council that have duty to on

and off reserve members, listening to those grassroots voices, and then responding as requested by those grassroots voices”. Another responded: “It’s not about KO as an organization. It's literally about the individual communities and what they're requesting”.

Flexibility and adaptability in Providing Service and Care

Due to the vast differences between communities culturally, demographically, and otherwise, they have very different needs. Thus, a rigid, generalized, and systematic approach is not sufficient to meet the needs of KO member Nations. KO member Nations require flexibility in their services, as 13/15 respondents noted.

Flexibility is especially important during emergencies, to adapt to the situation. As one participant said: “You have to be flexible and adaptable and be familiar with concepts like colonialization and two-eyed seeing (in order to work here)”. Another said: “You always have to be adaptable and flexible [laughs]. There is never a situation you are not adaptable and flexible”.

While staff knew the importance of flexibility, many did not feel they had the autonomy to be flexible when needed and to provide good service and care. One participant said: “Every time I have to call my supervisor to make a decision for even small things. For example, I said, ‘OK, they want some chargers and all that kind of stuff, what I should do”. This respondent saw that the band members needed chargers for devices, and asked a supervisor if KO could purchase some, an action to support community members. They were told they needed a quote from the store. The respondent states: “there is no store which is going to provide you quote for these

things, then KO said no, we have one policy, we can't have ... you can't buy something randomly and just to give someone". Staff felt the need to involve their supervisor with every decision, with no budget for discretionary spending, which impedes their ability to be flexible in their situational response.

#### Communication

One barrier to information and communication was the terminology used. KO staff were confused by acronyms as one respondent exemplified: "I was not sure what PEOC means and I was afraid to ask because I was in that position that if I would ask it would be shame for me that I don't know PEOC, what does PEOC mean?".

Being an indigenous organization, KO has a role in communication and resource support, as one respondent notes: "I feel that in an emergency situation the role of Chief and Council to kind of be able to relay information to community members and service providers is incredibly important. And I know there's a lot of liaising with different organizations involved at different levels of government. But I think really having you know, Chief and Council, and KO as the main communicating body to be able to provide information and be able to help support the community in planning and preparing for the evacuation is important.". In this evacuation, information was not always adequate, as one respondent recalls: "people didn't know where they were going to be evacuated to. Or some of the younger patients would say like oh yeah you know my parents, or my grandparents got flown to Thunder Bay".

While KO has a role in relaying information from other organizations to member Nations, they need to communicate well within the organization, as displayed by the

following: “there were definitely times where it felt like we had not a lot of information. and then all of a sudden, they're like OK, go, go, go and you're like scrambling to figure out the plane lists, and get community members organized, and get supplies organized. And then you know another kind of pause. And then just this wave of like, scramble”.

Delivery of medical records from First Nation to host community was one example of a communication issue. As one KO staff member said: “when they left the community, they were given a package where it says (what) all the medical needs are. ... a lot of that kind of went missing”. This makes interfacing with the western medical system difficult, a problem participants suggest may be helped by utilization of an electronic records system.

#### Bridging Two Worlds

Due to KO's closer relationship with the Indigenous worldview, especially the particularities of each member Nation, KO employees have the ability to use two-eyed-seeing and help buffer between ways of doing. As one participant states: “balancing those western versus indigenous views on service delivery ... I think because of kind of the isolation that communities experience and what they see on a day-to-day basis, you get a very different perspective on what's important, what's meaningful, how things should run”. Due to their relationship with the First Nation, KO employees can better establish and communicate with community contacts through culturally appropriate ways of communication.

Relationships with the community members are important to build trust and rapport, as one KO staff member states: “nurses who work in community build relationships with community members. We see patients frequently and sometimes it takes time to build that trust with community members. And I feel like that relationship and that trust is not there when a patient accesses a walk-in clinic, or goes to emerge on their own, in a new city”. Trust was also important between team members, to ensure autonomy and flexibility to adapt.

Part of the role to bridge worldviews involves providing the organizational and logistics support to the First Nation. As one participant states regarding the evacuation process itself: “That process of coordinating the path of people from the communities through a reconciliation staging point and then controlling their transportation to the airport and then verifying and getting them onto the airplane you build that link nice and smooth, and you get it going”. KO, who is more in-touch with the needs of the First Nation than other western organizations, should oversee coordination of resources. Relating to this, and specifying one KO employee in this role, one participant states: “should be Tribal Council’s role, we should identify that role during the emergencies who can coordinate with all these external resources and bring all these resources because there are so many resources out there but there’s no – there needs some coordination”.

One good example of this role of bridging worlds this summer was that Deer Lake First Nation evacuated their community health nurses with the community. This is a unique situation because Deer Lake is currently the only KO Nation with its own

community health nurses assigned to work only in Deer Lake each rotation. This community was the first to evacuate their nurses and send them along with the community members. Due to their previous work in community, these nurses had built a trusting relationship, which increased the level of comfort from community members in accessing health care during the evacuation. One KO staff mentioned: “the community members trusted the nurses because they have a rapport with them already, so I think it just took away a little bit of anxiety and pressure from being in a very strange place where they didn’t understand the system and how to maneuver”. Because of their understanding of home life, these nurses were able to administer more culturally sensitive care.

Nurses were better able to advocate for band members, and better able to help them to navigate western systems. One participant said: “The nurses also knew the system in the city so they could help advocate for patients who needed more help and more care, whether that be dental, eye care, mental health, like all kinds of issues that the nurses were helping to navigate”. Another stated: “we were kind of an access point to be able to then direct patients to either walk in clinics in the area, or tell them to go to the emerge; a handful of times a nurse would accompany the patient to emerge, depending on their comfort level with accessing the hospital system”.

The nurses who evacuated also help with continuity of care, as they worked in both the home community and host site. As one participant said: “I would like to reiterate is just I feel the importance of community members having some continuity when they are evacuated. Whether that is you know continuity with the same service

providers that they normally have in community. Or continuity with same familiar faces in leadership roles. Just to have that familiarity even when they're not in community". It is also stated that community members could take care of non-emergency medical needs while in the host city, since they were in proximity to resources such as dental care that they do not have access to at home.

#### Self-Determination

KO staff members understood the concepts of self-governance and self-determination and the need for them in wildfire evacuations, as demonstrated by KO staff experiences. For example, one participant responded: "independence and empowering and managing their own care. They know what they need. I don't know what they need so I know that that has to come from within the community and not from outsiders. Right now, I feel like what we're doing is kind of a band-aid solution until we're able to get to that point". Another example: "self-determination is like in terms of a policy perspective having communities and Chief and Council be able to have autonomy over deciding what kind of programs and services they want to implement. And how they would like to structure the delivery of services". Ko staff knew that self-determination requires the First Nation to step up and forge their own path to recovery: "I think that's probably one of the most practical examples of community determination, you get the community involved with its own recovery. And the faster you do that, the faster that community gets back to their new state of normal".

Part of self-determination is also the capacity one has to determine their own outcome. As an example of this, KO staff said: "having programs that are delivered by

community members, for community members. Having populations that again allow people to stay in community to access services. I think that's a big piece of accessibility that's important". This highlights the differences in social determinates of health in a reservation vs the rest of Canada. KO may have a role in bridging that gap, as it has a mandate to help develop capacities in its member nations and has a more trusted relationship with them to provide these services. One responded noted this: "most of the other First Nation communities it's kind of the Federal Government that dictates how the nursing station is funded, and how many staff they can hire. And what services they can offer. But I think having Chief and Council input, and having local governments be able to decide that is important to self-determination".

#### Capacity Building

KO understands that, to self-govern and self-determine, a Nation needs the resources and capacity required to do so. KO has a role in guiding their Nations, helping them to navigate the emergency system, providing resources and knowledge, and ultimately, in building up their capacity to take on more of these responsibilities. As one participant states: "give them tools, help them use the tools, implement the tools ... KO can really be the catalyst of pulling this information development and planning exercise together that will give the communities the opportunities, to develop the opportunities that they would like". Capacity building involves continual listening, ensuring the direction of capacity built is self-determined, as one respondent stated: "starting the conversations with communities and finding out what it is and what direction they want to go to first. Where do they want to address, what are the issues



they want to address first? You can take any issue and focus it within the context of a plan". Building capacity is seen as very valuable to increase self-determination, and reduce external resource requirements to First Nations, as highlighted by one respondent: "To me I feel like you can't just ask a community to be resilient, and care for themselves without also you know providing some resources and some infrastructure to help develop you know, develop the ability to care for each other. And yeah, develop that almost I don't know, ability to be resilient".

#### Emergency Planning

According to staff, KO should guide the creation of the emergency plan for each Nation, not creating it for them. As one participant stated: "they're in a supporting role and a guiding role, as opposed to a doing role, it should be down to the community".

Although KO should not be dictating emergency plans for their Nations, these Nations may not have the capacity to create them alone. This means that KO should provide guidance and resources to collaborate and build the capacity in the nation. As one participant said: "I think if you start with a community and you find out what it is that's really critical to them or even something simple that they would identify as a hazard and walk them through the process of how you take it through all of the individual steps ... but once they see, 'well, I do this for this hazard, the planning process is exactly the same for all the other hazards, just some are a little more complex than others'".

While a fulsome, rigid, evacuation plan may not suit the flexible needs of First Nations, skeleton evacuation plans make sense to some KO staff. Having components

such as a list of individuals being evacuated, communication methods, etc. A respondent said: “And I don’t think it needs to be overly detailed either. I mean you still need to have some flexibility to bob and weave. But just a few key fundamental things like a complete list of who’s in the community and I know at every given time some people aren’t in the community so where are they?” As one KO staff explained her problems with not having an evacuation list with some basic information: “But if we had a community electronic list of patient names with their band number and their health card number that would have really helped because we were left struggling because we didn’t have access to patient charts anymore ...so yeah, we did not have an evacuation list of where the patients went so the doctors had no idea even where to prescribe their Suboxone”.

KO staff thought that evacuation lists should be based on medical needs, as well as families staying together. As one respondent said: “Because we have to remember we have so many grandmas and aunties that care for the other children in their families, right? It's not just like literally a whole community raises a child is one of the big sayings in our world, right? So, separating these specific family units though is just – I think that it did more damage right? So that's why I thought that having a prepared evacuation list...”

#### Emergency Structure

In an emergency, KO needs to identify a structure of how it will operate. As one respondent questioned: “Whatever our structure is. What is the best format? Is it always sending staff in pairs? Should we be setting up our own translation service at

our own command center in case staff we deploy don't speak the language?". Having a clear command structure for KO would make the organization more efficient and easily cooperated with by other organizations which already implement a similar structure.

#### Training

KO staff want additional training to prepare them for emergency situations.

Training in the JEMS agreement was requested. One respondent specifies why this would be important: "there's so many different people involved in the planning, and kind of involved in those like leadership organizing roles. So, I feel like having a good picture of you know who is responsible for what part of the planning? And how they coordinate would definitely be helpful moving forward". Incident Management System (IMS) training, specifically, was seen as beneficial. One respondent noted: "Maybe all of our staff have to take IMS 100 and IMS 200 and then senior managers be given the opportunity to take additional training beyond that".

#### Advocacy

KO staff believe that a major role is advocating for community needs. This begins with listening to those needs, as one respondent noted: "looking at what the main community you know, what the burden of disease is like. What community members are saying they need more support with, and access to? And kind of tailoring your programs to fit those needs instead of just coming in from the outside and saying OK, we're going to put in a program for this. Because we feel it's important. Without having consulted the community to actually see what kind of services they need".

Another respondent noted the importance of advocacy: “they are there to advocate for the communities that are there to support in whatever way that looks like. Even if we’re not initiating or necessarily acting out that support, we can make the referrals, we can make the connections. And just making sure staff are comfortable doing that – and identifying the ones that are not”. Advocacy, to KO, involves genuine listening, and empowering, or acting.

#### Study Limitations

Study limitations should be fully considered when interpreting the findings. One major section in the literature that was not addressed to a large extent in this study was historical and contemporary injustices. This may mean that KO staff have a poor or inadequate understanding of the historical and contemporary context of their member Nations, but, there were no explicit questions on historical injustices. When considering this through the post-colonial theory lens, it becomes apparent that these topics should have been addressed. There were cues on flexibility, self-care and self-determination, etc. but none entirely on historical injustices. This means that there is no way to tell the extent of this result that can be explained by research design rather than a lack of understanding or knowledge. However, Indigenous mental health cannot be fully understood outside of the context of colonization.

Another limitation of the study was the sample size and demographics. There were only fifteen (15) participants without member checking being done, and a qualitative rather than quantitative approach was taken, thus, generalizability is limited, and may not be generalizable to other tribal councils. These participants were diverse in both department and ranking, from higher level managers to boots on the ground support workers. Due to this, a more wholistic view on KO’s role both generally and in emergencies could be achieved.

Because the major results aligned with the literature well, and researchers agreed saturation

had been reached, researchers can be reasonably confident with these results as they apply to KO Tribal Council.

The study was done between the dates of January 17th, 2022 and February 4th, 2022, with the wildfire evacuations occurring during the summer of 2021. This means that experiences reported may have lost some of the accuracy as they would have been reported immediately after the event, but it also means that participants were better able to consider the larger picture at the host site.

One final limitation of this study is the First Nations perspectives. All First Nations emotions were reported to researchers as observations from KO staff, without any First Nations Community Member input. This means that interpretations given may not have been as accurate as if they were given by the community members themselves.

## DISCUSSION

This research was demanded by the 2021 wildfire evacuations of three KO communities, drawing on social constructivism and post-colonial theory, 15 semi-structured interviews were conducted. Using responses, analysis was done via inductive coding and identification of themes. The objective was to identify the KO tribal council role during wildfire evacuations, and how to improve it with respect to the promotion of self-care and self-determination. The research questions were: What do KO employees understand about their role in self-care and self-determination? What informed KO employees of the need to change or adapt their roles and operations to service their member Nations? What are recommended changes that can be proposed in an emergency management system for KO Tribal Council?

### Major Findings

Important findings were that support staff and evacuees alike did not have an adequate opportunity for self-care or self-determination during the 2021 wildfire evacuations. This caused a great deal of stress, exacerbated by the separation of families, culturally inappropriate food and uncomfortable accommodations. Much of this stress was a trigger for drinking and other security issues in host sites with younger evacuees.

Accommodations were crowded, in a culturally inappropriate, foreign city. As McGee and Christianson (2021) note, this tends to leave evacuees with no entertainment or activities, feeling neglected, claustrophobic, and isolated. These authors go on to say that hotel stays can lead to logistical issues like lack of credit cards or savings to cover meals and book rooms, or a lack of outdoor space for self-care activities. KO staff observed these financial and

logistical issues during the 2021 wildfire evacuations. During these evacuations, consideration of historical and contemporary injustices is critical, yet was largely not talked about directly by KO staff during the interviews (NCCPH, 2021; Yumagulova et al. 2021).

Western, standardized, rigid, top-down emergency planning and operations highlighting the paternalistic relationship between colonial powers and First Nations should not be exercised (McGee and Christianson, 2021; NCCPH, 2021; Yumagulova et al. 2021; Mottershead et al. 2020; Poole, 2019). This necessitates the need for a bridge whose goal is to listen to these nations and provide them with the services and resources to determine their own outcomes. KO staff see that KO has the opportunity to fill this role, and that it aligns with KO's current objective and mandates.

Drinking, addictions, and mental health were the largest concerns of long-term evacuations (Yumagulova et al. 2021). As KO staff stated, increased security helped, especially when Indigenous security teams are involved, but to a limited extent. Prevention of the problem is the only method that seemed to work. This can be achieved by allowing for adequate self-care activities such as time outdoors, fishing, etc. KO staff found they were ill-prepared to provide service under the conditions. KO staff requested more support at the host sites, leadership presence and guidance, and meetings and debriefings.

Returning to the Research Questions

Elaborated on in the Self Care, Self Determination and Barriers, as well as the Role of KO section prior to this one, this study was well able to address these questions for practical purposes. Because KO has participated in emergency events, without a formal role, they already had a function and scope, informally. Using social constructivism, the existing role was defined. Question two, about the events that informed employees of the need to adapt their roles differed between participants due to the broad range in participant roles.

KO employees had a strong understanding of the concepts of self-care and self-determination, as well as an understanding of their applicability and value during First Nations Evacuations. With that being said, the organizational structure of KO, and their lack of preparedness for this unprecedented level of response, did not allow for self-care (for staff or First Nation members) or self-determination. The lack of organization or preparedness led to the separation of families – shattering support networks, uncomfortable and non-culturally-appropriate accommodations, and foods, as well as little opportunity for self-care. Due to these preconditions, drinking, violence, and child apprehensions spiraled out of control. This made it clear to KO employees that adaption and alteration of roles was required. Preparation, and knowing what to expect in planning is likely to make a large difference for a relatively small cost.

The literature suggests that these events are common occurrences due to the rigidity of the emergency system and the inappropriateness of western city host site selections. Understanding these issues, KO can use their role as the bridge to begin to fill gaps in services during wildfire evacuations and build self-determined self-care opportunities in evacuation events. Most of the major problems during this evacuation event, such as: financial problems, lack of flexibility, communication problems, crowded, uncomfortable accommodations, drinking, addictions, violence and racism were well known in the literature.

#### Future Research Needs

Due to the diverse background of participants, specific knowledge on details of positions or departments could not be achieved. Thus, research with more specificity may help to further clarify roles and positions within the organization, especially as they change in



emergencies. Due to the lack of direct voice of the First Nations Evacuees, research directly evaluating their experiences during this same evacuation would greatly improve the resolution through which we view these experiences, as well as directly support self-determination in KO's member Nations.

### Recommendations

#### Preparation and Capacity Building

In order to prepare for subsequent emergency events, KO needs to understand itself.

The first step to this is clearly defining a role and scope of practice during and outside of emergency times for staff and for the organization. This must be advertised to all of KO's internal staff as well as externally (Member Nations, host cities, red cross, etc.). This role should involve KO's objective to serve their member nations, how they serve – flexibility, advocacy, promotion of self-care and self-determination, relationship building and bridging, etc. establishing a framework of who KO is will allow staff to understand their objectives and adapt their services and methods to achieve those within their scope. It will also allow external organizations to plan around and rely upon KO to fulfil their requirements.

Preparation also involves structuring KO. KO should incorporate an Incident Management System (IMS) structure during emergencies with a clear chain of command to increase its effectiveness at responding to emergencies and cooperating with other organizations. Employees need to understand their place within this structure, so clearly defining and changing employee roles in an emergency should be done. For example, some staff may transition from nursing or educational roles to simple 'support workers', while managers may lead small units and one person must be the Incident Commander or the point of contact for other organizations.

To understand their role in emergencies, KO staff should be trained and educated. KO staff must listen to and serve their member nations, first and foremost. This means they should understand how previous evacuations went, what to expect, and how to prepare. Staff should understand the concepts of self-care, self-determination, bridging, etc., as well as receive IMS training. KO sure ensure that staff sufficiently understand the effects of colonialization on it's member nations. This will better allow the KO organization to structure itself systematically during the evacuation and have a less reactionary approach.

#### Accommodations

When accommodations are selected, opportunities for self-care and activities should be prioritized. This can involve daily transportation to activities, or more ideally, located in an area which has easy access to activities. Accommodations that promote shared mealtimes and gatherings, and the ability to cook for themselves is also beneficial. If catering and security are needed, using local reservations and services which specialize in indigenous populations will allow more trust and culturally appropriate service. Culturally appropriate food is important. Evacuees should have enough space, with fewer people per room during potentially long evacuations. Alternative host sites such as areas which include near access to the outdoors, another reservation, or a host "camp" scenario with some permanent infrastructure for evacuation events should be considered.

Drinking and addictions should be prevented wherever possible, and security should be in place. As recognized in the Missing and Murdered Indigenous Women and Girls Final Report, (2019), drinking and violence are often exacerbated by poor conditions and traumatic experiences. It should be recognized that racial injustices play a part in this dynamic, and thus, a more culturally appropriate and self-care driven atmosphere is a good start on reducing this.

During the evacuations, daily meetings interorganizational and intraorganizational should occur, with representatives of the member nations. This serves to sample the potential problems or limitations at every level of the evacuation, including first-hand information from the evacuees. This conversation can inform decisions moving forward on adaptations that must be made. An improvement process should be continued to refine service provision as required by the member nations.

KO frontline staff should be provided with a discretionary budget for small things such as coffee or phone chargers. This money serves as a valuable resource to promote staff flexibility and band member wellbeing.

KO staff should have accommodations outside of the host site, ideally with a shift system to prevent such long hours. The number of shifts in a row before replacement should also be defined. Exhaustion leads to increased staff burnout and a decline in the quality of service.

During these events, delivery of information to community members is extremely important. One method that would help refine the delivery of medical documentation would be an electronic records system with cloud-based storage. This will allow community member to have access to their medical records at the host site without having to carry the documentation on their person.

#### Recommendations Beyond KO

As wildfire management is a resources decision, much like water, it is an Anishinaabe responsibility to manage it on their lands (Craft and King, 2021). This aligns with the rights recognized in the numbered treaties and reaffirmed in the UNDRIP (2007). Thus, a more cooperative approach to wildfire management should be sought after.

I would highly recommend that any community with nurses that work with that community and develop relationships send their nurses to help at evacuation host sites. Having nurses with an established trusting relationship with the nation was very beneficial in navigation of the colonial systems, advocacy, and other bridging activities. This scenario worked well with the KO nurses in Deer Lake, but the rest of the KO communities have agency nurses, so it will not be possible to expand without altering the nursing program in these member communities.

KO's member nations should create or be guided to create an evacuation list with self-described support networks. This must be used to keep family support units together, prevent historical traumas such as residential schools from resurfacing, and hopefully fend off drinking and child apprehensions.

## CONCLUSION

In the context of climate change, wildfires will increase in frequency and size, meaning a likely increase in First Nations evacuation frequency and duration. Due to the lack of explicit aim for the Canadian emergency system to promote self-care and self-determination during first nations wildfire evacuations, and, the lack of an explicitly defined role for tribal councils during emergencies, KO Tribal Council struggled to identify a role and scope of practice during the 2021 wildfire evacuations of their communities. To identify the role of KO, and improve their response, there were three research questions: 1) What is the current role of self-care and self-determination in KO service? 2) what were the perspectives, experiences, and recommendations from KO service providers and community volunteers who played a role in the wildfire-driven evacuations of several KO communities in the summer of 2019 and 2021? 3) What recommended practical and systematic changes can be suggested that promote self-care and self-determination while considering SDH differences and is culturally appropriate?

Major results showed that Host site accommodations – including the culturally inappropriate foods, claustrophobic yet isolated living conditions, and lack of opportunity for self-care and self-determination in both staff and evacuees were a problem. These conditions, coupled with the stress of evacuation to a foreign and the separation of families contributed to widespread drinking and security issues in some of the host sites.

Staff also outlined and clarified the current role of KO, as they have been operating, and as they can operate to help alleviate problems in evacuations. According

to the government of Canada (2017), tribal councils are funded to develop capacity in their member nations and deliver programs and services as mandated by these nations. Because of this, KO's service provision is, by nature, broad, responsive, and adaptable to service its member nations and the differences between those nations. This should be reflected during emergencies.

KO is also funded largely by Indigenous Services Canada, a colonial government organization. This means that KO can have colonial relationships and responsibilities. Thus, KO can bridge the gap between rigid colonial systems and the changing requirement of their member nations. Although KO can have colonial responsibilities, it should be the voice that advocates for its member nations, showing government departments a new path and lens to follow. Analysis of the data identified that the role of KO includes coordination of resources and improvements in information delivery, listening and advocating for nations and individuals, building trust and capacity, supplying resources, aiding in navigation of western systems, guiding the community and promotion of self-determination. In order for KO to do this, they must also aid in emergency planning, prepare their staff with training, and prepare their organization with an emergency structure.

To address the problems that occurred in the 2021 wildfire season, recommendations were made. Recommendations included: to clarify and advertise their role throughout the tribal council, and with their member nations, and cooperating organizations, restructuring their organization during emergencies. Improved accommodation selection, especially to promote self-care, staff supports such as discretionary budgets, traditional foods and activities, keeping families together, and increased security and First Nations involvement were all recommended

to improve the opportunities for self-care and self-determination during all stages of evacuation.

## LITERATURE CITED

- (1996). Royal Commission on Aboriginal People. Canada. Retrieved from Library and Archives Canada, <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- (2019) Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Canada. [Web Archive] Retrieved from the Library of Congress, <https://www.loc.gov/item/lcwaN0028038/>.
- 2021
- Abbott and Chapman. 2018. Addressing the New Normal: 21<sup>st</sup> Century Disaster Management in British Columbia. British Columbia. Accessed on December 16<sup>th</sup>, 2021. <https://www2.gov.bc.ca/gov/content/safety/emergency-management/emergency-management/reports>
- Allan B, Smylie J. 2015. First Peoples, second class treatment: the role of racism in the health and well-being of Indigenous Peoples in Canada. Toronto, ON: The Wellesley Institute. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-ClassTreatment-Final.pdf>.
- Amiro, B. D., Stock, B. J, Alexander, M. E., Flannigan, M. D. and Wotton, B. M. 2001. Fire, climate change, carbon and fuel management in the Canadian boreal forest. International Journal of Wildland Fire 10. CSIRO.<https://www.publish.csiro.au/wf/wf01038>
- Askin, C. 2021. How and Why Indigenous Peoples Are Engaged in Wildland Fire Management. University of Alberta. <https://doi.org/10.7939/r3-xrx7-2274>
- Assembly of First Nations. Accessed: April 17, 2021. <https://www.afn.ca/Home/>
- Attride-Stirling J. 2001. Thematic networks: an analytic tool for qualitative research.



Qualitative Research. 2001;1(3):385-405. doi:10.1177/146879410100100307

Brenda, C., Plazas, C., del Pilar, M., Santos, S., Lisa, b and Hungler, k. 2014. Understanding Inequalities in Access to Health Care Services for Aboriginal People, Advances in Nursing Science: 37(3):1-16 doi: 10.1097/ANS.0000000000000039

Bruin, T. Posluns, M and Hall, A. 2006. Assembly of First Nations. Accessed: April 17, 2022.

<https://www.thecanadianencyclopedia.ca/en/article/assembly-of-first-nations?gclid=CjwKCAjw9e6SBhB2EiwA5myr9snBwenLLtkRAWlgR1D2fWXE-uUcjAXaueZxvyAmFkildZHZOcKpDBoCK4kQAvD BwE>

Canada. 1867. The Constitution Act. <https://laws-lois.justice.gc.ca/eng/const/page-1.html>

Canada. 2015. Report of the Truth and Reconciliation Commission of Canada (2015). 2015. <http://caid.ca/DTRC.html>

Canada. 2017. Tribal Council Funding. <https://www.sac-xisc.gc.ca/eng/1100100013812/1565361680740>

Canadian Interagency Forest Fire Centre (CIFFC). 2020. Canada Report 2020.

[https://www.cifffc.ca/sites/default/files/2021-02/Canada\\_Report\\_2020\\_Final.pdf](https://www.cifffc.ca/sites/default/files/2021-02/Canada_Report_2020_Final.pdf)

CBC News. 2021. Deer Lake First Nation evacuating due to forest fire threat in northern

Ontario. Accessed: November 18, 2021 <https://www.cbc.ca/news/canada/thunder-bay/deer-lake-evacuation-1.6105443>

Center for Self-Determination Theory. 2021. Overview. Accessed: November 18, 2021

<https://selfdeterminationtheory.org/theory/>

Christianson, A. 2013. Social science research on Indigenous wildfire management in the 21<sup>st</sup> century and future research needs. International Journal of Wildland Fire 24(2) 190-

200. <https://doi.org/10.1071/WF13048>

- Cowie, A. 2010. Anti-oppressive social work practice in child welfare. *Critical Social Work* 11(1)
- Craft, A. and King, L. 2021. Building the Treaty #3 Nibi Declaration using an Anishinaabe Methodology of Ceremony, Language and Engagement. *Water* 13(4) 532.
- Creswell, J. W. and Poth, C. N. 2018. *Qualitative inquiry & research design: choosing among five approaches*. Los Angeles: Sage.
- Denison J, Varcoe C and Browne A. 2014. Aboriginal women's experiences of accessing health care when state apprehension of children is threatened. *J Adv Nurs*. 70:1105–1116
- Duncanson, S., Brinker, C., Twa, K. and Sanger, M. 2021. Federal UNDRIP Bill becomes law. *Canadian Legislation & Regulations*. Olser. Accessed: November 18, 2021 <https://www.osler.com/en/resources/regulations/2021/federal-undrip-bill-becomes-law>
- Dussault, R., & Erasmus, G. (1996). Report of the royal commission on aboriginal peoples.
- Ebbling, M. 2021. Province Not Ready to Declare State of Emergency. CKDR News. Dryden, Ontario. Accessed: November 18, 2021 <https://www.ckdr.net/2021/07/26/233666/>
- Eisenman, P., Kyaw, T. and Eclarino, K. 2021. Review of the Mental Health Effects of Wildfire Smoke, Solastalgia, and Non-Traditional Firefighters. UCLA Center for Healthy Climate Solutions. David Geffen School of Medicine at UCLA and Climate Resolve.
- Elias, B., Mignone, J., Hall, M., Hong, S., Hart, L. and Sareen, J. 2012. Trauma and suicide behaviour histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine* 74(10): 1560-1569.
- Eisenman, D., McCaffrey, S., Donatello, I. and Marshal, G. 2015. An Ecosystems and Vulnerable Populations Perspective on Solastalgia and Psychological Distress After a Wildfire. *Ecohealth* 12(4):602–610, PMID: 26302957, 10.1007/s10393-015-1052-1.

- Grand council Treaty #3. 2019. Nibi (Water) Declaration Unanimously Supported at the Anishinaabe Treaty #3 Chiefs National Assembly. Accessed: November 18, 2021 <http://gct3.ca/nibi-water-declaration-unanimously-supported-at-the-anishinaabe-treaty-3-chiefs-national-assembly/>
- Hanes, C., Wang, X., Jain, P., Parisien, A., Little, M. and Flannigan, M. D. 2019. Fire-regime changes in Canada over the last half century. *Canadian Journal of Forest Research*, 49(3), 256-269.
- House of Commons. 2018. From the ashes: reimagining fire safety. Standing Committee on Indigenous and Northern Affairs. and emergency management in Indigenous communities. Report of the Standing Committee, Parliament, House of Commons; (Chair: MaryAnn Mihychuk). Available from: <https://www.ourcommons.ca/Content/Committee/421/INAN/Reports/RP9990811/inanrp15/inanrp15-e.pdf>.
- Iwama, M., Marshall, M., Marshall, A. and Bartlett, C. 2009. Two-Eyed Seeing and the Language of Healing in Community-Based Research. *Canadian Journal of Native Education* 32(2): 3.
- Indigenous Foundations. n. d. UN Declaration on the Rights of Indigenous Peoples. Accessed: November 18, 2021 <https://indigenousfoundations.arts.ubc.ca/un-declaration-on-the-rights-of-indigenous-peoples/>
- Joint Emergency Management Steering Committee (JEMS). 2021. Service level Evacuation Standards. <https://www.nan.ca/app/uploads/2021/07/Joint-Emergency-Management-Steering-Committee-Service-Level-Evacuation-Standards-2021-Final.pdf>
- Kasischke, E. and Stocks, J. 2012. Fire, climate change, and carbon cycling in the boreal

forest, Vol. 138. Springer Science & Business Media.

Kasischke, E. and Turetsky, M. 2006. Recent changes in the fire regime across the North American boreal region—Spatial and temporal patterns of burning across Canada and Alaska. *Geophysical research letters*, 33(9).

Keewatinook Okimakanak. Accessed: November 18, 2021 <https://kochiefs.ca/>

Keewaytinook Okimakanak Tribal Council. n.d KO First Nations. Accessed: November 18, 2021 <https://kochiefs.ca/firstnations>

Keewaytinook Okimakanak Tribal Council. n.d. Welcome to Keewaytinook Okimakanak.

Accessed: November 18, 2021

<https://www.kochiefs.ca/#:~:text=Keewaytinook%20Okimakanak%2C%20which%20means%20Northern,and%20Poplar%20Hill%20First%20Nations.>

Kerner, I. 2018. Postcolonial theories as global critical theories. *Constellations*, 25(4), 614-628. <https://doi.org/10.1111/1467-8675.12346>

King M. 2010. Chronic diseases and mortality in Canadian aboriginal peoples: learning from the knowledge. *Chronic Dis Can.* 31(1):2–3.

Kuran, H. (2003) Residential schools and abuse. Accessed on: November 29<sup>th</sup>, 2021.

[www.niichro.com/womhealth/wohealth7.html](http://www.niichro.com/womhealth/wohealth7.html).

Lampron, E. and Chartrand, V. 2020 Fallen Feathers: Tracing the Canadian Government's Responsibility in the Unnatural Deaths of Seven Indigenous Youth in Thunder Bay, 2020 2-1 *Canadian Journal of Law and Justice* 227, CanLII Docs 3649, <https://canlii.ca/t/t2v2>

Lopez-Garrido, G. 2021. Self-determination theory and motivation. *Simply Psychology*.

Accessed: November 18, 2021 <https://www.simplypsychology.org/self-determination-theory.html>

MacDonald, N., Stanwick, R. and Lynk, A. 2014. Canada's shameful history of nutrition

research on residential school children: The need for strong medical ethics in  
 Aboriginal health research, *Paediatrics & Child Health*, Volume 19, Issue 2, Page  
 64, <https://doi.org/10.1093/pch/19.2.64>

Marmot, M. and Wilkinson, R. G. 2005. *Social Determinates of Health*, Second Eddition. Oxford.  
<https://books.google.ca/books?hl=en&lr=&id=AmwiS8HZeRIC&oi=fnd&pg=PT11&dq=social+determinants+of+health&ots=y0FBa2PoH1&sig=rxVTToTLpahbjpZPTluyOjcrOy0M#v=onepage&q=social%20determinants%20of%20health&f=false>

McGee, T. K., and Christianson, C. A. 2021. *First Nations wildfire evacuations: A guide for communities and external agencies*. Purich Books an imprint of UBC Press. ISBN 9780774880664.

McGee TK, Christianson A, Mottershead K, Henok A. 2018. Advice for emergency managers from the First Nations Wildfire Evacuation Partnership. *HazNet*. 10(1): 39-42. Available from: [http:// haznet.ca/advice-emergency-managers-first-nations-wildfireevacuation-partnership/](http://haznet.ca/advice-emergency-managers-first-nations-wildfireevacuation-partnership/)

Mitchell, t. 2005. Healing the Generations: Post traumatic Stress and the Health Status of Aboriginal Populations in Canada. *International Journal of Aboriginal Health* 2(1).

Molino Sr, L. N. (2006). *Emergency incident management systems: Fundamentals and applications*. John Wiley & Sons.

Montesanti S, Thurston WE, Turner D and Traveller RM. 2019. A First Nation framework for emergency planning: a community-based response to the health and social effects from a flood. *Int J Indig Health*. 14(1): 85-106. Available from: <https://ips.library.utoronto.ca/index.php/ijih/article/view/31952>.

Mottershead KD, McGee TK, Christianson A. 2020. Evacuating a First Nation due to

wildfire smoke: the case of Dene Tha' First Nation. *Int J Disaster Risk Sci.* 11: 274-286.

Available from: <https://link.springer.com/content/pdf/10.1007/s13753-020-00281-y.pdf>.

National Collaborating Centers for Public Health. Out of the ashes: Ashcroft Indian Band and the Elephant Hill Wildfire - Insights for public health responses to long-term evacuation (Case Study #1). National Collaborating Centers for Public Health.

Available from [www.nccid.ca/long-term-evacuees-casestudy1](http://www.nccid.ca/long-term-evacuees-casestudy1).

Neal, D. and Phillips, B. 1995. Effective Emergency Management: Reconsidering the Bureaucratic Approach. *Disasters* 19(4): 327-337. Wiley.

<https://doi.org/10.1111/j.1467-7717.1995.tb00353.x>

Office of the Chief Coroner. 2016. Verdict of Coroner's Jury. Ontario Ministry of the Solicitor General. <https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/Inquests/Verdictsandrecommendations/OCCVerdictsSevenFirstNationsYouths.html>

Ojeda, C. G., Castillo, E. J. and Castillo, S. F. 2021. Postwildfire Landscape Identity in Mediterranean Ecosystems: Three Study Cases from the Coastal Range of Central Chile. *Annals of the American Association of Geographers*. Taylor & Francis Online.

<https://www.tandfonline.com/doi/abs/10.1080/24694452.2020.1850228?journalCode=raag21>

Paradis, R. n. d. The Sixties Scoop. Manitoba Association of Friendship Centres. Accessed:

December 13<sup>th</sup>, 2021. <http://www.friendshipcentres.ca/wp-content/uploads/2018/01/The-Sixties-Scoop-Literature-Review.pdf>

Perkel, C. 2019. Forest fire forces evacuation of Keewaywin First Nation in northern Ontario.

- Environment. Global News. Accessed: November 18, 2021 <https://globalnews.ca/news/5459829/forest-fire-evacuation-keewaywin-first-nation/>
- Perman, J. A., Mullins, D. and Newhouse, R. 2015. Chapter 19 – Population Health and the Patient. *The Transformation of Academic Health Centers: Meeting the Challenges of Healthcare’s Changing Landscape* 195-202.
- Poole M. 2019. “Like residential schools all over again”: experiences of emergency evacuation from the Assin’skowitziniwak (Rocky Cree) community of Pelican Narrows [Thesis]. Saskatoon, SK: University of Saskatchewan; 109p. Available from: <https://harvest.usask.ca/bitstream/handle/10388/12267/POOLE-THESIS-2019.pdf?sequence=1>.
- QSR International Pty Ltd. (2020) NVivo (March 2020), <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>
- Reading, C. and Wien, F. 2009. *Health Inequities and Social Determinants of Aboriginal Health*. National Collaborating Centre for Indigenous Health. ISBN: 978-77368-036-1.
- Sartana-Dally, C. 2021. Water crisis in First Nations communities runs deeper than long-term drinking water advisories. *The Conversation*. Accessed: November 18, 2021 <https://theconversation.com/water-crisis-in-first-nations-communities-runs-deeper-than-long-term-drinking-water-advisories-148977>
- Sharpe, G. 2011. *Residential Schools in Canada: History, Healing and Hope*. International Journal of Learning & Development 1(1):1-7 Macrothink Institute. ISSN 2164-4063.
- Stathis, J. 2021, How to practice Emergency Preparedness as Self-Care. *Wired*. Accessed:

November 18, 2021 <https://www.wired.com/story/emergency-preparedness-skills-resiliency-self-care/>

TBnewsWatch.com. 2021. The 2021 forest fire season set a new record for Ontario.

<https://www.tbnewsWatch.com/local-news/the-2021-forest-fire-season-set-a-new-record-for-ontario-4711571> Accessed on: March 28, 2021.

Thériault, L., Belleville, G., Ouellet, M. and Morin, C. 2021. The experience and perceived consequences of the 2016 Fort McMurray fires and evacuation. *Frontiers in public health* 9 doi: [10.3389/fpubh.2021.641151](https://doi.org/10.3389/fpubh.2021.641151)

United Nations. 2007. United Nations Declaration on the Rights of Indigenous Peoples.

<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

Webster P. 2006. Canadian Aboriginal people's health and the Kelowna deal. *Lancet* 368:275–276.

World Health Organization. 2021. What do we mean by self-care? Sexual and reproductive Health. Accessed: November 18, 2021 <https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/>

Yumagulova, L., Yellow, D. and Dicken, E. 2021. Health and Social Impacts of Long-term Evacuation Due to Natural Disasters in First Nations Communities: A Summary of Lessons for Public Health. National Collaborating Centres for Public Health. National Collaborating Centre for Infectious Diseases. [https://nccid.ca/wp-content/uploads/sites/2/2021/08/Long-term-Evacuation-and-Recovery-Series-Summary-EN-Aug\\_24.pdf](https://nccid.ca/wp-content/uploads/sites/2/2021/08/Long-term-Evacuation-and-Recovery-Series-Summary-EN-Aug_24.pdf)





## APPENDICES

## Appendix I

### Information Letter and Consent Form

Dear Potential Participant, We invite you to participate in a project entitled “Moving Towards Self-Care and Self-determination: Improving the Role and Organization of Tribal Councils in Remote First Nation Wildfire Evacuations”. The goal of this project is to improve the role and organization of the Keewatinook Okimakanak (KO) Tribal Council in wildfire evacuations with a focus on supporting and advancing community self-care and self-determination. The project will gather perspectives, experiences, and recommendations from KO service providers and community volunteers who were involved in the wildfire-driven evacuations of several KO communities using interviews. The project is a collaboration between KO and Lakehead University.

You are being invited to participate in this study because you have valuable perspectives and knowledge about wildfire evacuations of northern and remote First Nations.

Why is this project important?: Emergency evacuations are used to protect lives during wildfires and other extreme weather events. The Canadian Forest Service has outlined that approximately 60% of First Nation reserves are located within regions that are at high risk from wildfire events. Northern and remote First Nations are at heightened risk from wildfires and wildfire-driven evacuations. Moreover, Northern and remote First Nations peoples and communities are disproportionately impacted by the health consequences of evacuations due to recurring extreme events, pre-existing health inequities, and the ongoing effects of colonialism. Emerging literature illustrates the myriad and cumulative mental, emotional, spiritual, and physical health consequences associated with wildfires and evacuations. The wildfire-driven community evacuations of Deer Lake, Poplar Hill, and North Spirit Lake throughout the summer of 2021 have emphasized that the KO Tribal Council needs to identify its role in supporting community self-care and self-determination prior to, during, and after evacuations. This research will help to inform emergency management plans and identity emergency management practices, policies, and systems that prioritize and honour First Nations self-care self-determination.

What is involved in the study?: If you agree to voluntarily participate in this research, this will involve participation in one interview. The interview will last approximately 45 minutes will take place in the final two weeks of January or the first week of February 2022, and will be conducted virtually (online) or over the phone. With your permission, the interview will be audio-recorded. In the spring, COVID dependent, we hope to host an interactive in-person workshop to share results and explore pathways forward with other KO staff and service provides Are there any risks to doing this study?: There are no foreseeable risks or harm to participating in this study. There are also no costs for you. Participation in this interview may cause some inconvenience to you because of the use of your time. We expect that participation in the focus group will take a total of 1 hour of your time.

## Appendix II

Are there any benefits to doing this study?: This research will not benefit you directly although you may enjoy sharing your thoughts, opinions, and experiences with others and with the research team. We also anticipate that the research will make a positive contribution to the KO Tribal Council, other Tribal Councils, and KO communities.

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What are my rights as a participant?: Your participation in this project is voluntary and you have the right to refuse to participate. You are under no obligation to participate and your decision to participate will not affect your employment in any way.

Who will know what I said or did in the study? Should you agree to participate in this study, you will be participating confidentially. We will not use your name or any potentially identifying information in any study materials or reports. You will be assigned a unique study number as a participant in this study. Only this number will be used so that your identity (i.e., your name or any other information that could identify you) will be kept confidential. Only research team members will know if you participated in the study and what you said during the interviews.

Data collected during this study will be kept on a password-protected computer in a locked and secure office space in Lakehead University's Department of Health Sciences. De-identified data will be stored on a secure online environment. Data will be stored for 5 years after the completion of the study at which time it will be destroyed by removing computer files from the hard drive and shredding hard copies of data.

What if I want to withdraw from the study?: If you decide to participate, you may still choose to withdraw for whatever reason, up until a project report is created. There are no consequences to withdrawing. In cases of withdrawal, any data you provided will be destroyed. You may also decline to answer any questions.

What will the data be used for? We anticipate that data collected via interviews will be summarized in a report for the KO executive, Chiefs, and employees. This report will also be made available to research participants. We also plan to generate an infographic to summarize key findings in a visual manner that is easy to interpret and understand. Data will also be used as the basis for student research. In terms of scientific knowledge dissemination, the research team expects to share findings during at least 1 conference and to co-write one publication for a peer-reviewed journal.

How do I find out what was learned in this project?: Copies of the report will be available from Dr. Dan Duckert and will be sent to research participants via email. We expect the report to be available in the spring/summer of 2022.

Additional questions about the study?: If you have questions or need more information about the study itself, please contact Dan Duckert (Director of Treaties, Lands and Resources, Keewaytinook Okimakanak Tribal Council) at [danduckert@kochiefs.ca](mailto:danduckert@kochiefs.ca) or

## Appendix III

(807) 630-9172 OR Lindsay Galway (Associate professor, Lakehead University) at lgalway@lakeheadu.ca or 807- 766-7280.

THANK YOU for your participation and your time.

This study has been approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team please contact Sue Wright at the Research Ethics Board (email: research@lakeheadu.ca, or tel: 807-343-8283)

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### YOUR CONSENT

Title of the project: Moving Towards Self-Care and Self-determination: Improving the Role and Organization of Tribal Councils in Remote First Nation Wildfire Evacuations

Names of research team members involved:

Dr. Dan Duckert, Director of Research, Treaties, Lands and Resources at Keewaytinook Okimakanak Tribal Council Email: danduckert@kochiefs.ca OR Telephone: 807-630-9172

Dr. Lindsay Galway, Assistant Professor in the Department of Health Sciences, Lakehead University Email: lgalway@lakeheadu.ca OR Telephone: 807- 766-7280

Anjali Mago, Director of Health at KO Tribal Council)

Email: anjalimago@kochiefs.ca

Donovan Parenteau, Research Assistant, Lakehead University

Email: dgparen1@lakeheadu.ca

Taking part in this study is entirely up to you. You have the right to refuse to participate. If you decide to take part, you may choose to withdraw from the study (up until a project report is created) without giving a reason and without any negative consequence to you. Your written consent indicates that you have received a copy of this consent form for your own records and that you consent to participate in this study. By consenting to participate, you have not waived any rights to legal recourse in the event of research-related harm.

- You understand the project information letter.
- You freely consent to participate.
- You are 18 years of age or older.

## Appendix IV

- You have had the opportunity to ask questions and have received satisfactory responses.
- You understand that participation is voluntary and that you are free to refuse to participate or to withdraw without negative consequences.
- You understand the potential risks and/or benefits of the study.
- You understand that all potentially identifying information will be kept confidential.
- You understand that information that you provide during this study may be used in a report and/or publication but you will not be identified.
- You understand that the data you provide will be securely stored at Lakehead University for a minimum of 5 years following completion of this study.
- You agree to have your interview audio-recorded (please select one): Yes No
- You would like to receive a copy of the findings summary (please select one): Yes No

Signature of participant: \_\_\_\_\_ Date:

\_\_\_\_\_

Name of participant (printed): \_\_\_\_\_ Semi-structured  
Interview Guide

## Appendix V

### Semi-Structured Interview guide

#### Before beginning the interview

- **Who are we?**
  - Interviewer(s) introduce ourselves
- **What is the purpose of the research?**
- **Review participant rights and consent**
  - **Record now** if participant has agreed to audio-recording the interview
  - Remind the interviewee that we expect that the interview will take ~ 45 minutes.

#### 1. Introductory and contextual questions

0. Can you please tell me a bit about yourself and your role in KO, generally speaking?
  1. Why were you interested in participating in this research?

#### 2. Perceptions of KO Service

*Preamble: "One of the things we are aiming to do in this study is to understand perceptions about the current role of the Tribal Council and also the effectiveness of KO service in fulfilling its responsibilities.*

*So we would like to ask a set of questions about service and your perceptions of service. When you consider and answer this first set of questions, we would like you to think about KO as an organization and draw on your experiences as a KO service provider."*

- a. Who do we (KO) serve?
- b. What does good service mean to you?
- c. How does KO provide good service?
- d. In your role, what are you asked to do by KO? What are your responsibilities?
- e. How should KO's role and service change in emergency situations?
- f. What does community self-care and self-determination mean to you, in the context of KO service?

## Appendix VI

### 1. Sharing Experiences and Stories from the Evacuation

*Preamble: "We now have a set of questions about your experiences during the wildfire evacuation specifically. Keep in mind that we will be using the responses from you and your colleagues to inform the development of recommendations to KO on how the organization can be better prepared and organized in dealing with emergency response".*

a. Can you tell us about the role you fulfilled during the emergency wildfire evacuations with the KO Communities?

*Probes:*

*i) Where were you?*

*ii) What were your responsibilities?*

*iii) How many people did you provide service for?*

*vi) Anything more about who you were serving specifically?*

a. Would you share a story about your evacuation support experience that you think is important for us to hear? This can be either a good or a troubling experience.

b. Considering the big picture of operations in (\_\_\_\_\*location of evacuation\*\_\_\_\_) while you supported the wildfire evacuation process, what was working well from your perspective? What wasn't working from your perspective?

*Probes:*

*i) Can you think of any specific stories from your experiences during the wildfire evacuation that exemplify what worked well or did not work well?*

a. Did you find that you needed to be flexible and adaptable to provide the services needed? If so, can you give us some examples?

*Probes:*

*i) Why was it important to be flexible and adaptable*

*ii) Do you have any thoughts about what made it easier or harder for you to be flexible and adaptable to provide good service during the evacuation?*

a. Did you have a sense of autonomy in being adaptive or did you feel you were simply following directions? Can you explain why or why not?



## Appendix VII

b. Based on your evacuation experiences, do you see any opportunities for working towards self-care and/or self-determination in future wildfire evacuations?

### 1. Was the evacuation stressful?

*Preamble: "We have a few final questions, digging a bit deeper into how the evacuation felt for those involved."*

a. Can you please tell us a bit about how you felt during the evacuations? About feelings or emotions that you experienced at the time?

b. Did you feel you had any opportunities to practice your own self-care? If so, what did you do?

c. From your perspective, how do you think the evacuees felt during the evacuations?

d. Do you think the evacuees had opportunities to practice self-care? Why or Why not?

*Probes:*

*i) Can you tell us any stories from your experiences during the wildfire evacuation that exemplify opportunities or barriers to evacuee self-care*

### 4) Wrap-Up

a. Is there anything else that you would like to share about your experiences with the wildfire evacuations?

a. Finally, in early April, before the threat of fire evacuations this coming season, we would like to conduct an in-person workshop with KO employees and service providers. In that workshop, we would like to brainstorm ideas of how KO should be organized and prepared for emergency response.

**i) Would you like to be involved in that work?**

## Appendix VIII

- a. **Do you have preliminary thoughts on what KO needs to do to ensure that you can provide good service during future evacuations?**

## Appendix IX

*Table 9. Recommendations from the House of Commons Fire Safety and Emergency Management in First Nations report (2018).*

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Recognition of First Nations as equal partners and clarification roles and responsibilities

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Indigenous Services Canada (ISC) reviews it's Emergency Management Assistance program to ensure funding allocation is situational and sufficient for emergency preparedness

ISC train and employ local fire prevention and suppression workforce with compensation

ISC identify a systematic approach of collaboration between First Nations and non-Indigenous communities for the sharing of traditional knowledge in their lands and fire behavior

ISC require all agreements to include training on cultural practices to ensure more appropriate services

Ensure one or more persons involved with: i. Resources requirements, ii. Contact between the Nation and the colonial bodies to respond to changing needs and iii. Ensuring all information is communicated to contacts at the Nation

Innovation, Science and Economic Development Canada increase broadband and cellular telecommunications technologies in First Nations

ISC clarifies improves eligibility and accessibility of reimbursement after emergency events

ISC implement Recommendations from *Addressing the New Normal: 21<sup>st</sup> Century Disaster Management in British Columbia*

ISC allocate resources develop and implement fire prevention campaigns

That ISC, in collaboration with First Nations, establish Indigenous Fire Marshal's Offices in First Nations to educate, ensure safety codes, develop information collection systems, etc.

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Source: House of Commons (2018)

## Appendix X

*Table 10. Recommendations from Health and Social Impacts of Long-term Evacuation Due to Natural Disasters in First Nations Communities: A Summary of Lessons for Public Health*

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Approaching First Nations with an understanding of colonialism and historical and ongoing injustices

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Train practitioners to recognize trauma and symptoms

Deliver clear, transparent, and timely information throughout all stages of evacuation

Provide opportunities for land-based activities with knowledgeable members of their community

Foster socialization and cohesion through shared meals, group activities, networking, and support groups

Establish a First Nations-led response and recovery team

Provide support workers who are Indigenous and know the language

Provide culturally appropriate outreach supports

Approach all stages of every evacuation with an understanding of differing cultural beliefs and practices, age group requirements, and diverse and unique needs of families

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Utilize Indigenous knowledge, lived experience and worldviews in all evacuation plans

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Source: Yumagulova et al. 2021