September 14, 2020

Michael McEvoy
Information and Privacy Commissioner
Office of the Information and Privacy Commissioner for British Columbia
PO Box 9038 Stn. Prov. Govt.
Victoria B.C. V8W 9A

RE: Support for sharing of crucial COVID-19 case information with Indigenous governments

Commissioner McEvoy:

Throughout the COVID-19 pandemic the First Nations Leadership Council (FNLC) has been engaged with First Nations across BC, provincial and First Nations health authorities, and officials from both federal and provincial governments in order to ensure that First Nations governments and peoples have access to financial and economic recovery supports, health resources, emergency response resources, and informational resources and data.

As you may know, the FNLC is comprised of the political executives of the BC Assembly of First Nations, First Nations Summit, and the Union of BC Indian Chiefs. This group works together to advocate for and develop coordinated approaches to issues relevant to First Nations communities throughout the province.

As authoritative governing bodies, Indigenous governments have an inherent right and responsibility to ensure the health and well-being of their communities. The historic passage of the Declaration on the Rights of Indigenous Peoples Act in 2019 recognizes such Indigenous rights as fundamental human rights in British Columbia.

The FNLC supports the efforts of Heiltsuk Nation, the Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government to have crucial COVID-19 case information disclosed to those involved in taking measures to ensure community health and safety. This includes notification if there are cases near to the community and whether confirmed cases have travelled to the community recently. We also support interested First Nations to be involved in contact tracing, and have identity-related information disclosed to individuals involved in this work on a need to know basis.

Access to healthcare services is limited for remote and rural First Nations communities, including within the territories of the Heiltsuk Nation, the Nuu-chah-nulth Tribal Council, and the Tsilhqot’in National Government. Additionally, to continue to protect their citizens, many First Nations remain closed to visitors and remain limited to essential services in recognition of the significant risks the pandemic continues to present to these communities. As such, it is imperative that Indigenous governments be empowered in every way possible to help reduce the risk of transmission within communities so further restrictions do not need to be put in place.
We do understand the utmost importance of protecting personal privacy, while ensuring that the public interest is upheld. However, the proactive disclosure of the sought information has the potential to impact and protect the health of others in these communities. Conversely, the withholding of this information may have detrimental effects.

The FNLC believes that the Ministry of Health should work proactively with all First Nations on a government-to-government basis to disclose the sought after crucial information in a manner that upholds obligations towards both personal privacy and the public interest.

Sincerely,

FIRST NATIONS LEADERSHIP COUNCIL

On behalf of the FIRST NATIONS SUMMIT

Cheryl Casimer  Robert Phillips  Lydia Hwitsum

On behalf of the UNION OF BC INDIAN CHIEFS

Grand Chief Stewart Phillip  Chief Don Tom  Kukpi7 Judy Wilson

On behalf of the BC ASSEMBLY OF FIRST NATIONS

Regional Chief Terry Teegee

cc:  Heiltsuk Nation
     Nuu-chah-nulth Tribal Council
     Tsilhqot’in National Government
September 14, 2020

Michael McEvoy
BC Information and Privacy Commissioner
Via Heiltsuk First Nation

Re: Support for First Nations’ COVID-19 Case Information Sharing Complaint

Dear Commissioner McEvoy,

The Union of BC Indian Chiefs (UBCIC) writes in support of the information sharing complaint filed by the Heiltsuk Nation, alongside the Nuu-chah-nulth Tribal Council and the Tsilhqot’in National Government, following BC’s failure to uphold its duty to provide, pursuant to the Freedom of Information and Protection of Privacy Act, vital COVID-19 case information to the Nations.

In a time of enormous upheaval and uncertainty for Indigenous governments who are working relentlessly to prevent COVID-19 from entering into their communities, it is unacceptable for the provincial government to withhold the vital information that First Nations need to properly respond to the pandemic, including notice of cases near their communities and whether the proximate cases involve a person who has travelled to their communities. As well, for the purposes of culturally sensitive contact-tracing, UBCIC supports the discreet disclosure of identity-related information of infected persons on a need-to-know basis. BC’s failure to provide this information, despite repeated requests from First Nations, has occluded transparency and progress, and is symptomatic of the systemic inequities, discrimination, and fragmented government aid and action that has defined the treatment of First Nations throughout the pandemic.

Since the start of the pandemic, the Heiltsuk Nation, Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government have repeatedly requested the government to provide case information sharing, culturally safe contact tracing, screening, and rapid testing. UBCIC, having worked closely with our membership to address their priority concerns around COVID-19, also heard and advanced Nations’
requests for information sharing and other resources to halt potentially devastating and lethal outbreaks in their communities. Frustratingly, despite the widespread call for COVID-19 case information, we have witnessed the government not only keep First Nations in the dark and reject their information sharing requests, but do little in the way to support their community lockdowns and imposition of travel restrictions on visitors.

The government’s disregard and lack of pre-emptive action now stands to have fatal implications; today, on September 14, 2020, the Heiltsuk Nation confirmed two positive cases of COVID-19 in Bella Bella. Rural and remote First Nation communities such as Heiltsuk are at greater risk from COVID-19 due to limited medical supplies, crowded housing, and close-knit populations that contain a large demographic of Elders. Consequently, if information is not properly and strategically disseminated to First Nations, COVID-19 could spread like wildfire in First Nations communities such as Bella Bella – not only endangering lives, but also the cultural integrity of Nations as the health of their Elders and language speakers are jeopardized.

In order to prevent the devastation that COVID-19 could wreak upon Indigenous lives, UBCIC urges you to amplify the voices of Heiltsuk Nation, the Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government and to expediently review their complaint. UBCIC deeply values and respects the need to balance the welfare and privacy of individuals with public interest and safety. We therefore impress upon you the need to recognize that the proactive disclosure of case information is essential to not only track, mitigate, and prevent the spread of COVID-19, but also to alleviate the immense burdens Nations are shouldering as they, in addition to health-related challenges, fight economic insecurity and social injustices that have been proliferated and intensified by the pandemic.

On behalf of the UNION OF BC INDIAN CHIEFS

Grand Chief Stewart Phillip    Chief Don Tom    Kukpi7 Judy Wilson
President        Vice-President        Secretary-Treasurer

CC: Nuu-chah-nulth Tribal Council
     Tsilhqot’in National Government
September 15, 2020

Micheal McEvoy
Information and Privacy Commissioner
PO Box 9038 Stn. Prov. Govt.
Victoria B.C. V8W 9A4

RE: Ministry of Health Refusal to Disclose COVID Case Information with Indigenous Governments

Dear Commissioner McEvoy,

We are writing to you on behalf of the BC Freedom of Information and Privacy Association and the British Columbia Civil Liberties Association (“BCCLA”) to express our support for the Heiltsuk First Nation, Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government’s requests for information to the Ministry of Health, and the expeditious resolution of their resulting complaint with your office.

We have recently learned that despite repeated requests, the Ministry of Health refuses to disclose information relating to presumptive and confirmed COVID cases proximate to these rural Indigenous communities. We understand that the following has been specifically requested:

- The location of proximate presumptive and confirmed cases,
- If the person (who has COVID) has travelled to the particular Indigenous Community in the last 14 days, and
- The name of the infected person, if (a) they are a member of the Indigenous community, and (b) the Indigenous community will use the name for contact tracing purposes

In our view, the Ministry of Health should have provided this information pursuant to section 25 of the Freedom of Information and Protection of Privacy Act (“FIPPA”), because the requested information is about a risk of significant harm to the health and safety of a group of people.
The Ministry’s failure to comply with FIPPA is unacceptable given the history of colonization, including how previous pandemics have disproportionately harmed Indigenous communities and stolen their Elders.

In light of the BC government’s Declaration on the Rights of Indigenous Peoples Act (DRIPA), which enshrines the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and requires BC to “take all measures necessary to ensure the laws of British Columbia are consistent with the Declaration,” the Ministry’s repeated refusals are simply reprehensible.

The Heiltsuk First Nation, Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government have rights to self-determination and self-government, and to be actively involved in developing and determining programs for maintaining the health and well-being of their people. By refusing to share the requested health data (with appropriate confidentiality provisions), the Ministry of Health is essentially preventing these communities from exercising the very rights that the province recognized when it enacted DRIPA.

This is a very serious matter; lives are at stake, as are fundamental Indigenous rights to self-determination. The province’s repeated commitments to “reconciliation” appear to be empty when such reasonable requests for information by Indigenous communities to preserve the health and safety of their own members are rebuffed. We are optimistic that you will recognize the urgency of this complaint and seek to resolve it without delay.

Sincerely,

Jason Woywada
Executive Director
BC Freedom of Information and Privacy Association

Meghan McDermott
Interim Policy Director
BC Civil Liberties Association
September 14, 2020

Michael McEvoy
Information and Privacy Commissioner for BC
PO Box 9038 Stn. Prov. Govt.
Victoria B.C. V8W 9A4

Subject: Masks Not Blindfolds – Complaint Against the Minister of Health for Refusing to Share Potentially Life-Saving Proximate COVID Case Information with Indigenous Communities

Dear Commissioner McEvoy,

We the undersigned Indigenous leaders strongly endorse the request being made to you by the Heiltsuk First Nation, Nuu-chah-nulth Tribal Council, and Tsilhqot’in National Government, to determine a complaint concerning the head of the Ministry of Health failing to comply with a duty under the Freedom of Information and Protection of Privacy Act (FIPPA) (s. 25(1)(a)), to disclose information relating to presumptive and confirmed COVID cases proximate to rural Indigenous communities. Specifically,

- **location** of proximate presumptive and confirmed cases
- **if person has travelled** to the particular Indigenous community in the last 14 days
We support this request for an order to proactively disclose this information on a government-to-government basis because we face substantial risks of significant harm to our health and safety, including elders who are at high risk of contracting and dying from COVID. Our elders are of the highest importance in our communities for they are the knowledge and language keepers.

Additionally, due to systemic racism and the legacy of colonialism in Canada, Indigenous people are often at a lower level of health than non-Indigenous people, with some living in small populations where members live in close proximity to each other. This means the spread of disease can occur very quickly, as witnessed by recent and tragic outbreaks in Alert Bay and Haida Gwaii.

It is critical that our governments know the proximity of COVID cases so that we can effectively govern and take timely, targeted steps to reduce the risks to our communities. We need this information to decide on actions to take, ranging from stay-at-home orders and travel restrictions, to contact tracing and determining adequate provisioning and potential sharing of resources with nearby communities.

Unfortunately, the Ministry of Health has repeatedly refused requests to share this information, and in our view this is unacceptable, unconscionable and unlawful, both in relation to Section 25 of FIPPA, but also the province’s own Declaration on the Rights of Indigenous Peoples Act (DRIPA), which enshrines the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and requires BC to, “…take all measures necessary to ensure the laws of British Columbia are consistent with the Declaration.”

Under UNDRIP, we have rights to self-determination and self-government, to participate in decision-making, and to be actively involved in developing and determining programs for maintaining the health and well-being of our people. To exercise these rights, we must have access to the same health datasets, with appropriate confidentiality provisions.

Past pandemics, including smallpox and Spanish flu, and more recently H1N1, have ravaged our people, stolen our Elders, and created deep mistrust of the medical system. Today, we stand ready to protect our communities but we do not have the medical resources to fight an outbreak once it happens. As leaders, we should not be blindfolded, as BC continues the colonial practice of withholding information that could help save the lives of our people.
We trust that you understand the gravity of this matter, and we are prepared to make additional submissions should you require them, to help determine this complaint and your interpretation of FIPPA provisions, based on the requirements of the Declaration on the Rights of Indigenous Peoples Act.

Affirmed by the following Indigenous leaders:

Gaagwiis Jason Alsop,  
President of the Haida Nation

Roxanne Robinson,  
Chief Councillor, Kitasoo/Xai’xais Nation

Wally Webber,  
Chief Councillor, Nuxalk Nation

Danielle Shaw  
Chief Councillor, Wuikinuxv Nation

Don Svanvik  
Chief, 'Namgis First Nation
September 14, 2020

Michael McEvoy  
Information and Privacy Commissioner for BC  
PO Box 9038 Stn. Prov. Govt.  
Victoria B.C. V8W 9A4

Re: Letter of support for Nations’ complaint from current and former Bella Bella physicians

Dear Commissioner McEvoy,

By this letter, we wish to register our strong support for the robust efforts by the Heiltsuk leadership to protect their community from the Covid 19 virus, including their efforts alongside other Nations to file a complaint with the Information and Privacy Commissioner regarding government’s non-disclosure of vital COVID-19 case information.

Our interest and standing in these issues are grounded in our own roles, historic and present, in health and wellness in Bella Bella. I, Dr. Lauri-Ann Shearer am a Senior Family Physician for 16 years in Bella Bella, and I Dr. Stuart Iglesias, until my retirement last year, spent much of my professional career in this community, beginning as the local Medical Director in 1981. We have established deep roots in health care and strong bonds in our relationships with the Heiltsuk community. For the purposes of this letter of support, we offer an expert opinion on the anticipated impact and harm of Covid 19 on this community.

Bella Bella is an isolated and remote First Nation reserve on BC’s Central Coast with a population that is almost entirely Heiltsuk. Its transportation linkages to the rest of the Province are restricted to a weekly BC Ferries stop on the Port Hardy to Prince Rupert route and to chartered flight services from Vancouver. Our docks are visited by the commercial fishing fleet and pleasure craft travelling the coast. It is from one of these travel vectors – the ferry route - that we have just seen two ground zero Covid 19 cases in Bella Bella.

It is our professional belief that Bella Bella is both extremely vulnerable to Covid 19 and ill-prepared to address and mitigate the harm from Covid 19. The vulnerability arises from the health and socio-economic factors common to Canada’s First Nations reserves. The ill-preparedness arises from a community Public Health program, without expertise, training, or resources to isolate and contact trace the outbreak of Covid 19, either here or in neighbouring Klemtu, arriving from a travel vector. We estimate the risk of the first outbreak transforming into embedded community spread to be very high.
The proportion of chronic illness, including Diabetes Mellitus and Rheumatoid Arthritis, is much larger than in non-First Nations communities. The reality of alcohol and drug addiction has not spared Bella Bella, and has worsened in the pandemic. A significant proportion of the community has a body habitus with a high BMI. Auto-immune diseases such as asthma, thyroid, eczema, and allergies have a high prevalence. All of these co-morbidities - chronic illness, diabetes mellitus, rheumatoid arthritis, alcoholism, obesity - are recognized risk factors for a serious illness from Covid 19.

Similar to other First Nation reserves, the living conditions are crowded. Most homes are multi-generational and multi-family. Self-isolating, as a public health strategy, faces large challenges in Bella Bella. Equally, avoidance of close contact with the elders, who reside in these crowded multi-family homes, is unrealistic. Should this virus become embedded, with community spread, we believe it would travel like wildfire throughout Bella Bella without any realistic strategies available to mitigate its spread and to protect the elderly and the most vulnerable. 

We advocate, in the strongest possible terms, that the efforts to prevent the arrival of Covid 19 by travel vector is the single most important public health policy likely to have a successful impact of protecting this community from the virus.

The local hospital, appreciating the upgrades delivered to us from our Health Authority, is likely to be overwhelmed by a serious Covid 19 outbreak. RW Large has four acute care beds staffed by a few Family Physicians. There is no Intensivist, Anaesthesiologist, or Respiratory Therapist. Transport to Vancouver is weather dependent during daylight hours only - the local airstrip has no lighting and the distances preclude anything but fixed wing aircraft. It is common to wait several days or more for conditions suitable for medivac, especially during the winter months.

Our Long Term Care (LTC) resources share both the facility and nursing and medical staff with our acute care. Despite the measures we have put in place, with significant support from our Health Authority, we are still concerned that we are unable to protect these LTC elders from the arrival of Covid 19 into our ER and hospital.

Quite simply, we are concerned that the index case and the ensuing cluster of Covid 19 that arrives in our community will overwhelm our local health care resources.

In summary, the Heiltsuk Nation, for reasons of our health profile and socio-economic demographics, is extremely vulnerable to Covid 19. A local Public Health program, without training or resources, will not be able to suppress and contain the index outbreak. The ensuing community spread will overwhelm our local health care resources and devastate our population.

Clearly, the robust efforts of the Heiltsuk leadership to intercept the travel vectors bringing Covid 19 to Bella Bella represent the best opportunity to protect our community from serious harm, and it is for these reasons, that we support their efforts alongside other Nations to file a
complaint with the Information and Privacy Commissioner regarding government’s non-disclosure of vital COVID-19 case information.

L.A. Shearer
Dr Lauri-Ann Shearer
Senior Family Physician, Bella Bella

Dr Stuart Iglesias, Bella Bella physician (retired 2019)
Dr. Don Wilson, MD FRCSC  
Obstetrician-Gynecologist  
Member of Heiltsuk Nation  
Qualicum Beach, BC

September 14, 2020

Michael McEvoy  
Information and Privacy Commissioner for BC  
PO Box 9038 Stn. Prov. Govt.  
Victoria B.C. V8W 9A4

Re: Letter of Support for Heiltsuk Nation’s complaint regarding Government of BC Information Sharing on COVID-19 Cases

Dear Commissioner McEvoy,

I am writing this letter to support my home Nation, the community known as the Heiltsuk Nation, located in Bella Bella, BC, and our nearby related Nations who are also sharing in the request, to the Government of BC for more detailed information sharing on COVID-19 cases.

I am a member of the Heiltsuk Nation. I was born and raised in Bella Bella. I have children, siblings, nieces, nephews, cousins, aunts, uncles, and my elders and hereditary chiefs living back home in Bella Bella. I visit as often as I can. I also have ancestral connections to the Kitasoo-Xaixais Nation, and the Haisla Nation through my late paternal grandparents.

I pursued my education away from my home community starting in high school. I initially entered health care as a nurse, and obtained my Bachelor of Science in Nursing from the University of British Columbia in 1993. I practiced as a Registered Nurse for five years before going to medical school. I am a graduate of the University of Calgary Faculty of Medicine, having obtained my MD in 2001. I pursued residency training in Obstetrics and Gynecology at the University of Calgary, and received my fellowship qualifications from the Royal College of Physicians and Surgeons of Canada in 2006. I have been in full time practice as an Obstetrician-Gynecologist since 2006.

As a specialist physician, I provide care for patients with high risk pregnancies, and various gynecologic conditions. It has been my duty to care for patients who have had COVID-19, or
who are at risk for this disease for various reasons. Along with my colleagues in all disciplines in Medicine, I have undergone extensive additional and rapid continuing medical education on appropriate response to the COVID-19 global pandemic. This includes the care of patients with the disease, and counselling patients and families on prevention strategies to reduce or eliminate their risks of contracting COVID-19. Since the pandemic arrived in Canada, all health care providers have been working hard to respond in order to continue to provide essential health care. I have been actively involved in the extensive response to this pandemic in my line of work.

Pregnant women, patients with underlying health conditions, and the elderly are all segments of the population who deserve special consideration to help them to avoid contracting COVID-19. The impact of this disease on these populations is considerable, not only due to the potential for serious physical illness and death, but also due to the potential social and psychological harm which can occur due to the required isolation precautions and loss of immediate family and social network supports during the acute phase of the illness. These latter concerns are not to be underestimated in their potential for harm, which may be enduring. Humans are social beings, and particularly during a health crisis, social and family support is of critical importance to prevent long term adverse outcomes such as depression, anxiety, panic disorders, and PTSD. For the elderly, not only is there a risk of death, but permanent cognitive decline can occur due to severe acute illness, which can be compounded by loss of social and family supports. This phenomenon has been well documented in the long term care facilities under lockdown, where elders unaffected by COVID-19 still suffered from the effects of isolation with obvious declines in mental and cognitive health. Medically vulnerable people with chronic disease (hypertension, diabetes, COPD, obesity, cancer, organ transplantation, autoimmunity, immune suppression, among others), are at significantly greater risk of death or long term morbidity from COVID-19.

Pregnancy is a time of heightened vulnerability for women. They are in the midst of a physically demanding time growing their fetuses, and also go through intense psychosocial changes as they prepare for the addition of a new dependent family member. Role change, and the need for establishing a new equilibrium with their partners and any older children are part of this. Pregnant women are particularly vulnerable to the impacts of social isolation, and I have personally witnessed many who have had declines in their mental health due to the requirements imposed by the pandemic. It is particularly hard for them when family members cannot travel to be with them to help during and after childbirth. Pregnant women themselves may not suffer worse physical illness than age- and health-matched non-pregnant women with COVID-19, but avoidance of any acute illness in pregnancy is obviously an important goal.

There is still much that is not known about the potential long term implications of COVID-19, even on young healthy people who apparently recover from the illness. There is emerging evidence that there are some patients who do indeed suffer long term issues from COVID-19, which is not surprising given what we know from other viral illnesses such as polio and Ebstein-Barr virus.
With regard to the government of the Heiltsuk Nation and other Nations’ request for more detailed information sharing on COVID-19 cases from the government of British Columbia, and associated complaint to your office, the following reasons are why I support this complaint:

1) **Better information allows for better decisions and responses to this public health emergency.** Local populations are best able to know what responses are viable and likely to be effective than responses imposed from outside these populations. Both the elected and hereditary leadership of the Heiltsuk Nation are intimately acquainted with the daily realities in our community. They know the extent of the available resources. They know the intricacies of the social connections within our membership. They know which solutions are viable, and which are likely to run afoul of our unique cultural and social environment. The Heiltsuk Nation deserves to be empowered to take care of our own health care needs, especially during a public health emergency where a full, sustained community response is necessary to protect our membership from the potentially deadly consequences of an outbreak and community spread of COVID-19. Having more detailed information shared with our neighbouring communities also strengthens our ability to protect each other in our common goal to suppress the spread of COVID-19 between and within our communities. Many important connections with significant travel often occur to and from proximate communities by our members and others, which is why Heiltsuk needs information about proximate COVID-19 cases to help determine the level and type of emergency measures, like travel restrictions, necessary to control spread of the virus in the community.

2) **The Heiltsuk Nation has a disproportionately high burden of chronic diseases, which puts many of the members at high risk for severe illness and death if they contract COVID-19.** As a result, the commensurate prevention measures should match the degree of risk faced by our population. Although the Government of BC has been hesitant to share the detailed information being requested by the government of the Heiltsuk Nation, they have an ethical and moral duty to reconsider this refusal and share the requested information as a means to reduce the unacceptable risks faced by people living in Bella Bella. The government to government information sharing request is absolutely reasonable, and the Heiltsuk Nation is prepared to share with the Government of BC the mechanisms that will be in place to protect the security of the information shared. At the same time, this requested information is vitally important for effective prevention of outbreaks which could lead to community spread.

3) **This is an opportunity for the Government of BC to act in accordance with their commitment to the UNDRIP principles.** It also provides an occasion to act in alignment with true Reconciliation as outlined by the Truth and Reconciliation Commission recommendations.
4) The concern about possible stigmatization of individuals who contract COVID-19, although legitimate, is not part of the fabric of Heiltsuk culture. Our community has recently had the first known cases of COVID-19 diagnosed in a few of our members. These members have self disclosed their positive COVID-19 status. The response of the community has been one of overwhelming compassion, and in true Heiltsuk fashion, tremendous support has been shown to the affected members. Social media is used extensively in the community, and the messaging to the affected members has been one of love and support right from the beginning. Financial donations to support the affected members have been made and tracked in accordance with our customs. How we respond when our members experience crises of any kind is part of our identity as Heiltsuk. Assumptions that stigmatization will occur if information of the type being requested is shared is a colonial assumption based on an incomplete understanding of Heiltsuk society and culture, and a misunderstanding of how the government of the Heiltsuk Nation will use the information.

5) Facilitation of culturally sensitive contact tracing. Culturally sensitive contact tracing would obviously be best performed within the community by a team comprised of local members with the appropriate training in this important work. This cannot be done properly without the information being requested from the BC government. There are many reasons why non-community members are ill-equipped to carry out culturally sensitive contact tracing. The community-based knowledge possessed by local contact tracers is of vital importance if contact tracing is going to succeed as part of an effective strategy to prevent spread of COVID-19 in the community.

6) In light of the historical violence perpetrated against First Nations peoples in British Columbia with other infectious diseases (such as smallpox and tuberculosis), the BC Government has a duty to do better with the COVID-19 pandemic. Smallpox introduced by settlers killed huge numbers of Heiltsuk people in the past, reducing our population to near extinction. Tuberculosis patients were taken away and held in isolation in Indian TB hospitals, sometimes for years at a time while not permitting them any contact with loved ones and their communities. No local solutions for TB were sought other than forced removal, quarantine and isolation. These inexcusable wrongs are part of the historical backdrop of the current COVID-19 crisis being faced by the Heiltsuk Nation and our nearby relatives. Given the response to smallpox and malignant treatment of TB patients, should we not expect better help from the BC Government in this case? We are asking for vital information to protect ourselves and our most vulnerable members. Heiltsuk government is committed to secure protection of the information being requested, and the intention is to use the information for legitimate purposes. This request is reasonable, and deserves a positive response.

It is my hope that this letter has a beneficial impact on the request being made by the government of the Heiltsuk Nation to the government of British Columbia for more detailed
information sharing on COVID-19 cases near and within our territory, and on the Nations’ complaint to the Commissioner with respect to this matter. I feel an obligation as a Heiltsuk person to add my professional voice to this request. It is my sincere hope that a better, safer, and more effective response strategy can be designed and implemented by my home Nation to protect our community from COVID-19 if the requested information is made available.

Sincerely,

[Signature]

Dr. Don Wilson MD FRCSC