

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1226015

PREPARED FOR: Honourable Adrian Dix, Minister - **FOR INFORMATION**

TITLE: *In Plain Sight* Annual Report

PURPOSE: Rationale for the preparation of the *In Plain Sight* annual report.

BACKGROUND:

In anticipation of the one-year anniversary of the release of *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* report (IPS) in November 2020, Indigenous Health & Reconciliation (IHR) began planning towards the preparation of a 'one year' progress report, with the intention of providing an update on the IPS progress to date. However, a public statement was prepared and released by the Ministry of Health (MoH) at that time in lieu of a report, thus the discussion of the initial 'one-year report' evolved to the preparation of an inaugural IPS Annual Report.

Given the ministry's acceptance of the IPS recommendations and commitment to address Indigenous-specific racism, it is incumbent upon the ministry to demonstrate public accountability and establish regular health system reporting on and activities related to IPS.

DISCUSSION:

Providing provincially scoped updates and ensuring report coordination on the IPS work and anti-Indigenous racism commitments are a function of the Ministry of Health.

IHR is currently developing tools and a dashboard to measure the implementation status of each IPS recommendation and deliverable. However, there is no other formal reporting function in place yet to inform a fulsome report that captures all IPS related activities or conduct a thorough assessment of the work.

To this end, the IPS Annual Report is currently under development with the help of critical information gathered from key internal and Indigenous health system partners, HSIAR, and specialized communications experts. The reporting templates and distribution list were vetted by Leadership Council, Health Authority CEOs, and the Indigenous VP table, as well as various touch points within the Task Team including the provincial partners.

The Deputy Minister of the Ministry of Health, Stephen Brown, has been briefed and is aware this activity is underway. The aim is to publish the report within Q1 2022/23, shortly after the 18-month anniversary of the IPS report (May 30, 2022).

IHR is also working closely with GCPE to prepare and support the release of a public joint statement between the Minister and Mary Ellen Turpel Lafond (METL) to mark the 18-month anniversary that will speak to some of the continued progress on the recommendations and make comment on key priorities identified by METL at the one-year anniversary.

ADVICE:

s.13

Program ADM/Division: Indigenous Health & Reconciliation

Program Contact (for content): Associate Deputy Minister IHR, Dawn Thomas

Drafter: Heather Harper

Date: February 01, 2022

APPENDIX A



1219091 Annual
Report Letter.pdf

APPENDIX B



Reporting Template
2022(2).docx

APPENDIX C



Liaison Position
Reporting Template 2

APPENDIX D



Internal Reporting
Template 2022.docx



1219091

February 14, 2022

Dear Health System Partner:

I am writing to ask for your support and input into the inaugural annual report being prepared by the Indigenous Health and Reconciliation Division at the Ministry of Health. The work of addressing Indigenous-specific racism is a collective effort and responsibility, and as such, this report would not be complete without your contribution highlighting your organization's work to date.

The report will serve as an opportunity to capture a more fulsome view of the work related to the implementation of the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (IPS) recommendations, occurring throughout the province over the past year.

While the report will highlight the good work specific to the IPS recommendations since the release of the report, I raise my hands up to your organization's work and the strides being taken prior to this point in time, that continue to pave the way forward to ensure a safe and respectful health care system for all Indigenous people in British Columbia.

Please see the attached reporting template for your consideration. Your responses to these questions will continue to offer the system greater opportunity to move forward, promote successes and identify/address barriers.

Our intention is to publish the report early in the new fiscal year, and would greatly appreciate receiving your response by **March 4, 2022**, via email submission to Heather.Harper@gov.bc.ca.

In partnership,

Dawn Thomas, Aa ap waa iik
Associate Deputy Minister
Indigenous Health and Reconciliation

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

1. Which of the 24 recommendations has your organization taken action on from the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* report? (Please briefly identify the recommendation number and any supporting information.)

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

2. Since November 2020, what investments and/or activities has your organization put in place to support efforts to reduce Indigenous-specific racism?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

3. Since November 2020, what barriers have been removed or mitigated to make progress towards hardwiring the recommendations within your organization?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

4. What would you like to share about the progress on your organizational goals/measures regarding Indigenous-specific racism?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

5. What would you like to share about your organization formally adopting and enacting a statement/policy with respect to Indigenous-specific racism?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

6. What would you like to share about the progress your organization has made regarding identifying First Nations, Métis and Inuit health data to measure your performance?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

7. What investment has your organization made in the recruitment and retention of Indigenous people into senior leadership?

- a) How many Indigenous people currently hold senior leadership positions?
- b) How many Indigenous people has your organization hired in the past 12 months?
- c) How many Indigenous staff left your organization in the past 12 months?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

8. What would you like to share about the progress your organization has made on quality care and complaints management for Indigenous clients?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

9. Are there systems barriers (such as legislation/regulation, policy, standards, by-laws) and/or other challenges that your organization would like to see addressed from a provincial perspective?

DRAFT

External Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

10. Please provide any success stories/plans that you would like to share, or significant opportunities that you see with this work.

DRAFT

Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

FOR HEALTH AUTHORITIES/PROVIDENCE ONLY

Please provide an update on the 'net new' Indigenous Liaison positions funded in 2020.

- a) How many positions have been filled, and what are their key functions?
- b) How many of the liaison positions are filled by Indigenous people?
- c) How is your organization encouraging Indigenous people to apply for and be successful in filling these positions?
- d) How many are currently vacant? What is the status of the recruitment into these vacancies?
- e) What is your organization's plan for continued/on-going recruitment of these positions?

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

1. Which of the 24 recommendations has your division taken action on from the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* report? (Please briefly identify the recommendation number and any supporting information.)

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

2. Since November 2020, what investments and/or activities has your division put in place to support efforts to reduce Indigenous-specific racism?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

3. Since November 2020, what barriers have been removed or mitigated to make progress towards hardwiring the recommendations within your division?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

4. What would you like to share about the progress on your divisional goals regarding Indigenous-specific racism?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

5. What would you like to share about your division formally adopting and enacting a statement/policy with respect to Indigenous-specific racism?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

6. What would you like to share about the progress your division has made regarding identifying First Nations, Métis and Inuit health data to measure your performance?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

7. What investment has your division made in the recruitment and retention of Indigenous people into leadership?

- a) How many Indigenous people currently hold leadership positions?
- b) How many Indigenous people has your division hired in the past 12 months?
- c) How many Indigenous staff left your division in the past 12 months?

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

8. What would you like to share about the progress your division has made on quality care and complaints management for Indigenous clients (if applicable)?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

9. Are there systems barriers (such as legislation/regulation, policy, standards, by-laws) and/or other challenges that your division would like to see addressed from a provincial perspective?

DRAFT

Internal Reporting Template: Provincial Response to *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*

10. Please provide any success stories/plans that you would like to share, or significant opportunities that you see with this work.

DRAFT

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1215858

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR INFORMATION**

TITLE: Honourable Paulette Flamond, Minister of Health, Métis Nation of BC is requesting to meet with Minister Dix

PURPOSE: Minister-to-Minister meeting between Métis Nation of BC and Ministry of Health

BACKGROUND:

At their 2020 Annual General Meeting, Métis Nation of BC (MNBC) passed a self-government resolution declaring MNBC as the official Métis Government of the Métis community in BC. The accompanying resolution authorizes the MNBC Board to enter into negotiations with the federal and provincial governments on self-government agreements setting out the required fiscal arrangements for MNBC to exercise its inherent rights, authorities and jurisdictions as a self-governing body. MNBC also reiterates the need to develop and strengthen its distinct political, legal, economic, social and cultural institutions of self-government. MNBC has consistently expressed that their limited capacity and resources is directly impeding their ability to accomplish the work and engagement requests required of their Nation.

The Ministry of Indigenous Relations and Reconciliation (MIRR) has been leading the government-to-government relationship with MNBC for the province and is currently engaging MNBC on a new Métis Nation Reconciliation Accord. MIRR has directed that this work should not impede the work of individual Ministries with MNBC.

DISCUSSION:

Recommendation 7 of *In Plain Sight* (IPS) calls for the Ministry of Health (MoH) to establish a structured senior-level health relationship table with MNBC.” On July 8, 2021, Christine Massey, Deputy Minister, Ministry of Mental Health and Addictions (MMHA), Dawn Thomas, Associate Deputy Minister, Indigenous Health and Reconciliation (IHR), MoH, and Daniel Fontaine, Chief Executive Officer, MNBC, met to discuss Métis shared health and wellness priorities. The parties agreed to establish a MoH-MNBC-MMHA Sub-Accord to be a collaborative and coordinated partnership table to improve the mental health and wellness outcomes of Métis people in BC (**Appendix A**).

The IPS Task team was established in May 2021 and MNBC currently has ten Ministers and staff engaged in the Task Team¹. The MNBC Task Team members are also members of the Métis-led Métis Partnership Table that supports the MNBC Task Team and priorities of the working groups. The Office of Indigenous Health and Reconciliation has invested considerable time and effort in building and strengthening the relationship with MNBC, with particular focus on upholding the standards of UNDRIP and the intention of the *Declaration Act*.

¹ Tanya Davoren; Daniel Fontaine; Chris Gall; Lissa Smith; Paulette Flamond; Dr. Kate Elliott; Patrick Harriott; Louis De Jaegar; Debra Fisher; Susie Hooper.

In August 2021, MNBC released a funding report card comparing Métis funding for the fiscal year of 2020-21 in Ontario with BC. In Health, Mental Health and Seniors Services, MNBC graded the province of BC with an F-, citing MoH/MMHA/Seniors are contributing \$575,000 in BC compared to \$12 million in Ontario.

Currently, \$200,000 is flowing to MNBC for 2021/22 through an annual contract. An additional \$625,000 of IPS funding covering fiscal years 2021/22 to 2023/24 is currently pending final approvals. It is anticipated that MNBC will submit a proposal for additional support in fiscal 2022/23, which may be explored in alignment with IPS.

ADVICE:

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Program ADM/Division: Dawn Thomas, Associate Deputy Minister, Indigenous Health and Reconciliation
Telephone: 778 974-4050
Program Contact (for content): Kaz MacKenzie
Drafter: Kaz MacKenzie
Date: May 27, 2022

MNBC HLTH MMHA Deputy Ministers Meeting

July 8, 2021, 10 – 11 am

PARTICIPANTS		
MNBC	HLTH	MMHA
Daniel Fontaine Tanya Davoren Jillian Jones Terri Gillis	Dawn Thomas Breanna Chandler Kaz Mackenzie Regrets: Stephen Brown Regrets: Lara Miramontes	Christine Massey Nick Grant Lynne Belle-Isle

MEETING OBJECTIVES/AGENDA

The objectives of this meeting were for MNBC, HLTH and MMHA to:

1. Explore a MNBC HLTH MMHA collaborative and coordinated partnership to improve the health and wellness outcomes of Métis people in BC.
2. Discuss and decide on a space where strategic conversations can take place.
3. Discuss shared interests and priorities.

MINUTES

Setting the Stage

- Round of introductions
- Daniel defers to Tanya to chair the meeting. He is available for the first 15 minutes of the meeting.

Opening Remarks

- Tanya acknowledges the investment from HLTH related to the work stemming from the In Plain Sight report that has enabled MNBC to hire two policy analysts.
- She stated that this meeting was about our mutual interest in standing up a sub-agreement on Métis health and wellness. We are here to discuss how that could work.
- Dawn added that she is interested in MNBC's priorities over the next year and that HLTH is taking their lead from MNBC.

Working Together Towards a Métis Health and Wellness Sub-Agreement

- Tanya reiterated that the purpose of this meeting was to bring together all three parties to confirm our mutual interest in standing up a Métis health and wellness sub-agreement.

DECISION: Daniel, Christine, and Dawn confirm that they wish to pursue a Métis health and wellness sub-agreement.

Strategic Partnership Table

- Daniel informed the group that MNBC is sitting down with MIRR on July 19th to start discussions on a Métis Nation Reconciliation Agreement (MNRA III), through a Métis Relations Working Table. This work is in its early stages and does not prevent MNBC, HLTH and MMHA from creating a sub-agreement that could flow into the MNRA III). Christine and Nick confirm that this is their understanding as well.
- Christine offered that the Métis Relations Working Table with MIRR could provide an umbrella framework to look at the totality of MNBC's relationship with the Province as well as its relationship with HLTH and MMHA specifically.
- Dawn is thrilled that Kate Elliott from MNBC is co-chair of the IPS Task Team. She agrees to having one table for MNBC, HLTH and MMHA to work together. She suggests building the Terms of Reference, working towards a sub-agreement, and identifying priorities for this year.

Identified Shared Interests and Priorities

- Mental health and substance use
 - Integrated child and youth teams
 - Youth substance use and wellness system of care, including stabilization care
 - Adult substance use framework
 - Response to the toxic drug supply
 - Recovery and treatment
 - Complex care housing
 - Decriminalization
- The Métis public health surveillance baseline report will reveal health priorities. The recommendations in the report will provide some direction for this work.
- Task Team and recommendations in In Plain Sight report
- Primary Care Networks
- Métis culture and cultural safety in every initiative
- MNBC's LOUs and workplans with the Regional Health Authorities will also drive the sub-agreement.
- Implementing the Declaration Act and advancing a whole-of-government approach with MNBC
- MNBC engagement in policy and legislative review

Discussion Highlights

MNBC's Capacity

- Nick acknowledged MNBC's capacity challenges to be at the table for all these priorities. He suggested exploring where we can find efficiencies and how HLTH and MMHA can help to support MNBC to engage at the regional and local level.
- Tanya reiterated that MNBC's Regional Health Coordinators are the ones seeking relationships with the regional health authorities, though capacity varies by region.
- Terri pointed out that the intersectionality between harm reduction, decriminalization, safe supply, treatment adds to the need for enhanced capacity.
- The recent doubling of MNBC's Ministry of Health staff will result in MNBC being at more tables.
- Tanya emphasized that MNBC can only drive change by coming to the table. Being about to show Métis-specific statistics, for example, where physicians are at the table, as in the case of the Primary Care Networks, can influence change.

MNBC Initiatives

- Tanya informed the group that MNBC now has overdose statistics for Métis citizens from the coroner's report. They have hired a contractor to write a report, which they plan to release on August 31st for International Opioid Awareness Day. They are hoping to be in the DTES as to talk to folks there. They hope Métis people will come forward and identify themselves to them so that they can provide resources to them.
- MNBC will have a Métis-specific Lifeguard app and will do a big launch. They have not done outreach before and are excited to do that along with the launch.
- MNBC will soon launch the sales of a provincial harm reduction sash.

Métis Cultural Wellness

- Tanya expressed the importance of integrating Métis culture and cultural safety into every initiative. The ICY teams present a good opportunity to do that. The recent launch of MNBC's resource, *Kaa-wiichihitoyaahk (We take care of each other): Métis perspectives on cultural wellness*, will serve as a resource to influence programs and services. Jillian and Terri are creating resources on health and wellness based on it.
- Tanya also stressed the importance of clarifying language when using terms such as First Nations, Métis, and Indigenous.

Next Steps

- Staff will draft:
 - Terms of Reference for a propose Métis Health and Wellness Sub-Accord Table, including how we want to work together, membership, frequency of meetings
 - Sub-Accord with first priorities
 - Arrange for meeting dates in Deputy Ministers' calendars

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff #1222882

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR INFORMATION**

TITLE: First Nations Leadership Council's Funding Request for Health Governance evaluation.

PURPOSE: To provide the Minister with information and background on Recommendation 6: First Nations Health Governance Evaluation and on the current state of the relationship between First Nations leadership bodies.

BACKGROUND:

Following resolutions passed in Spring 2021, the First Nations Leadership Council (FNLC) commenced an open process in July 2021 to identify a committee of Chiefs and leaders to develop and oversee an engagement and decision-making process to review the BC First Nations health governance structure. The intention of this process would be to support Chiefs to make decisions regarding necessary structural changes and potential legislation in light of the *Declaration on the Rights of Indigenous Peoples Act (Declaration Act)* and the findings and recommendation #6 of the *In Plain Sight* (IPS) report. This committee is mandated to operate as an arms-length group from the First Nations Health Authority (FNHA) and includes a sub-set of representatives of the First Nations Health Council (FNHC), the FNLC organizations, and other Chiefs and leaders identified through an open process.

On October 4, 2021, the Ministry of Health (the Ministry) responded to the FNLC resolutions acknowledging the concerns raised regarding the need for a review and renewal of the First Nations Health Governance structure in British Columbia. The Ministry acknowledged the completion of the evaluation of the *BC Tripartite Framework Agreement on First Nations Health Governance* (Tripartite Framework Agreement) and noted its understanding that there was a commitment from both FNHA and FNHC to work with the FNLC on this concern. Further, the Ministry extended its support and collaboration in this process and with future conversations as we all commit to uphold the seven directives and the obligations, spirit and intent of the *Declaration Act*.

On November 8, 2021, the Ministry received a request from FNLC for funding in the amount of \$159,000 to support carrying out this arms-length review, citing the Minister's commitment to implement recommendation #6 of the IPS report as well as government's obligation under the *Declaration Act*. Shortly thereafter, on November 23, 2021, the Ministry received a letter from the FNHA emphasizing that under the Tripartite Framework Agreement, the FNHC provides political leadership for implementation of Tripartite commitments, including evaluation of First Nations Health Governance. The FNHC has since struck an Independent Chiefs Advisory Group for the purposes of overseeing and contracting an independent consultant to conduct an independent evaluation of the First Nations Health Governance Structure. FNHA has stated that given an independent evaluation is already underway through the FNHC Independent Chiefs Advisory Group, it would be contrary to the intention of the Tripartite Framework Agreement for the Ministry to support an additional evaluation conducted by the FNLC and indicated severe repercussions to the FNHA/MoH relationship should MoH proceed with supporting the FNLC in its request. The FNHC Chair was not signatory to the letter but was cc'd on the correspondence.

On February 11, 2022, the Ministry received a letter from the Fraser Salish Health Caucus conveying two specific interests:

- Concern with the Ministry's consideration of the FNLC funding request to undertake an independent review of BC First Nations Health Governance, noting a decision to do so would breach the 2011 Tripartite Framework Agreement and undermine the UN Declaration and the *Declaration Act*.
- Resolution passed by the Fraser Salish Health Caucus to transform the Health Caucus to an Indigenous Decision-Making Body on health and social determinants of health, as per the *Declaration Act*, and an invitation to the Minister to convene a Ministerial meeting to develop a section 7 agreement with the leadership of the 32 Fraser Salish communities. (NOTE 1)

On February 28, 2022, the Ministry received a letter from the FNLC providing assurances with respect to the information shared in the February 11th correspondence from the Fraser Salish Region Health Council. In particular: (NOTE 2)

- Confirming that First Nations leadership in BC fully endorsed IPS through resolutions passed at their respective political organizations, also calling on the Ministry to implement the recommendations and report regularly on progress to BC First Nations.
- Disagreement with the characterization in the Fraser Salish letter that funding the FNLC will "undermine" or "breach" the Tripartite Framework Agreement, clarifying that the FNLC remain committed to a positive and consensus-building process as marked in the early days of the effort to create the First Nations health governance structure.
- Seeking a confirmation of funding to carry out the independent review.
- Disputing the Fraser Salish Health Caucus's argument that the BC Tripartite Framework Agreement is an "agreement" or "constructive arrangement" in accordance with Article 37 of the UN Declaration. It must be stressed that the Framework Agreement is in no way comparable to treaties or other arrangements directly on a Nation-to-Nation basis. Chiefs' support for the Framework Agreement was entirely predicated upon the understanding that this Agreement was without prejudice to First Nations Rights, Title, and interests as per Directive 6 and the legal opinion secured in 2011 from Maria Morellato.

On March 24, 2022, Associate Deputy Minister Dawn Thomas provided a letter to political executives of FNHC, FNHA and FNLC requesting their collective support develop a strategy to address recommendation #6 of IPS. To date the Ministry has not received a response. (NOTE 3)

CURRENT STATE:

Most recently, the FNLC has reached out to the Minister's Office on April 28, 2022 and May 10, 2022 requesting Minister Dix meet with its First Nations Health Governance Restructure Committee to discuss the current status of the work and moving forward with the FNLC funding request made in November 2021. Additionally, on May 11, 2022 MIRR received feedback from the FNLC requesting the removal of the reference to the *In Plain Sight* Task Team in the MoH submission to the DRIPA Action Plan Annual Report 2022.

The FNHC and FNHA have not yet provided an indication of the work they have undertaken on an independent review of the health governance structure despite having opportunities to engage in these conversations at Spring Caucus. Indigenous Health and Reconciliation has requested a briefing from the FNHC on its work to date but has not yet received a response.

These opposing perspectives awkwardly position the Ministry of Health with respect to supporting the implementation of IPS and maintaining important relationships with BC First Nations leadership bodies. It is apparent that an assessment of the current governance structure must be undertaken and that the conditions of the *Declaration Act* offer opportunities to revisit previous agreements and processes.

ADVICE:

s.13; s.14

Program ADM/Division:, Indigenous Health and Reconciliation

Telephone:

Program Contact (for content):

Drafter: Mark Matthew

Date: May 24, 2022

Notes:

From Fraser Salish to Minister Dix



22.02.11 Letter to
Minister Dix from FN

FNLC to Minister Dix



2021Feb28_FNLcto
MinisterDix_HealthGo

MoH to FNLC, FNHC and FNHA



MoH response to
FNLC_FNHC Corresp

February 11, 2022

Hon. Adrian Dix
Minister of Health
PO BOX 9050
STN Prov Govt
Victoria, B.C.
V8W 9E2

**RE: FNLC Review of FNHC and Fraser Salish Health Caucus – DRIPA Section 7 –
Decision-making Agreement**

Dear Minister Dix,

We are writing this letter to ask you to convene a meeting with your Ministerial Colleagues so that we may develop a DRIPA action plan founded upon cooperation, mutual respect and collaboration. We require your active leadership and ongoing support to implement the United Nations Declaration on the Rights of Indigenous Peoples. On January 14, 2022, the Fraser Salish Chiefs, Proxies, and Health leaders approved a motion directing the undersigned and the Fraser Salish FNHA Regional team to prepare a "Discussion Paper on UNDRIP and DRIPA to support Fraser Salish regional engagement; to seek advice from the Fraser Salish Joint working group to inform dialogue, including a review of the 2020 Regional Partnership Accord with the Fraser Health Authority; and to work to build consensus with the Fraser Salish Chiefs and Health Leaders to establish the Fraser Salish Health Caucus as an Indigenous Decision-Making Body on health and the social determinants of health for the Fraser Salish Region."

Before addressing the main purpose of this letter, we are deeply troubled that the Province of BC is giving serious consideration to funding the First Nations Leadership Council to carry out a so-called Independent Review and Restructuring of the First Nations Health Authority. The First Nations Leadership Council does not have a mandate in health and has not since 2010. Perhaps more on point, if your government funds the FNLC for this dubious enterprise, your action will breach the 2011 BC Tripartite Framework Agreement on First Nations Health Governance. As members of the FNHC/FNHA, we are obligated to employ "Reciprocal Accountability" to ensure that the Province of BC upholds and complies fully with this tripartite agreement. We also draw to your attention – United Nations Declaration on the Rights of Indigenous Peoples Article 37 which states:

1. Indigenous peoples have the right to the recognition, observance and enforcement of

treaties, agreements and other constructive arrangements concluded with States or their successors and to have States honour and respect such treaties, agreements and other constructive arrangements.

2. Nothing in this Declaration may be interpreted as diminishing or eliminating the rights of indigenous peoples contained in treaties, agreements and other constructive arrangements.

UNDRIP Article 37 means that the British Columbia Tripartite Framework Agreement on First Nations Health Governance is either an “agreement” or it is a “constructive arrangement.” Given UNDRIP article 37, in response to In Plain Sight Recommendation 6, the Province of B.C. (Ministry of Health/Ministry of Mental Health & Addictions) must work with other parties of the 2011 tripartite agreement - Indigenous Services Canada, the First Nations Health Council and First Nations Health Authority. We are deeply disappointed that your government is considering risking political and legal consequences that result from funding the First Nations Leadership Council organizations to undermine the 2011 Tripartite Agreement. We want to discuss and resolve this issue with you and your cabinet colleagues soonest.

The 2020 B.C. Ministerial Mandate letters share common themes. Those letters state: “The unanimous passage of the Declaration on the Rights of Indigenous Peoples Act was a significant step forward in this journey. True reconciliation will take time and ongoing commitment to work with Indigenous peoples as they move toward self-determination. Our government – and every ministry – must remain focused on creating opportunities for Indigenous peoples to be full partners in our economy and providing a clear and sustainable path for everyone to work toward lasting reconciliation.”

We draw to your attention this quote taken from the Declaration on the Rights of Indigenous Peoples Act:

Purposes of Act

“2 The purposes of this Act are as follows:

- (a) to affirm the application of the Declaration to the laws of British Columbia;
- (b) to contribute to the implementation of the Declaration;
- (c) to support the affirmation of, and develop relationships with, Indigenous governing bodies.”

Per the enclosed Fraser Salish Motion 2022-01-14-04, you will note that the Fraser Salish Health Caucus Chiefs and leaders are keenly interested in implementing the following UNDRIP Articles:

- 21 (1) – regarding the right without discrimination “to the improvement of their economic and social conditions, including, inter-alia, in the areas of education,

employment, vocational training, and retraining, housing, sanitation, health and social security.”

- 18 – “Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.”
- 19 – concerning “free, prior, and informed consent before adopting legislative or administrative measures that may affect them.
- 24 (1) – regarding Indigenous rights to traditional medicines/health practises, conservation of medicinal plants, animals, and minerals. It states that “Indigenous individuals also have the right to access, without any discrimination, to all social and health services; and (2) Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.”

In March 2016, the Government of BC and the First Nations Health Council signed a Memorandum of Understanding – “A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nations Peoples in B.C.” This MOU (Section 7.2) states:

“The Parties commit to continue with the ‘engagement and approvals pathway’ towards achieving consensus on a ten year social determinants strategy. The ongoing and regular process of engagement regionally and provincially would enable provincial Ministries to work collaboratively with First Nations in their respective regions. This would include the joint development, implementation and evaluation of multi-year social determinants strategies. Similar to the intent of Section 6.2 of the *Framework Agreement* (2011), it is envisioned that First Nations and provincial Ministries will enter into arrangements for collaborative governance in each of the five (5) regions as a means to define mechanisms for shared planned, priority setting, decision-making and reporting.”

This MOU also sets out commitments for funding and resources for provincial level support and capacity for each of the five regions. We believe that the collaborative process as set out in the 2016 MOU sets out a process that could be updated to address the Fraser Salish and BC government goal to implement UNDRIP and DRIPA.

We look forward to meeting with you and your colleagues soonest. We wish to build upon the 2016 MOU, UNDRIP and DRIPA to develop an action plan to carry out UNDRIP Articles 21(1), 18, 19, and 24. We are keen to collaborate with you and your colleagues to develop a DRIPA Section 7 Agreement addressing health and the social determinants of health. We

are also keen to address and resolve our concerns that your government will breach the 2011 BC Tripartite Framework Agreement on First Nations Health Governance. We look forward to a prompt resolution of this matter.

Respectfully,



Willie Charlie
First Nations Health Council
Fraser Salish Region



Chief Derek Epp
First Nations Health Council
Fraser Salish Region



Chief Andrew Victor
First Nations Health Council
Fraser Salish Region

Enclosure

cc:

32 Fraser Salish Chiefs

Wade Grant, Chair of the First Nations Health Council

Colleen Erickson, Chair, FNHA Board of Directors

Hon. John Horgan, Premier

Hon. Anne Kang, Minister of Advanced Education and Skills Training

Hon. David Eby, Attorney General and Minister Responsible for Housing

Hon. Mitzi Dean, Minister of Children and Family Development

Hon. Jennifer Whiteside, Minister of Education

Hon. Murray Rankin, Minister of Indigenous Relations and Reconciliation

Hon. Sheila Malcolmson, Minister of Mental Health and Addictions

Hon. Mike Farnworth, Minister of Public Safety and Solicitor General

Hon. Nicholas Simons, Minister of Social Development and Poverty Reduction

Lori Wanamaker, Cabinet Secretary and Head of the Public Service, Office of the Premier

Stephen Brown, Deputy Minister, Ministry of Health

Shannon Baskerville, Deputy Minister, Advanced Education and Skills Training

Richard Fyfe, Deputy Attorney General, Ministry of Attorney General

Allison Bond, Deputy Minister, Ministry of Children and Family Development

Scott MacDonald, Deputy Minister, Ministry of Education

Douglas D. Caul, Deputy Minister, Ministry of Indigenous Relations and Reconciliation

Christine Massey, Deputy Minister, Ministry of Mental Health and Addictions

Douglas Scott, Deputy Solicitor General, Ministry of Public Safety and Solicitor General

David Galbraith, Deputy Minister, Ministry of Social Development and Poverty Reduction

Jim Sinclair, Chair, Fraser Health Authority Board of Directors

Richard Jock, CEO, First Nations Health Authority

Michelle DeGroot, Vice President, Regional Operations Fraser Salish Region, FNHA

FIRST NATIONS LEADERSHIP COUNCIL



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February 28, 2022

Hon. Adrian Dix
Minister of Health
PO BOX 9050
STN Prov Govt
Victoria, BC V8W 9E2
Via Email: HLTH.Minister@gov.bc.ca

RE: First Nations Health Council-Fraser Salish Region correspondence of February 11, 2022

Dear Minister Dix,

We write to provide assurances and accurate information with respect to the aforementioned correspondence from the Fraser Salish Region Health Council dated February 11th.

As you are well aware, the In Plain Sight report has made a major and important contribution to addressing anti-Indigenous racism and discrimination, and consistent with the *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act), supported the affirmation and protection of Indigenous human rights in healthcare in BC.

First Nations leadership in BC fully endorsed In Plain Sight through resolutions passed at our respective political organizations, and called on the Ministry of Health to implement the recommendations and report regularly on progress to BC First Nations.

Chiefs also recognize the aspects of this work which are ours to do. As a result, Chiefs have also prepared and passed resolutions (UBCIC Resolution 2021-14, BCAFN Resolution 02/2021, FNS Resolution #0621.11 enclosed) outlining a process to address recommendation 6 of In Plain Sight. This resolution establishes an independent Chiefs committee to collaborate with the First Nations Health Council (FNHC) to undertake a comprehensive and inclusive engagement and decision-making process to review the First Nations health governance structure's mandate and performance. Given that the Declaration Act has shifted the landscape for Crown-First Nations government relations, this review is also to be conducted in light of the Declaration Act and the *United Nations Declaration on the Rights of Indigenous Peoples* (UN Declaration).

An open process was undertaken to identify a team of highly respected First Nations leaders to carry out this review, and this team involves participation from the FNHC. As affirmed and supported by Article 18 of the UN Declaration, we believe in our leadership having ownership of and guidance over their own institution and are prepared to take up this work that we have been mandated to do. It is this process for which the three mandated First Nations political organizations have sought funding from the Ministry of Health, given that this is work called for under In Plain Sight. We do not agree with the characterization in the letter that this process will "undermine" or "breach" the BC Tripartite

Framework Agreement (Framework Agreement). We remain committed to a positive and consensus-building process as marked the early days of the effort to create the First Nations health governance structure and look forward to a positive response to our request for funding to carry out this important work.

The letter also falsely states that the BC Tripartite Framework Agreement is an “agreement” or “constructive arrangement” in accordance with Article 37 of the UN Declaration. It must be stressed that the Framework Agreement is in no way comparable to treaties or other arrangements directly on a Nation-to-Nation basis. Chiefs’ support for the Framework Agreement was entirely predicated upon the understanding that this Agreement was without prejudice to First Nations Rights, Title, and interests as per Directive 6 and the legal opinion secured in 2011 from Maria Morellato.

The Declaration Act has provided new tools, obligations, and processes to uphold Indigenous human rights. This review is one of the many exciting and necessary efforts required to reframe and update many of our previous agreements, processes, and understandings to optimize the new opportunities under the Declaration Act.

Sincerely,
FIRST NATIONS LEADERSHIP COUNCIL

Encl.
UBCIC Resolution 2021-14
BCAFN Resolution 02/2021
FNS Resolution #0621.11
2011 Legal Opinion by Maria Morellato

Sincerely,

FIRST NATIONS LEADERSHIP COUNCIL

On behalf of the FIRST NATIONS SUMMIT


Cheryl Casimer Robert Phillips

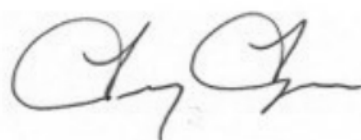

Lydia Hwitsum

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: First Nations Health Council
First Nations Health Authority
First Nations Health Governance Restructure Committee



1221341

March 24, 2022

Wade Grant
4017 Stautlo Avenue
Vancouver BC V6N 4B8

Dear Wade,

I am writing to ask for your support in developing a strategy to address Recommendation Six of *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (IPS), to ensure that British Columbia First Nations health plans are reflective of the current reality of the *Declaration Act*. We see this work as a collective responsibility and need your contributions and direction to move forward.

Unfortunately, we have encountered some challenges. The Ministry of Health (the Ministry) has received a request to invest in a third partner evaluation of the First Nations Governance Structure supported by BC Chiefs and First Nations Leadership Council (FNLC) through respective resolutions. The Ministry has also received correspondence from the First Nations Health Authority (FNHA) and Fraser Salish Health Caucus signaling that they also have an independent process, referencing the Tripartite Framework Agreement's embedded evaluation process.

These opposing perspectives awkwardly position the Ministry with respect to supporting the implementation of IPS and maintaining important relationships with BC First Nations leadership bodies. It is apparent that an assessment of the current structure must be undertaken and that the conditions of the Declaration Act offer opportunities to revisit previous agreements and processes. A well conducted review will offer the overall outcome of a highly effective and transparent First Nations health governance structure where rights holders are appropriately acknowledged and included.

The Ministry has no legal limitations regarding investing or participating in evaluations outside of the Tripartite Agreement as requested by the FNLC. However, due to the circumstances it is incumbent upon the Ministry to remain neutral until a coordinated and agreed upon approach is established.

The health and wellness of BC First Nations remains a shared passion and commitment. We support the need to ensure that their voices, and those who represent them, are heard in a way that suits their needs. We know that this work must be done and cognizant of the need for agreement on the path to get there.

I look forward to hearing from you and am hopeful we can find a way to put our minds together to find resolution to this matter.

In partnership,

A handwritten signature in cursive script that reads "Dawn Thomas".

Dawn Thomas, Aa ap waa iik
Associate Deputy Minister

MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff # 1227824

PREPARED FOR: Stephen Brown - **FOR INFORMATION**

TITLE: BC Extreme Heat Preparedness and Response initiatives

PURPOSE: To provide information and milestones of the British Columbia Heat Alert and Response System (BC HARS): Pilot 2022

BACKGROUND

During the summer of 2021, BC experienced catastrophic extreme heat events with record-breaking temperatures that resulted in an unprecedented number of mortalities. During the 2021 heat dome, there were an estimated 740 excess deaths across all of British Columbia¹. The BC Coroners Service has directly attributed 595 deaths in British Columbia to the June 2021 extreme heat event².

In response to these events, the BC Health Effects of Anomalous Temperatures (BC HEAT) coordinating committee was established in January 2022 to support planning and response efforts related to public health impacts of significant heat events in BC.

The BC HEAT coordinating committee is co-chaired by the Ministry of Health (HLTH) and the BC Centre for Disease Control (BCCDC). This committee includes public health experts from the regional health authorities, First Nations Health Authority (FNHA), BC Emergency Health Services (BCEHS), BC Housing, Environment and Climate Change Canada (ECCC), HealthLink, Ministry of Mental Health and Addictions (MMHA), and the Office of the Provincial Health Officer (OPHO) to support planning and response efforts related to public health impacts of significant heat events. The objective of this committee is to ensure public health coordination is in place by summer 2022. This will be addressed by:

- Establishing a British Columbia Heat Alert and Response System (BC HARS: Pilot 2022), defines the triggers of a two-tier alert system: heat warning and extreme heat emergency.
- Identifying recommended public health actions when heat warnings and extreme heat emergency alerts are triggered.
- Providing consistent public health messaging targeted to reduce heat-related illness and mortality.

Concurrently to the BC HEAT Coordinating Committee, Emergency Management BC (EMBC), in partnership with HLTH, has struck a working group to develop a Provincial Extreme Heat Framework. This Framework has two main objectives:

¹ Henderson et al. Extreme heat events are public health emergencies. *BCMJ*, vol. 63, No. 9, November 2021, Pages 366-367 BCCDC

² ^[1] BC Coroners 2021 https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/heat_related_deaths_in_bc_knowledge_update.pdf as accessed March 2022

- To summarize a provincial government-level communications plan in response to a heat warning or extreme heat emergency as defined in the BC HARS: Pilot 2022.
- To describe provincial roles and responsibilities in the event of a heat warning or heat emergency.

Additionally, EMBC has led the development of the following extreme heat initiatives:

- An Extreme Heat Preparedness Guide which helps individuals and households better understand the impacts of extreme heat events.
- Expansion of the Community Emergency Preparedness Fund to support extreme heat planning and preparedness efforts within communities.

DISCUSSION:

The BC HARS: Pilot 2022 describes the criteria for a provincial two-tier alerting and response system and contains tables with key messages and recommended actions specifically tailored to first nations, local authorities, partner organizations, government ministries and the broader health sector. The information in each table is divided into actions to be taken during the pre-season, during a heat warning, during an extreme heat emergency, and post-season or during the deactivation process. Recognizing that there is wide variation in community heat response plans, the recommendations in the tables are not prescriptive in nature yet are intended to guide organizations

The audience of the BC HARS: Pilot 2022 document is all levels of the health system, emergency management partners responding to extreme heat events, as well as organizations that work with and have an interface with vulnerable populations and those at greatest risk of mortality during heat events.

The BC HARS: Pilot 2022 is referenced as a “pilot” for the 2022 season and acknowledges the need for further consultation with community partners. The rapid development of the BC HARS was taken intentionally to ensure a system was in place for the 2022 heat season. The BC HEAT coordinating committee intends to further learn, develop, and refine the BC HARS after summer 2022.

The Provincial Extreme Heat Framework currently being developed by EMBC will be going through the approval process to include ADMs/DMs and then briefing to Minister of Health/PSSG. The BC HARS is endorsed through the Provincial Extreme Heat Framework.

NEXT STEPS:

- In coordination with EMBC, the BC HARS: Pilot 2022 will be socialized with First Nations, local authorities, and local/regional/provincial partner organizations
- In coordination with EMBC, a technical briefing of the BC HARS to the Ministers of HLTH and PSSG, Ministry executive, OPHO and other provincial partners

- Led by GCPE, a coordinated public launch and communication of the BC HARS: Pilot 2022, Extreme Heat Framework and Extreme Heat Preparedness Guide in late May / early June

Program ADM/Division: Philip Twyford, Finance and Corporate Services

Telephone: 250-952-2066

Program Contact (for content): Jamie Galt, Director – Emergency Management Unit

Drafter: Julie Kirke, Emergency Manager – Emergency Management Unit

Date: April 29, 2022

Annex A – Upcoming Milestones

Timeline	Actions
May 18	ADM DREM Approval of the Extreme Heat Framework
Week of May 9th	Internal socialization PHO/Public Health
Week of May 16/ 23	Regional meetings to inform first nations/local authorities
May 18	BC HARS Internal Tabletop Exercise to walkthrough activation/escalation of BC HARS
May 25	DM DREM Approval of Extreme Heat Framework
June	Expected finalize and publicly launch the BC HARS in early to mid June
TBD	BC Heat Dome Coroner Report is expected on May 26

Annex B – BC HARS Criteria

Alert level	Heat Warning	Extreme Heat Emergency
Public Health Risk	Moderate (5% increase in mortality)	Very high (20 % or more increase in mortality)
Descriptor	Very hot	Dangerously Hot
Historic Frequency	1-3 per summer season	1-2 per decade
Criteria - (ECCC Region Definitions)	<p>Southwest (Western Metro Vancouver including the North Shore, City of Vancouver and Richmond, Howe Sound, Whistler, Sunshine Coast, Vancouver Island (except northern sections) = *29-16-29</p> <p>Southwest inland (Eastern Metro Vancouver including Coquitlam and Surrey, and the Fraser Valley = *33-17-33</p> <p>Southeast (Southern interior (including South Thompson and Okanagan), Kootenays, and Columbias (south) = *35-18-35</p> <p>Northeast (Northern Interior, Central Interior, including Chilcotin, Cariboos, Prince George, North Thompson, and North Columbia, BC Peace, Bulkley Valley and the Lakes and Fort Nelson) = *29-14-29</p> <p>Northwest (Central and Northern Coast (inland and coastal regions), Northern Vancouver Island, and northwestern BC) = *28-13-28</p> <p>*Day time high- Nighttime high- Next day- day time high</p>	Level I criteria have been met and forecast indicates that daily highs will substantively increase day-over-day for 3 or more consecutive days