

# First Nations Health Authority Submission to the Environmental Assessment Review Panel

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## Introduction

The Minister of Environment and Climate Change Canada (ECCC) has established an Expert Panel to review federal environmental assessment (EA) processes associated with the *Canadian Environmental Assessment Act, 2012* (CEAA 2012). The Expert Panel is engaging broadly with Canadians, Indigenous groups and key stakeholders and will develop recommendations to the Minister of Environment and Climate Change for restoring public confidence in EA processes. The Expert Panel will focus specifically on matters related to EA processes, including the role of other federal departments in support of EAs.

The First Nations Health Authority (FNHA) would like to contribute to the review process through:

- 1) An independent submission to the Expert Panel, and
- 2) As signatory to the Canadian Public Health Association submission on behalf of Canadian public health professionals and organizations.

The FNHA does not hold a mandated authority to review projects under CEAA 2012 or the BC EA process. First Nations, Health Canada, and BC Health Authorities are seeking involvement from the FNHA to assist in a more holistic review of projects. However, in its current state, the FNHA has limited capacity to engage fully in all projects undergoing either federal or provincial EA review. The FNHA does, however, have a strong linkage to BC First Nations, current health and wellness priorities, gaps, and challenges, and welcomes the opportunity to provide a First Nations health and wellness perspective to the current EA process.

## First Nations Health Authority

The FNHA is the first province-wide health authority of its kind in Canada and occupies a very unique space within the health system in BC. On October 1st 2013, the FNHA assumed the functions of Health Canada's First Nations Inuit Health Branch (FNIHB) – BC Region and associated headquarter functions. These include primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements. The FNHA is not replacing the role or services of the Ministry of Health and Regional Authorities but collaborates, coordinates, and integrates health programs and services to achieve better health outcomes for BC First Nations.

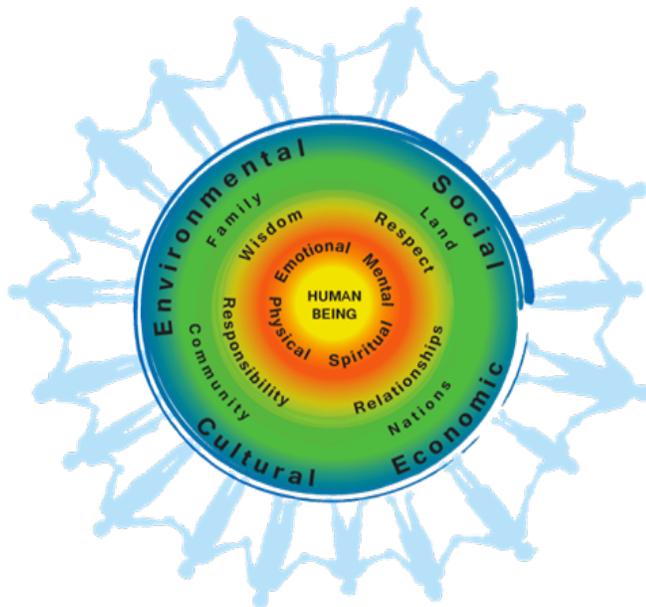
## Vision and Values

The FNHA and its governance partners, the First Nations Health Council and First Nations Health Directors Association, are guided by a shared vision of “*healthy, self-determining and vibrant BC First Nations children, families and communities*” and the shared values of Respect, Discipline, Relationships, Culture, Excellence, and Fairness.

## *First Nations Perspective on Health and Wellness*

The First Nations Perspective on Health and Wellness is a visual representation of BC First Nations philosophy of health and wellness, and is the foundation of all FNHA systems, programs, and services (see Figure 1). The First Nations Perspective on Health and Wellness emphasizes the importance of balanced mental, emotional, spiritual, and physical dimensions of wellness, including the relationship between internal and external impacts and experiences, and the interconnectedness of each dimension of wellness. A description of the First Nations Perspective on Health and Wellness is provided below.

**Figure 1. First Nations Perspective on Health and Wellness**



The **Centre Circle** represents individual human beings. Wellness starts with individuals taking responsibility for our own health and wellness (whether we are First Nations or not).

The **Second Circle** illustrates the importance of Mental, Emotional, Spiritual and Physical facets of a healthy, well, and balanced life. It is critically important that there is balance between these aspects of wellness and that they are all nurtured together to create a holistic level of well-being in which all four areas are strong and healthy.

The **Third Circle** represents the overarching values that support and uphold wellness: Respect, Wisdom, Responsibility, and Relationships. All other values are in some way essential to the four below:

**Respect** is about honouring where we come from: our cultures, traditions, and ourselves. Respect is intergenerational. It is passed on through our communities and families. It is the

driving force of the community because it impacts all of our life experiences including our relationships, health, and work. It is defined as consideration and appreciation for others, but there is also recognition that respect is so much more in First Nations communities: it entails a much higher standard of care, consideration, appreciation and honour and is fundamental to the health and wellbeing of our people. There is an intuitive aspect to respect, because it involves knowing how to be with oneself and with others.

**Wisdom** includes knowledge of language, traditions, culture, and medicine. Like respect, wisdom is an understanding that is passed on by our ancestors from generation to generation and has existed since time immemorial. It is sacred in nature and difficult to define.

**Responsibility** is something we all have: to ourselves, our families, our communities, and the land. Responsibility extends not just to those with whom we come into contact or relate - but also to the roles we play within our families, our work, and our experiences in the world. Also entailing mutual accountability and reciprocity, responsibility intersects with many areas of our lives, and involves maintaining a healthy, balanced life as well as showing leadership through modelling wellness and healthy behaviours.

**Relationships** sustain us. Relationships and responsibility go hand in hand. Like responsibility, relationships involve mutual accountability and reciprocity. Relationships are about togetherness, team-building, capacity building, nurturing, sharing, strength, and love. Relationships must be maintained both within oneself and with those around us.

The **Fourth Circle** depicts the people that surround us and the places from which we come: Nations, Family, Community, and Land are all critical components of our healthy experience as human beings.

**Land** is what sustains us physically, emotionally, spiritually and mentally. We use the land for hunting, fishing, and gathering. The land is where we come from and is our identity. It is more than just the earth. It includes the ocean, air, food, medicines, and all of nature. We have a responsibility to care for the land and to share knowledge of the land with our people. Land and health are closely intertwined because land is the ultimate nurturer of people. It provides not only physical but emotional and spiritual sustenance, because it inspires and provides beauty; it nurtures our souls.

**Community** represents the people where we live, where we come from, and where we work. There are many different communities: communities of place, knowledge, interests, experiences, and values. These all have a role in our health.

**Family** is our support base, and is where we come from. There are many different kinds of families that surround us, including our immediate and extended families. For First Nations people, family is often seen as much broader than many Western perspectives. Our immediate and extended families are often interchangeable, so Western descriptions and definitions don't

always apply. Our families may also include who we care for, support systems, and traditional systems in addition to (or instead of) simply blood lines. It is important to recognize the diversity that exists across British Columbia, that there are different family systems that exist (e.g. matrilineal).

**Nations** include the broader communities outside of our immediate and extended families and communities. In essence, Nation is an inclusive term representing the various Nations that comprise your world.

The **Fifth Circle** depicts the Social, Cultural, Economic and Environmental determinants of our health and well-being.

**Social determinants** such as security, housing, food, prevention, promotion, education, health awareness, and outreach supports, are all critical aspects of our health and well-being.

**Environmental determinants** include the land, air, water, food, housing, and other resources that need to be cared for and considered in order to sustain healthy children, families and communities. Safety and emergency preparedness are critical components.

**Cultural determinants** include language, spirituality, ceremonies, traditional foods and medicines, teachings, and a sense of belonging.

**Economic determinants** include resources which we have a responsibility to manage, share, and sustain for future generations. There is a need to create balance in how we use our resources and a need for good leadership to help us create this balance.

The people who make up the **Outer Circle** represent the FNHA Vision of strong children, families, elders, and people in communities. The people are holding hands to demonstrate togetherness, respect and relationships, which in the words of a respected BC elder can be stated as "one heart, one mind." Children are included in the drawing because they are the heart of our communities and they connect us to who we are and to our health.

The colors of the sunset were chosen specifically to reflect the whole spectrum of sunlight, as well as to depict the sun's rotation around the earth which governs the cycles of life in BC First Nations communities.

### ***Seven Directives***

Since 2008, BC First Nations have been involved in an unprecedented process of community engagement to guide the work in First Nations health governance. Through more than 120 regional and sub-regional caucus meetings, and more than 250 Health Partnership Workbooks, First Nations in BC

have developed the following directives. These directives describe the fundamental standards and instructions for the new health governance relationship.

1. Community Driven, Nation-Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard

### ***Regional Health and Wellness Plans***

Regional Health and Wellness Planning was called for by First Nations leaders in the 2011 and 2012 Consensus Papers. Regional Health and Wellness Plans (RHWPs) are informed by existing Community and Nation Health Plans, and are intended to provide direction from each of the five regions in BC on identifying approaches to improving the health of First Nations on a regional basis.

An analysis of the five RHWPs developed and adopted by BC First Nations in 2014 revealed that overall, there are key health priorities that may have linkages to the existing resource development and land management landscape: the social determinants of health; inter-sectoral collaboration; nutrition and food security; access to traditional foods; and housing and housing conditions. Protecting traditional territories, understanding the impacts of resource development, and ensuring economic growth does not undermine the sustainability of First Nations land and food systems are common areas of concern in the RHWPs.

### ***First Nations Health and Wellness Indicators***

Through the 10-Year First Nations Health and Wellness Agenda, FNHA Chief Medical Officer Dr. Evan Adams and BC Provincial Health Officer Dr. Perry Kendall are advancing a renewed set of wellness indicators that build off of the original seven performance indicators set out in the *Transformative Change Accord: First Nations Health Plan* (2007).

The wellness indicators are framed within the First Nations Perspective on Health and Wellness and were developed through a Two-Eyed Seeing approach, which is the “learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and learning to use both these eyes together, for the benefit of all.” The wellness indicators aim to reduce inequities and enhance wellness by shifting the paradigm from sickness to wellness and deficit to strengths. Wellness indicators from this set with particular relevance to this EA review are outlined below (1):

Cultural Wellness – a combined indicator of:

- Traditional language
- Traditional foods
- Traditional medicine / healing
- Sense of belonging to one's community

Land, Family, Nations, and Community Wellness:

- Decision-making, human and economic capacity<sup>1</sup>
- Ecological health:<sup>2</sup>
  - Percentage of undisturbed habitat
  - Abundance of culturally important species (salmon, moose, elk)
  - Number of animals that can be harvested in a season

Health and Wellness Outcomes:

- Self-reported mental and emotional well-being

## **Mandate and Role in Environmental Public Health**

As of October 1, 2013, the FNHA assumed responsibility for the environmental public health (EPH) program formerly managed by FNIHB. This program provides services related to drinking water safety, food safety, facilities inspection, wastewater, solid waste disposal, healthy housing, emergency preparedness and response, communicable disease control, and environmental contaminants, research, and risk assessment. This suite of services is primarily focused on identifying, managing, and preventing risks associated with living conditions in community. The FNHA employs Environmental Health Officers (EHOs) across the province to provide services in community and specifically Indian Reserve lands.

The FNHA Environmental Contaminants Program provides funding for community-based studies to gather timely and accurate information to identify, characterize, and reduce human exposures to toxic substances. These concerns and observations have led communities to undertake their own studies and assessment, either at their own expense or through external grants. This suggests that the historical and existing processes to assess projects, the ongoing monitoring and mitigation of health impacts, and the effective involvement of First Nations communities is insufficient.

## ***Truth and Reconciliation Recommendations***

First Nations have a long history of health and wellness, sustaining vibrant Nations since time immemorial. This was forcibly interrupted by colonization. Government policies of assimilation, including the Indian Act, residential schools, and Indian hospitals, were designed to forcibly separate families, eliminate cultures, and disempower communities. As a legal commitment under the terms of the Indian Residential Schools Settlement Agreement, the Truth and Reconciliation Commission (TRC) of

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<sup>1</sup> Proposed placeholder indicator to be developed further

<sup>2</sup> Proposed placeholder indicator to be developed further

Canada was mandated to reveal the complex truth and legacy of the residential school system and preserve survivors' stories.

Several of the TRC's Calls to Action have important implications for Canada and industry, including:

#### **Royal Proclamation and Covenant of Reconciliation**

45. We call upon the Government of Canada, on behalf of all Canadians, to jointly develop with Aboriginal peoples a Royal Proclamation of Reconciliation to be issued by the Crown. The proclamation would include, but not be limited to, the following commitments:

- i. Repudiate concepts used to justify European sovereignty over Indigenous lands and peoples such as the Doctrine of Discovery and terra nullius.
- ii. Adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.
- iii. Renew or establish Treaty relationships based on principles of mutual recognition, mutual respect, and shared responsibility for maintaining those relationships into the future.
- iv. Reconcile Aboriginal and Crown constitutional and legal orders to ensure that Aboriginal peoples are full partners in Confederation, including the recognition and integration of Indigenous laws and legal traditions in negotiation and implementation processes involving Treaties, land claims, and other constructive agreements.

#### **Business and Reconciliation**

92. We call upon the corporate sector in Canada to adopt the *United Nations Declaration on the Rights of Indigenous Peoples* as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources. This would include, but not be limited to, the following:

- i. Commit to meaningful consultation, building respectful relationships, and obtaining the free, prior, and informed consent of Indigenous peoples before proceeding with economic development projects.
- ii. Ensure that Aboriginal peoples have equitable access to jobs, training, and education opportunities in the corporate sector, and that Aboriginal communities gain long-term sustainable benefits from economic development projects.
- iii. Provide education for management and staff on the history of Aboriginal peoples, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills based training in intercultural competency, conflict resolution, human rights, and anti-racism.

The Truth and Reconciliation Commission Report's overarching themes, such as respect, relationships, and cultural safety are well-embodied in the work of the FNHA, as is the TRC's definition of reconciliation as "an ongoing process of establishing and maintaining respectful relationships." The

FNHA is committed to working with our tripartite partners and communities to promote cultural safety and humility across the health system and address the ongoing legacies of colonization in the spirit of reconciliation.

In the areas of environment and health, connection to the land, and land-based healing, the FNHA is implementing Call to Action 22 'Value Traditional Aboriginal Healing Practices' through new dedicated funding and a Traditional Wellness Strategic Framework, created with First Nations Elders and healers. To accompany the Framework, FNHA is developing a First Nations healing and wellness guidebook that aims to support communities and projects to integrate traditional wellness into programming.

The FNHA is implementing Call to Action 24 'Cultural Safety Training Programs' through the San'yas Indigenous Cultural Safety Training, which is a mandatory training for all FNHA staff. Environmental emergency response and EA processes would benefit from cultural safety and humility training.

## **Key Impacts on First Nations Communities**

### ***Historical Context and Ongoing Impacts***

First Nations have a long history of health and wellness, sustaining vibrant Nations since time immemorial. In BC, First Nations developed technologies and economies that were well adapted to the local environment, geography, and resources. Sophisticated methods of harvesting, management, and preservation of the food were developed to handle the seasonal abundance of resources. (2)

This was forcibly interrupted by colonization. Colonial authorities facilitated land and resource extraction and limited First Nations rights. Indigenous spirituality, political authority, education, health care systems, land and resource access, and cultural practices were all repressed. (2)

The ongoing impacts of colonization and land dispossession are exacerbated by the increase in resource development occurring in close proximity to First Nations communities. The environmental, health, and socio-economic impacts of resource development on First Nations communities are outlined below.

### ***Environmental and Health Impacts of Resource Development***

All categories of resource development projects have the potential to impact health and socio-economic conditions, the current use of lands and resources for traditional purposes, and cultural continuity. It is important to note that impacts to biological, physical, and human environments, and any associated cumulative effects, will vary depending on the type of project, its projected lifespan, and its geographic proximity to First Nations communities. Furthermore, the scope of assessment undertaken by the project proponent and the resulting Environment Impact Statement can vary significantly, which creates a fragmented understanding of the potential environmental and human health impacts.

In a First Nations context, the physical, mental, spiritual, and emotional components of health are integrated with connections to the land, to families and the community, and are not conceptualized as separate silos. (3) As a result, there is a strong linkage between land, resource access, and community health. Four interrelated pathways of existing and potential health impacts resulting from resource development and environmental emergencies include: (4)

1. Environmental dispossession
2. Emotional stress
3. Altered dietary patterns with associated health impacts and risks
4. Changes to physical activity with associated impacts and risks

Resource development can also generate social risks and benefits, as well as community health and wellness impacts, which may or may not be cumulative in nature. These include:

- Loss of land;
- Increases in industrial traffic;
- Extent of in-migration of (mainly) transient workers;
- Loss of access to housing and increased rents;
- Increased impact on local healthcare infrastructure and services;
- Increased vulnerability for women and youth;
- Increased crime;
- Impacts on employment and income for local residents;
- Availability of education and training for local residents; and
- Mental health impacts related to loss of land, contamination, and changes (e.g. solastalgia)

Except for impacts on traffic safety, employment, and income, none of the above impacts are typically included in the Human Health Effects section of EAs.

Cumulative effects are defined as changes to the biophysical, social, economic, and cultural environments caused by the combination of past, present, and reasonably foreseeable future actions. In practice, the assessment of cumulative effects requires consideration of some concepts that are not always found in conventional approaches followed in Environmental Impact Assessments. Specifically, cumulative effects assessments are typically expected to:

- Assess effects over a larger (i.e., "regional") area that may cross jurisdictional boundaries;
- Assess effects during a longer period of time into the past and future;
- Consider effects on Valued Ecosystem Components due to interactions with other actions, and not just the effects of the single action under review;
- Include other past, existing and future (e.g., reasonably foreseeable) actions; and
- Evaluate significance in consideration of other than just local, direct effects.

### **Connection to the Land**

As defined in the First Nations Perspective on Health and Wellness, *“Land is what sustains us physically, emotionally, spiritually and mentally...We have a responsibility to care for the land and to share knowledge of the land with our people. Land and health are closely intertwined because land is the ultimate nurturer of people.”* Connection to the land, ecological integrity, access to resources, and land stewardship are all protective factors and pathways for positive health outcomes for First Nations peoples. According to Cunsolo et al. (2013), First Nations’ “identity, conceptions of the self, and mental wellness is directly and intimately linked to the environment, and to the ability to hunt, trap, fish, forage, and travel on the land and continue to practice cultural traditions related to being ‘on the land’” (p. 260). (5) Positive health outcomes (e.g., improved diet, exercise, increased self-esteem, improved mental health) were reported when individuals engaged in land-based activities (Burgess, Johnson, Bowman & Whitehead, 2004; Shandro et al., 2014; Jokinen et al., 2015). (6)(7)

The First Nations population in Canada is vulnerable to changes in environmental and socioeconomic conditions stemming from resource development projects. Increased vulnerability is primarily due to ongoing adverse cultural impacts of colonialism and subsequent assimilation practices endured for more than 150 years (Veland, et al., 2012).. (13) One key pathway for negative health outcomes for First Nations peoples is environmental dispossession, which is defined as the processes by which the access of First Nations peoples to the resources in their traditional environments is reduced (Richmond & Ross, 2009). (8) A wide range of negative health outcomes were associated with changes in the environment. When First Nations’ access to land was restricted, studies reported increases in mental health stressors, family stress, substance use, suicidal ideation, and prevalence of cardiovascular disease (Cunsolo et al., 2013; Dillard, Smith, Ferucci & Lanier, 2012; Gibson & Klinck, 2005). (5)(4)

### **Access to Traditional Foods and Food Security**

Environmental dispossession can also limit access to traditional food sources. For First Nation communities, especially for those in rural and remote areas, the consumption of traditional food is directly linked to positive health outcomes. Not only is traditional food a fundamental source of nutrients, the collection of traditional food also provides social and cultural benefits for individuals, families, and communities (Nagy, 2010). (9) Limited access to the physical environment and decreased personal knowledge/skills related to food harvesting reduces consumption of traditional food, leading individuals to rely increasingly on store-bought food or government-sponsored food programs. When accessing non-traditional foods in stores or through government programs, the risk for cardiovascular disease increases due to increased consumption of unhealthy food (Mitchell, 2012; Richmond & Ross, 2009). (4)(8)

The 2008-2009 BC First Nations Food, Nutrition, and Environment Study (FNFNES) conducted a baseline analysis of food and water safety and security in 21 BC First Nations communities. Respondents indicated that they would prefer to harvest traditional foods more frequently. From a list of possible external barriers, government restrictions and forestry were identified by two-thirds of the respondents

as inhibiting factors, while one third said hydro installations and mining were a factor. Seventy-five percent of respondents observed that climate change was affecting the availability of traditional foods for harvest, while almost half the respondents reported that climate change decreased the availability of traditional foods in their households. Overall, food insecurity affected 41% of First Nations households on reserve in BC: 34% “moderately” and 7% “severely.” (10)

## Improving Environmental Assessment Processes

### *Existing Environmental Assessment Processes*

Health Canada maintains its role as a federal authority responsible for reviewing projects for Aboriginal impacts, as this mandated responsibility was not transferred to the FNHA. The FNHA’s current involvement in EAs is on the basis of specific requests from First Nations communities. Health Canada holds the expertise to assess the biophysical impacts of a project, however does not have the expertise to assess health and socio-economic impacts from a wider determinants of health approach. Unfortunately, the CEAA 2012 definition of “designated project” resulted in a considerable number of projects falling to provincial EA processes, which may be lacking a complete assessment of Aboriginal impacts. While the FNHA recognizes that large projects often have the most significant impacts, multiple smaller projects may also generate significant environmental, health and social impacts.

The current review of CEAA process is considered a positive step, however systemic change requires going a step further, and requiring the provincial EA processes meet similar standards and expectations for review. It is further recommended that industry-specific standards are utilized that adequately address specific industry related impacts, as is available under International Finance Corporation standards.

### *Role of Traditional Ecological Knowledge*

Although there is no single definition of traditional knowledge, it is widely understood to refer to the “collective knowledge of traditions used by Indigenous groups to sustain and adapt themselves to their environment over time” (Assembly of First Nations, n.d.). (11) This knowledge, which is passed down from one generation to the next, is unique to each community and drawn from the rich culture of its people. Traditional knowledge is transmitted in any number of ways, such as through storytelling, ceremonies, hunting, trapping, or food gathering. (11)

The links between traditional knowledge and health are made explicit in a recent study conducted with Skeetchestn community members (Perry, 2009). (12) In a summary of research findings, the author states: (12)

*“...respondents’ shared view that ALL indigenous knowledge (traditional ecological knowledge, resources, and practices, songs, stories and ceremony, language, values) is important to health, health of the individual and health of the community....Respondents identified ALL forms of*

*indigenous knowledge as being of value to mental and spiritual health as well as physical health and balance of the person, community and environment. In fact, indigenous knowledge, or at minimum a basic knowledge of Secwepemc cultural values and, in some instances, practices, is perceived as a vehicle through which self-knowledge, self-reliance and responsibility for the community and the environment can be achieved, and with these, so too are aspirations for improved community health. Many of the people interviewed, described the importance of history, values, experiences, and practices of their culture, the basis for Secwepemc TK, as critical to health... Also significant is that nearly all of those interviewed felt that what made a person healthy was wellness of the mind, body and spirit or soul and all of those interviewed connected this to 'land' and everything in it." (p. 25)*

Research and engagement with First Nations in BC reveals that traditional and spiritual healing have the potential to improve overall health and wellness, strengthen culture and pride, prevent chronic conditions, support First Nation choices, decrease health care costs, increase access to health care, and reconnect First Nation people to their territories. Therefore, it is a priority to support the incorporation of traditional and spiritual healing into health policies, programs, and practices and to do this in a way that is safe and relevant for First Nations communities.

### ***Meaningful, Participatory Engagement***

First Nations communities in BC are very small, and participation in complex and timeline dependent EA processes place considerable strain on existing limited resources (both human and financial) within communities. Communities have reported that they are often required to comment on more than one project or development at a time, and within limited timeframes. Without the addition of dedicated resources, human resources are drawn from other sectors of the Nation government and services in order to ensure they can voice their perspective. This can subsequently impact the success of those other services. Participation funds are often negligible to address this strain. Consideration of Valued Components may not be adequately characterized if First Nations communities do not have the capacity, expertise, or time to fully participate at the required stages of the assessment.

An important step in EA process is the collection and participatory analysis of the data specific to the impacted First Nations. Overall, data collection aims to establish a solid health, environmental, and socio/cultural baseline as part of an overarching surveillance and response mechanism to identify potential long-term impacts and monitor change over time. With this, there is an important opportunity to develop local capacity to provide ongoing monitoring and assessments related to a project. This in turn will enable growth of trust, confidence, technical capacity, income, and other related benefits to individuals and communities.

It is important that assessment processes implement the OCAP (Ownership, Control, Access, Possession) principle regarding First Nations health data. Because a considerable amount of this data is at the personal health level, the role of the Proponent, Ministries and Federal Departments will need specific consideration to ensure that the privacy legislation and the principals of OCAP are strictly adhered to in

assessment processes. Support and participation from the community and local health authorities to meet the OCAP principals are necessary to support the data collection and are critical to the acceptance of results.

### *Operational Standards of Industry*

While pre-development assessment is an important step, provincial ministry requirements must also be effective post-approval (where federal standards do not exist). Various audits and reports have been completed that highlight inadequacies (see recent BC mining and cumulative effects reports in footnote below).<sup>3</sup> Measures must be in place to ensure operational standards are adequate to verify the ongoing safe and effective operations, monitoring, and mitigation measures once a project is approved.

### *Health Organization Pressures*

Historically, health authorities and public health professionals have had limited expertise and limited access to independent external expertise to conduct assessments of information prepared by the project proponent related to socio-economic or cumulative effects. Due to operational constraints and limited capacity, the general expertise of EHOs or other public health professionals is often employed to ensure a project proponent complies with regulatory requirements related to health.

Health authorities, including FNHA, are challenged to participate in EA processes, provide additional expert-level support to communities for project review and to respond to environmental emergencies created by developments. Post-project, many proposals defer any health emergency response to health authorities without assessing whether this capacity truly exists. This is a dependency that is poorly informed.

A number of challenges and gaps have been observed by the FNHA and communities following environmental emergency events (resulting from resource development) that have occurred since transfer:

- The biological, economic, social, cultural, and community impacts to BC First Nations when environmental events and activities occur are significant and far reaching, and are not often captured in mandatory assessments and reports.
- Communities do not have the resources or technical capacity to carry out assessments that adequately address their concerns.
- Communities are looking to the FNHA for support in assessments due to lack of trust in ministries and industry, and are requesting that the FNHA be a conduit of trusted information.

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<sup>3</sup> Auditor General of British Columbia. May 2015. Managing the Cumulative Effects of Natural Resource Development in B.C. <https://www.bcauditor.com/sites/default/files/publications/reports/OAGBC%20Cumulative%20Effects%20FINAL.pdf>  
Auditor General of British Columbia. May 2016. An Audit of Compliance and Enforcement of the Mining Sector <https://www.bcauditor.com/sites/default/files/publications/reports/OAGBC%20Mining%20Report%20FINAL.pdf>

- Communities are looking to the FNHA to advocate for government policy development and assist First Nations in developing their own policies to increase industry standards within BC.

## Recommendations

The FNHA's recommendations to the Expert Panel are guided by the First Nations Perspective on Health and Wellness and Seven Directives, which place emphasis on creating healthy, holistic, and supportive environments for BC First Nations through community-driven processes and preventative public health approaches.

**Recommendation 1:** Improve health assessment in EAs by integrating a comprehensive Health Impact Assessment (HIA) approach and related Management Plans. Health assessments should take into account the short- and long-term impacts on communities, including impacts to watersheds and traditional food systems, mental health impacts, and cultural and spiritual impacts.

**Recommendation 2:** Incorporate socio-economic assessments and related Management Plans into EAs.

**Recommendation 3:** Require the establishment of baseline data on community health and wellness prior to any development proposal being made.

**Recommendation 4:** Health and socio-economic assessments should be community-driven, participatory processes, inclusive of traditional ecological knowledge and community-defined health and wellness indicators.

**Recommendation 5:** Ensure effective engagement processes with First Nations communities in EAs and improve funding for participation and capacity building, including access to expertise and resources, at the community, Nation, and regional levels.

**Recommendation 6:** Enhance capacity of health authorities to establish expertise, review projects, participate in HIAs, SEIAs, and EIAs, critique relevant assessments, and respond to increased health agency requirements resulting from resource development projects.

**Recommendation 7:** Achieve clarity around legislated powers under the *BC Public Health Act* to require HIAs to be conducted.

**Recommendation 8:** EAs should meet the highest level of international standards available, including:

- **UN Declaration on the Rights of Indigenous Peoples** – free prior and informed consent; affected First Nations have the right to timely, appropriate, and adequate redress and resolution of grievances or abuse of individual and/or collective rights.

- **UN Guiding Principles on Business and Human Rights** – state duty to protect against human rights abuses by third parties, including business; the corporate responsibility to respect human rights; and greater access by victims to effective remedy.
- **International Finance Corporation’s Performance Standards on Social and Environmental Sustainability** – Recognizes the importance of ecosystem health and ecosystem services and potential risks/impacts to health; mitigation measures where impacts are unavoidable; engagement with indigenous peoples; and grievance mechanisms.

**Recommendation 9:** Reconsider the definition of “designated project” and/or ensure provincial EA processes are consistent with federal standards and adequately consider Aboriginal interests and impacts. Ensure that provincial permitting and operational requirements meet the highest level of international standards available (described in Recommendation 8).

## References

- (1) Dr. Perry Kendall and Dr. Evan Adams. (November 30, 2016). Establishing First Nations Health & Wellness Indicators for the Next 10 Years. <http://gathering-wisdom.ca/wp-content/uploads/GWVIII-CMO-PHO-Presentation-2016.pdf>
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