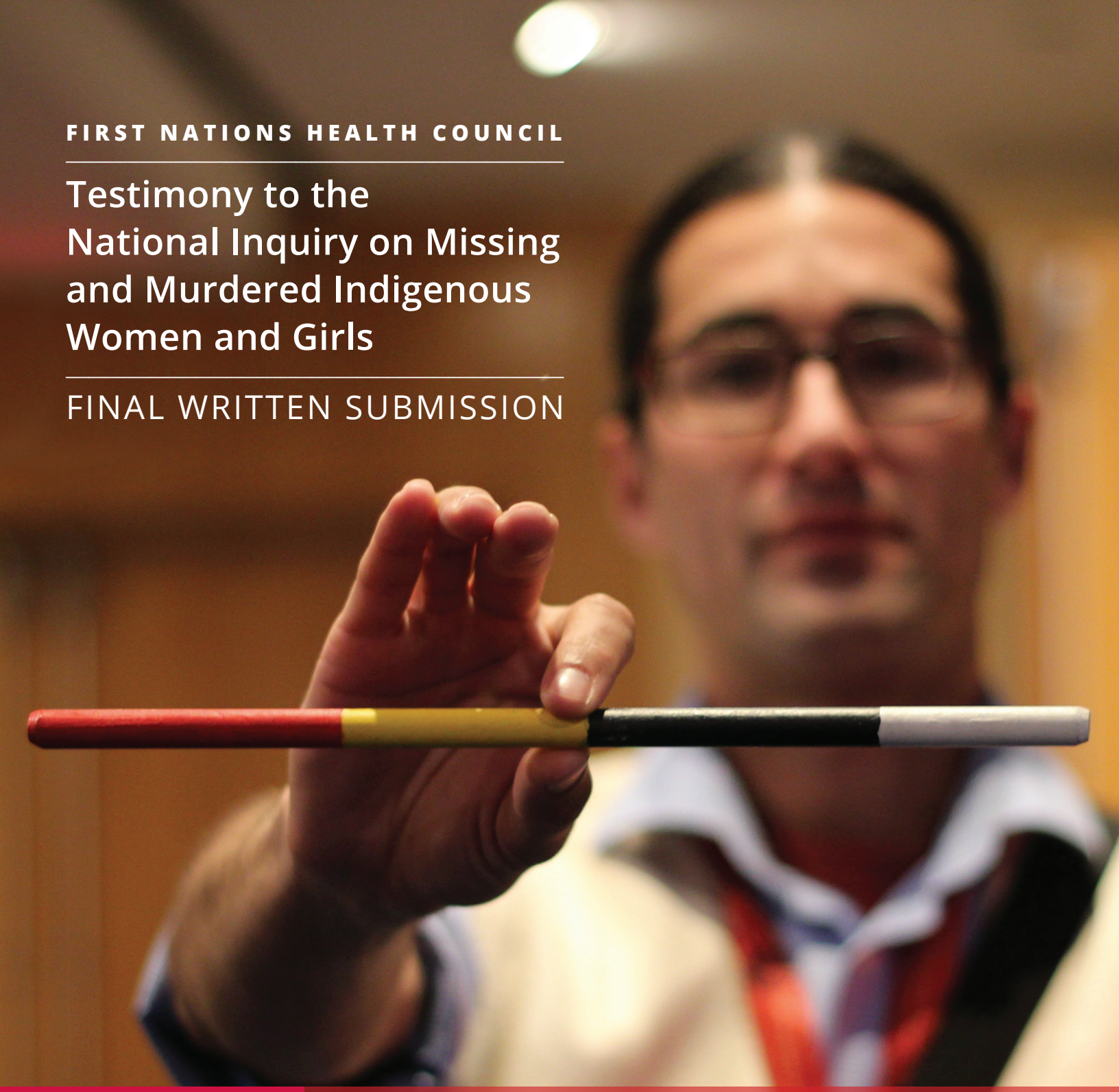
FIRST NATIONS HEALTH COUNCIL

Testimony to the National Inquiry on Missing and Murdered Indigenous Women and Girls

FINAL WRITTEN SUBMISSION



First Nations Health Council

"I want to thank the community of Esk'etemc for bringing forward the commitment stick initiative. The commitment stick signifies our sacred responsibility as men and that we must protect the health and safety of Indigenous women and girls. I call upon all people on the gender spectrum to pick up the commitment stick and to collectively work together to stop all violence against Indigenous women and girls."

- Kukpi7 Ryan Day, Bonaparte Indian Band

SUBMITTED BY THE WOMEN OF THE FIRST NATIONS HEALTH COUNCIL | 12.14.2018

Our Vision: Healthy, Self-Determining and Vibrant, BC First Nations Children, Families and Communities

Dedicated to the loving memory of all missing and murdered Indigenous Women and Girls

Contents

Executive Summary

1. In 2017, the First Nations Health Council (FNHC) applied for and received standing for Part II Hearings at the National Inquiry into Missing and Murdered Indigenous Women and Girls. As a pillar in the First Nations health governance structure in British Columbia (BC), along with the First Nations Health Directors Association (FNHDA), and the First Nations Health Authority (FNHA), the FNHC have a particular interest in addressing issues such as this that fall within the scope of social determinants of health.[1]
2. This written testimony provided will discuss First Nations health and wellness and introduce the Commissioners to the work done in BC to transform health governance for First Nations. It will continue with the efforts the FNHC have made on the social determinants of health, including identifying regional priorities, and signing of the tripartite partnership to improve mental health and wellness services and achieve progress on the determinants of health and wellness recommendations. This report is the FNHC written submission from the oral submission from November 28, 2018.

[1] FNHC has standing on all issues under study at the National Inquiry.

Where We Came From:

THE DISTANT PAST [2]

3. First Nations in British Columbia (BC) have a rich history of wellness that extends back in time for many thousands of years. Since time immemorial, BC First Nations had an intricate, respectful and protective relationship with the land. The connection to the land is not so much one of ownership, but one of stewardship. BC First Nations have been bestowed stewardship and have a responsibility to the land and all creatures that inhabit the land. Traditional knowledge, language and cultural practices and oral traditions are all connected to the land and the loss of this connection affects the overall well-being of BC First Nations. It was stories shared through oral traditions of founding Tribes and lineages that described BC First Nations origin in time.
4. Today, BC First Nations have incredible linguistic and cultural diversity, including a family of 34 different unique language groups. Before the arrival of Europeans, the province, now known as British Columbia, had one of the most dense and linguistically diverse First Nations populations. The pre-contact population in BC was estimated to be between 200,000 to more than a million. This strong understanding of being stewards of the land is still linked to accurately predicting weather, animal behavior for subsistence and ceremony, timing of various fish runs across the province and other events that enabled communities to flourish.
5. BC First Nations created technologies and developed economies that were adapted to their surroundings and local resources, environment and geography. The communities manufactured goods from local resources and traded them through trade routes between neighbouring and extended tribes. A mix of hunting, fishing and gathering foods contributed to physical, spiritual and mental health and wellness through an active lifestyle, based on healthy traditional diets with ceremonial, spiritual, emotional and healing practices. The sophisticated methods of harvesting, timing, and preservations of food allowed the communities to have a healthy diverse diet that matched the seasons. This strong link to the natural world allowed BC First Nations to build a connection with each other and the world through a complex ecosystem of

[2] First Nations Health Council, "Implementing the Vision: BC First Nations Health Governance Reimagining First Nations Health in BC" (West Vancouver, BC: 2011), http://www.fnha.ca/Documents/FNHC_Health_Governance_Book.pdf

relationships.[3] The customary laws developed as result of these complex relationships has been validated repeatedly over many generations for thousands of years. It was through these traditional practices that the visual depiction of the BC First Nations perspective on health and wellness was created.[4]

6. The BC First Nations perspective on health and wellness is a holistic view passed down from Elders and traditional healers. BC First Nations people obtained their respective roles and responsibilities throughout their life in community from birth to their passage onto the spirit world. These roles and responsibilities were passed down from one generation to the next and were based on individual strength and their rites of passage regardless of where they were on the gender spectrum. Every citizen had a role and a shared understanding of the benefit they brought to the community as a whole.
7. The deep connections to territories, culture, traditions, and language created the connection to social relationships to include hospitality and sharing as key concepts, which were cultural practices in community regardless of class. The early BC First Nations societies described the relationship between woman and men, and that the roles were complementary to each other with equal power. These roles endured for generations, only disrupted in the recent past by colonization and the imposition of European gender norms. In particular, the roles of BC First Nation women changed dramatically after contact, in many cases no longer holding traditional leadership roles in community.
8. It is important to recognize the diversity that existed across BC as there were different family systems per tribe, Nation or community, but many were matrilineal. The matrilineal system, meaning that their descent, power, and inheritance were passed down through the mother, and not the father. Through this, BC First Nations women held strong political voices in communities and made major governing decisions. The men in community did not make decisions without input or advice from the women. As the main decision makers of the family, women were able to pass down vital cultural practices and traditions to their family and children. All of the governing customs and structures, including cultural practices and traditions

[3] June Kaminski, "First Nations Pedagogy: Learning from the Natural World," https://firstnationspedagogy.com/earth.html, (2013)

[4] First Nations Health Authority, "The First Nations Perspective on Health and Wellness," http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness (2018)

were made and passed down by the women - many BC First Nations still do this today. As a result, women were highly respected by men and were key to BC First Nations being cultural stewards of the land. This sense of belonging and ownership built a strong sense of pride and identity in First Nations women for thousands of years.

THE RECENT PAST [5]

9. The arrival of Europeans in the late 1700s included Russian, French, and Spanish and British traders and explores. The spread of infectious diseases from Europe and Asia started shortly after the arrival of Europeans. BC First Nations people had no biological defense or cultural adaptions to the new diseases and large populations were decimated as a result. Smallpox, influenza, measles, and whooping cough were all recorded in devastating numbers across North America. These types of diseases throughout the historical period caused a huge population decline and in some cases entire villages were significantly reduced. Today, the total population loss is unknown. At the same time, the European population increased steadily through arrival of British and French fur traders and explorers. Traders and explorers were known for giving away disease-infected blankets to First Nations. As First Nations people did not have written culture, a large part of oral knowledge was lost due to huge population declines.
10. The BC First Nations population started to collapse due to Contact, which allowed the government and churches to actively colonize and control BC First Nations, including facilitating land and resource extraction. Today, some BC First Nations fight to protect their traditional territory from resource extraction through their active stewardship role. During Contact, the role of colonization and assimilation further alienated BC First Nations from being stewards of their lands.
11. The creation of ethnocentric policies and the Indian Hospitals and the Residential School system were being used to assimilate First Nations people into mainstream society. Indian Hospitals and Residential Schools had high rates of mortality due to diseases, poor care, and high rates of physical and sexual abuse.[6] The Indian Hospitals were created to provide separate services to

[5] First Nations Health Council, "*Implementing the Vision: BC First Nations Health Governance Reimagining First Nations Health in BC* (West Vancouver, BC: 2011), http://www.fnha.ca/Documents/FNHC_Health_Governance_Book.pdf

[6] "$1.1B class-action lawsuit filed on behalf of former 'Indian hospital' patients," Canadian Broadcasting Corporation (Jan 30th, 2018), https://www.cbc.ca/news/canada/toronto/indian-hospital-class-action-1.4508659

First Nations people, which affected BC First Nations as they were separated from their families for many years at a time when in the hospital. BC First Nations were also mistreated at Indian Hospitals and experienced all forms of abuse, including malnourishment and starvation. It was later revealed that some BC First Nations women were being sterilized at Indian Hospitals and being used as a "guinea pigs" for medical experiments.[7]

12. The Residential School and Indian Hospital impact is still felt today and resulted in many generations experiencing all forms of mental health disorders, post-traumatic stress disorder, trauma and abuse. The ongoing assimilation polices resulted in large amounts of BC First Nations children attending Residential School up until the late 20th century. Children were not allowed to practice their cultural and traditions, and speak their languages, including seeing their immediate families for many years at a time.
13. The Indian Act of 1876 continued to strengthen the dominant culture and further segregated BC First Nations people – the policy caused generations of dependency, which is still present today.[8] The act allows Canada to regulate and administer the affairs, including the day-to-day lives of registered Indians and reserves. It controls politics, imposes governance structures, created band Chief and councils and determined the reserve lands and who qualifies as an "Indian" in the form of Indian status. It was also the beginning of gender-based restrictions of status further marginalizing BC First Nations women. The Indian Act is known today as a long history of assimilation policies that intended to terminate cultural and traditions practices for all First Nations people and assimilating them into dominate culture. The imposed policies were not in alignment with the BC First Nations worldview and further created a breakdown of cultural and traditional values.
14. In 1884, Canada banned First Nations people from practicing any forms of traditional ceremony under the Indian Act. For example, the potlatch was one of the most important ceremonies for many BC First Nations communities and they were no longer able to practice this important part of their history.[9] The traditional and cultural ban impacted many BC First Nations communities, as it was the restriction of these ceremonies that led to the loss of traditional

[7] Ibid
[8] Erin Hanson, "Indigenous Foundations – The Indian Act," https://indigenousfoundations.arts.ubc.ca/the_indian_act/, (2009)
[9] Ibid

governance, cultural practices, language, traditions, rites of passage ceremonies and oral history. Up until the early 1920s, BC First Nations experienced many centuries of attempted and actual genocide. The Indian Act added section 141, which banned First Nations people from hiring lawyers and legal councils if they wanted to fight for their rights in the legal system.

15. The Indian Act also excluded women from their rights as status First Nations women when they married a non-status man. BC First Nations women also lost all benefits, rights to live on the reserve, right to inherit, and even the right to be buried in community with her ancestors.[10] If a First Nations man married a non-status woman, he would keep all his rights. It also allowed non-status women to become status if they married a status First Nations man. The Indian Act clearly outlined that a women's status was dependent on the man she married.
16. In the 1980s, the United Nations Human Rights Committee found section 12 of the Indian Act as human rights violation and that it previously did not protect a minority's right to belong to their cultural group.[11] In 1982, the United Nations ruled that the Canadian government had broken the Charter of Rights and Freedoms that guaranteed gender equality.[12] The Canadian government changed any law that was not in line with the new constitution and Charter, and further amended the Indian Act in 1985. Shortly following, Bill C-31 was passed in 1985 and non-status BC First Nations women were restored status to those who had status removed through enfranchisement[13]. The amendment also terminated status of those who acquired status only through marriage and not through descent. The reinstatement of status to thousands meant that the rights and benefits would further be provided to those through an already strained band resource with additional burdens. For example, reserve lands are very small, housing is very limited, and waiting lists can take years with growing families.
17. First Nations women could not return to communities and raise their children if she separated from her non-status husband as her own community was disenfranchising her. BC First Nations health and wellness was disrupted through a process of colonization including aggressive tactics

[10] Erin Hanson, "Indigenous Foundations – Marginalization of Aboriginal Women," https://indigenousfoundations.arts.ubc.ca/marginalization_of_aboriginal_women/,(2009)
[11] Ibid
[12] Ibid
[13] Ibid

and policy initiatives such as the Indian Residential School System, and the Indian Act, including all amendments.

18. First Nations people were allowed to vote at the time of Confederation in 1867, but they had to give up their "Indian" status.[14] In 1960, legislation was passed through Parliament that granted First Nations people the right to vote in federal elections without losing their status. These policies and institutions were part of an oppressive colonial agenda designed to eliminate First Nations jurisdiction and control and resulted in the significant degradation of BC First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma, dependency and health and social inequities. After many years of court decisions, the government today is slowly changing policies and legislation that impact inequalities for all Indigenous people in Canada. As a result, BC First Nations self-determination is still undermined, and decisions are made for us, not with us.

TODAY [15]

19. BC First Nations women continue to be impacted by colonization, both on an individual and systematic level. First Nations women continue to experience stereotype, stigma, racism, and discrimination. Systemic racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups".[16] As a result of a century of colonial policy and practices, First Nations identity have fundamentally been eroded and undermined by all aspects of wellbeing through the disruption of the structure, cohesion and fabric of family life, loss of cultural identity, diminished parenting skills, and self-concept problems.[17]
20. These experiences have directly contributed to a variety of issues, such as post-traumatic stress disorder, depression, suicide, and substance use disorders, not only for the people who directly

[14] "First Nations right to vote grated 50 years ago," Canadian Broadcasting Corporation, https://www.cbc.ca/news/canada/north/first-nations-right-to-vote-granted-50-years-ago-1.899354, (July 1, 2010)
[15] Ibid.
[16] Paradies et al, 2006.
[17] LaFrance & Collins 2003; Rice and Snyder, 2008.

experienced these conditions but also for their direct descendants.[18] The effects of this trauma can reverberate throughout the entire population, resulting in the perpetuation of physical, psychological and economic disparities. Contributing to high rates of homicide and missing and murdered Indigenous women and girls, and high rates of BC First Nations people in the prison system.

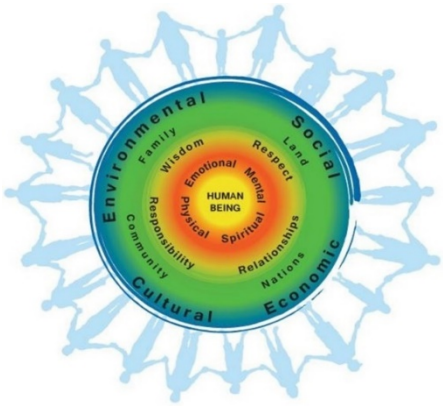
21. BC First Nations women who came from strong matriarchal societies, made all decisions on aspects of their own life, family and communities, were now one of the most marginalized group in Canada. Colonization left laws and policies that enforced discriminatory, racist, and dehumanizing practices of the colonial era, which further disrupted BC First Nations as stewards, traditional roles, responsibilities and relationships. It reinforced unequal gender and power relations between BC First Nations women, men and today's society.
22. Despite continuing to be impacted by colonization and oppression, BC First Nations have demonstrated remarkable resilience. The past several decades have signified a multitude of efforts by First Nations in BC to make decisions and to reclaim wellness through unity and by developing strategic partnerships to increase BC First Nations involvement in decision-making. Working together in partnership with the federal and provincial governments, First Nations in BC developed a series of political, legal and operational agreements outlining tripartite commitments to improve First Nations health, which includes an examination of policies that are not conducive to First Nations wellness and improving access to and quality of health services.[19]
23. Today, there are a limited number of Indigenous women support programs, however, the number of Missing and Murdered Indigenous Women and Girls continues to rise. As a part of addressing this history, the First Nations Health Council is working together to improve current realities and drive direct and indirect impacts aimed at improving both the quality of the health and wellness system and the health and wellness outcomes for Indigenous Woman and Girls. These efforts overall will reduce the chances of Indigenous women and girls going missing or being murdered. In recent years, BC First Nations have taken significant steps to improve health

[18] Brave Heart & DeBruyn, 1998; Duran, 2006; Duran, Brave Heart, & Yellow Horse-Davis, 1998; Evans-Campbell, Walters, Pearson, & Campbell, 2012.

[19] First Nations Health Authority, 2015.

services by building the BC First Nations health governance structure. This structure supports BC First Nations to participate more fully in decision-making about health. Through planning and partnerships, BC First Nations are designing a more integrated health system that draws upon the diversity, strengths and cultures of our communities and incorporates our philosophy on health and wellness.

24. Today, First Nations population is on the rise and one of the fastest growing populations in Canada. The First Nations youth age 15-24 represent 18.2% of the total First Nations population and 5.9% of all youth in Canada.[20] BC First Nations population will continue to grow at a much higher rate than other BC populations.[21] In BC, there are huge diversity across the province with a total of 26 Cultural Groups, 34 Languages, and 201 Bands (or First Nations). The First Peoples' Language Map of BC provides an interactive map that roughly provides the diversity of BC First Nations languages that currently exist today.[22] The map is provided by BC First Nations communities and updated to reflect any updated of their First Nations language section.
25. First Nations Perspective on Health and Wellness.[23]



The First Nations Perspective on Health and Wellness visually depicts a shared philosophy of wellness common to many BC First Nations. Good health and wellness starts with every human being, and wellness is impacted by internal and external factors. These surroundings can be the person, values, family, community and broader social determinants of health. Colonization interrupts this worldview and a Western European perspective of health became the dominant lens on which our current health care system is based.

26. Each Nation has stories, teachings and traditions that speak to perspective of health and wellness – a perspective that reflects the connection between the mental, physical, emotional

[20] Statistics Canada "Aboriginal Peoples in Canada: First Nations People, Metis and Inuit," (2011), https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm
[21] Ibid
[22] First Peoples' Cultural Council "First Peoples' Language Map of British Columbia," http://maps.fpcc.ca/
[23] Ibid

and spiritual dimensions of wellbeing that are key to a healthy and balanced life. From time immemorial, bound by love and responsibility, First Nations have worked to ensure the health, safety and wellbeing of their children, families and communities.

27. The First Nations Health Authority (FNHA), First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) and First Nations in BC, employ the First Nations Perspective on Health and Wellness to influence the definition, design and delivery of health and wellness programs and services for First Nations. It is not possible to build a culturally safe system without this understanding, therefore, the First Nations Perspective on Health and Wellness is a critical lens for FNHA, FNHC, FNHDA, First Nations and our health partners.

Where We Are:

BC FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

28.

Setting the Governance Standards

In establishing the health governance structure, BC First Nations set high standards for its operations. These standards are strategic-level expectations and requirements for how the health governance structure and process operates at the community, regional and provincial levels. These standards guide the work of the FNHC and decision-making within the health governance structure. As we widen the health discussion to include the social determinants of health, these same standards and expectations will guide the work.

The following 7 Directives describe the fundamental standards and instructions for the new health governance relationship:

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

Shared Vision: The health governance structure (FNHC, FNHA and FNHDA) also shares the following vision statement:

Healthy, Self-Determining and Vibrant BC First Nations Children, Families, and Communities.

29. Since 2005, significant work has been completed by BC First Nations Leadership to close the gap in standards of living compared to other British Columbians and to improve circumstances of

First Nations people.[24] It was through many years of advocacy and agreements where BC First Nations, the Province of BC, and the Government of Canada all determined that statistically significant health disparities for First Nations people in BC are no longer acceptable. Significant steps have been taken towards improving health services by building the First Nations health governance structure.

30. This structure supports First Nations to participate more fully in decision-making about health. Through planning and partnership, First Nations are designing a more integrated health system that reflects the diversity, cultures and contributions of our communities and incorporates our philosophy of health and wellbeing. It was time to build a New Relationship to address not only the disparities, but also the systemic and institutional causes and assumptions underlying them.
31. This New Relationship between the Tripartite Partners is represented by the signing of the *Transformative Change Accord* (2005), the *Transformative Change Accord: First Nations Health Plan* (2006), the *First Nations Health Plan Memorandum of Understanding* (2006), the *Tripartite First Nations Health Plan* (2007), the *Basis for a Framework Agreement on First Nation Health Governance* (2010) and the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011). BC First Nations Chiefs overwhelmingly endorsed the Framework Agreement, voting for greater control by BC First Nations over their own health care. This was a key milestone in the 10-year *Tripartite First Nations Health Plan* signed in 2007. With each of these Agreements, the partnership has grown, developed, and evolved. Over time, the Partners have recognized how to better work with one another – to make adjustments and accommodations to be better Partners.
32. At Gathering Wisdom for a Shared Journey IV in May 2011, First Nations Chiefs and leaders, by a historic level of participation and consensus, endorsed the Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement and Resolution 2011-01. The Consensus Paper clearly articulates the collective direction and feedback by First Nations and charted a new path forward for the future of First Nations health governance. It also provided the FNHC with direction to establish a new health governance arrangement that is community-driven and Nation-based, set the 7 Directives, and most importantly, the resolution set out

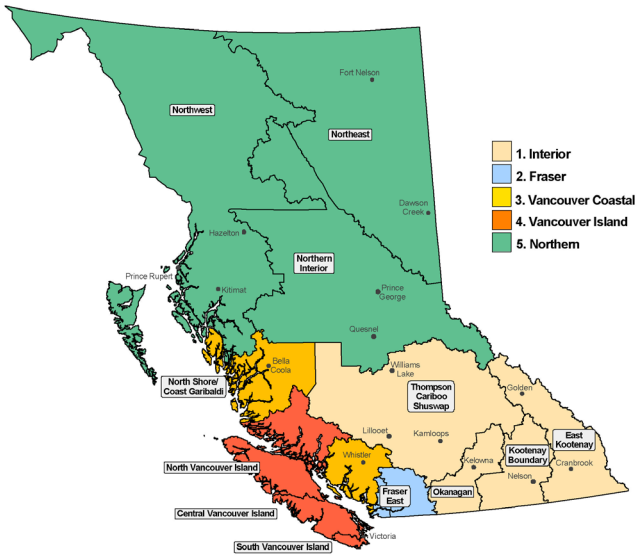
[24] Ibid

clear next steps for the signing of the *Tripartite Framework Agreement on First Nations Health Governance.*

33. The signing of the *British Columbia Tripartite Framework Agreement on First Nations Health Governance* on October 13, 2011, changed the course of First Nations health in BC with the creation of a new First Nations Health Governance Structure that enables First Nations in BC to participate fully in the design and delivery of these services. The agreement brought decision-making closer to home through recognizing and involving First Nations decision-making and service delivery processes, structures, and institutions at provincial, regional and local levels. In particular, the Partners nurture the partnerships between First Nations in all regions and each provincial Regional Health Authorities.
34. At Gathering Wisdom for a Shared Journey V in May 2012, First Nations Chiefs and leaders endorsed the *Consensus Paper 2012: Navigating the Currents of Change - Transitioning to a New First Nations Health Governance Structure*. The 2012 Consensus Paper charted a course for the effective management of change and transition to a new First Nations health governance structure in BC and the achievement of the shared vision of *healthy, self-determining and vibrant BC First Nations children, families, and communities.* The consensus paper provided further direction on describing the strategy, reaffirming and strengthening process for ongoing engagement and transparency, and setting out a clear set of next steps in transitioning to a new health governance structure.
35. The new health governance structure was developed based on the precedent setting political and legal agreements by BC First Nations, and included the creation of a new FNHA. The FNHA was the first of its kind in Canada and became one of the largest public First Nations health organizations to support BC First Nations. The development of the FNHA would allow BC First Nations to transform the way health was delivered to BC First Nations and to build collaboration with provincial partners. The historic transfer of programs, resources, assets, staff and responsibilities from federal government and first for Canada.
36. The health governance structure was developed to clearly set the stage for advancing the work of the FNHC, FNHA, FNHDA and the Tripartite Partners. Each pillar holds a very important role including: technical support and capacity development through the FNHDA and planning,

management, service delivery and funding of health programs previously provided by Health Canada's First Nations Inuit Health Branch Pacific Region through the FNHA. A placemat describing the overall BC First Nations health governance structure can be found on the web.

37. Today, the FNHC provides political representation and advocacy for First Nations health and wellness priorities, supports health system transformation, and builds partnerships to make progress on the social determinants of health. To advance health and wellness efforts for BC First Nations, moving decision-making closer to home is a central part of the mandate of the health governance structure.
38. To strengthen local decision-making through successful collaboration with First Nations communities, regional health authorities and other health-system partners – five regional caucuses exist today across the province: Interior, Fraser, Vancouver Coastal, Vancouver Island, and North.
39. The FNHC through their role of governance and advocacy signed five regional Partnership Accords to strengthen partnerships and shared decision-making towards shared goals of improving health outcomes and creating a more integrated culturally appropriate, safe and effective health system for Indigenous peoples. The five caucuses engage communities locally and offers a direct avenue to bring regional issues to the provincial FNHC table. These Caucuses provide a forum for BC First Nations governance and technical leads to engage with each other on key health and wellness issues.



40. Each of the five regions developed regional health and wellness plans in partnership with leadership and technicans, including health and wellness partners. The regional health and wellness plans describe each regions uniqueness and key health and wellness priorities. The

plans also drive the ability to invest in key priorities areas and to develop a coorindationed effort towards sustainable health and wellness services.

41. The caucuses form a key part of the health governance process through information sharing from communities to the Provinical level and vice versa. The creation of a responsive and transparent health governance structure relies upon the regional caucuses. The foundation to reform health governance for BC First Nations continue to be through the caucuses and the direction on what form health goverannce will take. BC First Nations in each region are responsble for appointing representatives to the caucus, choosing a representative from the caucus to sit on the FNHC, and to create a community-driven, Nation-based, process that works for that reigon.

SOCIAL DETERMINANTS OF HEALTH [25]

42. The FNHC has a mandate to develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the social determinants of health.
43. Throughout the discussions on the transfer of health services from First Nations Inuit Health Branch BC to the FNHA, many Chiefs, Health Directors and Elders spoke to the social determinants of health - the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.[26] They spoke about the traditional systems of care that their Nations used for thousands of years to ensure the safety and wellbeing of children, youth and families. They spoke about the need to revisit those traditions as we transform a system that focuses on treating sickness into a system that promotes health, resiliency and healing. Improving health outcomes will require us to both improve health services and address the social determinants of health. Improving the lived experience of our children, youth and families will require us to improve the systems that serve them.

[25] First Nations Health Council, "Our Engagement Story on the Social Determinants of Health and Wellness 2015-2018", (West Vancouver, BC: 2018), http://fnhc.ca/wp-content/uploads/FNHC-Our-Engagement-Story-on-the-Social-Determinants-of-Health-and-Wellness-2015-2018.pdf

[26] First Nations Health Council, "First Nations Health Council Discussion Paper," (West Vancouver, BC: October 2018): http://fnhc.ca/wp-content/uploads/FNHC-Discussion-Paper-Ten-Year-Determinants-of-Health-Strategy.pdf

44. The violence against First Nations women is a multifaceted societal problem that implicates all levels of government and requires a systemic response. While still holding those that perpetrate violence accountable for their actions, it is important to recognize the broader social and political factors that disempower and place women in vulnerable situations. This section reviews key social determinants as they relate to violence against Indigenous women, and suggests short- and long-term actions that can be collectively taken to improve the outcomes for First Nations women and girls.

A Note on Self Determination

45. Self-determination is an overarching theme of this submission, and critical component of improving the outcomes of First Nations people in BC. The ability to make and action meaningful decisions about one's life leads to better outcomes, including improved mental health status. A significant component of the colonial agenda was the disempowerment of First Nations people through the dismantling of traditional modes of governance, and replacing traditional family and tribal structures with western concepts that were a poor fit. The result of this has been immensely negative on First Nations peoples, serving to undermine the cohesion and resilience within First Nations communities.

    Due to the complex jurisdictional situation, which governs First Nations' affairs, many communities receive programming and funding from a wide-variety of federal and provincial sources, each with different standards with respect to reporting and accountability. Generally, the funds in any one stream of government funding are insufficient to make meaningful change in communities. In addition, the list of allowable activities within these programs are limited, and often not aligned with the needs of individual communities.

46. The result of this is that leaders and caregivers must pursue funding from multiple sources in order to support programs that address the needs of their citizens. This creates a significant challenge for administrators, as each stream of funding comes with its own application process and reporting requirements. In many cases, it is not worth the time and administrative burden to pursue smaller pots of funding.
47. Through its prescriptive and paternalistic approach to policy-making, governmental policy contributes to the ongoing violence to indigenous women and girls by limiting the decision-

making ability of First Nations people within their territories and communities. These structural barriers create gaps in services and social support networks, through which our most vulnerable fall, placing them in harm's way.

48. Building healthy and resilient First Nations communities is critical to ending violence against First Nations women. A key part of this process is to support First Nations in asserting their right to self-determination, including the revival of traditional governance and decision-making structures; structures which kept them well for generations prior to contact.
49. To put it simply, without community voice at the center of decisions that influence health and social services, the First Nations perspective on health and wellness is lost, health and social services are divorced from the day-to-day reality of life in community, and the authority of individuals over their own health and wellbeing is diminished resulting in less effective services.

Culture and Language

50. The importance of culture and language within BC First Nations identity and wellness is impossible to overstate. It is a critical component of healing from the intergenerational trauma suffered by, and building resilience in, First Nations people across Canada. A key strategy of colonialism is the deliberate, systematic attempt to eradicate Indigenous identity and replace it with European languages, norms, customs and values. These policies, over the course of many generations and hundreds of years, have had the cumulative effect of significantly undermining the fundamental structures that supported life for First Nations people. Evidence of this exists in several colonial policies.
51. Amendments to the Indian Act in 1880 made participation in First Nations culture illegal. This includes participation in important cultural activities and institutions such as the Potlatch and Sundance Ceremony, risking punishment including potential imprisonment. These ceremonies were a critical part of the ongoing cultural viability and social cohesion of Indigenous Nations. First Nations utilized these ceremonies for a wide variety of critical social and economic functions, depending on the Nation, including weddings, rites of passage, passage of names, title and responsibility, celebration of weddings and births, and wealth distribution, among others. These important ceremonies remained illegal until the Indian Act was amended in 1951. For 71 years, First Nations were deprived of a critical thread of their social fabric.

52. Of colonial policies, the Indian Residential School system perhaps is the most significant in terms of its ongoing and pervasive impact on First Nations people and communities. The rampant physical, emotional, and sexual abuse Indigenous children suffered is well-documented, and continues to have a pervasive, intergenerational, impact on First Nations people.
53. The very explicit goal of these institutions was to erase First Nations identity and assimilate First Nations children into European culture, customs, and norms. First Nations children institutionalized within the Indian Residential School system were punished severely for practicing their culture or speaking their language. Children were deeply shamed for their Indigenous languages and cultures. When they left these institutions, they took the trauma and shame with them, which reverberates throughout First Nations communities today.
54. Further, the removal of children from communities interrupted generational transfers of knowledge, which had remained unbroken since time immemorial. These processes were key conduits of ensuring the ongoing retention of First Nations culture.
55. Demographically, First Nations in BC are young. As traditional knowledge keepers and language-speakers age and pass on, it is critically important to support efforts to revitalize language and culture with adequate resources and policy leeway. The efforts of colonialism dealt a significant collective blow to the continuity of First Nations culture and language.
56. The remembering and revival of Indigenous culture and language is a keystone of the healing journey. Connectedness to culture and language strongly correlates to improved mental health outcomes, higher self-esteem, and reduced suicidality.
57. Over the longer term, Canada must invest in rebuilding the Nations, including investment in remembering and reclaiming traditional governance structures, languages, and cultural practices. Canada and BC have historically invested an immense amount of money over many generations in an effort to eliminate Indigenous identity and assimilate First Nations into the broader Eurocentric culture. They must invest equally in order to heal the damage done to First Nations families and communities.

Healthy Child Development

58. In British Columbia, the delivery of child and family services to First Nations people occurs through a mixture of models. The provincial Ministry of Children and Family Development (MCFD) provides services to First Nations Families on- and off-reserve. The Federal Government provides funding to the province for these services. In addition, there are a number of First Nations agencies, called Delegated Aboriginal Agencies (DAAs), authorized by MCFD to provide a variety of services, ranging from voluntary care agreements, adoption services, and apprehensions. These DAAs funded either by the province (off-reserve), or by the federal government (on-reserve). The system operates on an apprehension model, where the state assesses the suitability of parents to care for their children, and removes the children if deemed unfit. The system operates on an apprehension model, where the state assesses the suitability of parents to care for their children, and removes the children if deemed unfit.
59. Colonialism undermined traditional structures within First Nations communities, including the familial structure through the Indian Residential School system. In addition to the demonization of First Nations culture that occurred in these institutions, the removal of entire generations of children from their homes destabilized the communities from which they came, having a lasting negative impact. Those that went to the residential schools often returned to their communities struggling to cope with the trauma of their experiences. Many turned to alcohol and substance use. Some ended their lives in darkness.
60. In 1951, the Indian Act was amended to allow the provinces to exercise power in areas of federal jurisdiction where legislation did not exist. In the years following, the rate of First Nations children apprehended and placed in state care rose significantly. This period is known as the “60’s Scoop,” and was driven by culturally biased and at times outright racist conceptions of the “proper” way for children to grow and develop, prioritizing ways of living that reflected Settler-Canadian culture. Social workers, at the time, did not have specific cultural training, and therefore were unable to assess the situation in First Nations homes.
61. Without an understanding of the nuances of First Nations culture, as well as the historical and intergenerational trauma suffered by First Nations in Canada, many social workers view related

social issues within communities as deficiencies of character, rather than the result of government policy.

62. Social workers failed to realize that perspectives on wealth and poverty in First Nations communities differed greatly from that of mainstream Canada. In some cases, First Nations communities did not have much in the way of consumer wealth, but were happy and healthy, with access to ample traditional food sources and fulfilling family and personal lives. Thus, their response was to remove children from what they viewed as unsafe situations, often citing poverty as the reason.
63. Currently, the majority of children in care in BC are Indigenous. Involvement in the child welfare system is a traumatic experience, and has been linked to poorer health outcomes in life, particularly related to mental health. First Nations children within the system rarely find a permanent, healthy living situation within which to develop, and instead are often shuffled between foster homes. The lack of a stable parental figure can stymy the proper mental and emotional development of youth. This can lead to feelings of low self-esteem and rejection, challenges in forming healthy attachments and social skills, mood disorders (depression, anxiety, etc.) and poor coping abilities. In many cases, children are exposed to living conditions that are worse than those at home, as the accountability of foster parents and residential care facilities to First Nations people is limited at best.
64. First Nations children often reach the age of majority and leave the system – a process known as aging out. Children who age out have limited support and resources available to them. Often, these children find themselves in vulnerable circumstances as a result. In addition, many of these youth have had limited connection to their families and home communities throughout their involvement in the child welfare system, and thus do not have access to the social support network which can be critical in establishing themselves in society. Children who age out of care often have not been exposed to healthy and culturally grounded parenting techniques. Without having had a positive role model in terms of parenting, there is a risk of perpetuating the cycle of trauma in future generations.
65. Generally, the state is a poor substitute for caring parents and, where possible, it serves a child's best interest to stay with their parents. A more functional system would focus on

keeping families together where possible. Currently, the system allocates significant resources towards apprehension, but earmarks limited resources for prevention. In many cases, children and families must enter the system to access the help they need, such as child and youth mental health services. However, many are justifiably concerned that by interacting with that system, they increase the likelihood of apprehension. Once children are in the system, it can be very difficult to get them back. In BC, the significant backlog in cases before family court often results in prolonged delays being heard by a judge. In many instances, a short-term care order can lead to extended stays within the system.

66. The path leading many First Nations women and girls to going missing or being murdered begins early. Intergenerational trauma and government policy place young women on the pathway towards vulnerable situations. Broadly, the system contributes to the vulnerability of Indigenous women in a number of ways. It perpetuates the ongoing intergenerational trauma of First Nations people, continually undermines family and communities structures, leads to poorer mental health outcomes, severs the connection to culture and language, and leaves youth to fend for themselves after aging out with limited support. These youth are at greater risk of violence and exploitation, including human trafficking.
67. Research suggests that the perpetuation of intergenerational trauma may occur at the genetic level. Methylation is a term that describes to what extent certain genes are activated. Scientists have begun to study this process to see the effects of our external environment at a genetic level. Recent studies suggest a connection between childhood abuse or trauma and methylation of DNA in adults, although further research is needed to establish whether methylation from trauma influences the genetic makeup of that person's offspring.[27]
68. Many First Nations communities are not waiting for Canada and BC to make changes. As an example, three Northern Nations – the Tahltan, Kaska, and Tlingit – committed to work together to reduce the apprehension of children from their communities and placed in state care. This cooperation resulted in the Stikine Wholistic Working Group (SWWG), a group that holds youth camps, cultural programs, and healing retreats on the land. Through a collaborative

[27] "Child abuse could leave "molecular scars" on its victims," University of British Columbia Faculty of Medicine, https://www.med.ubc.ca/child-abuse-could-leave-molecular-scars-on-its-victims/, (October 1, 2018)

approach that draws heavily on traditional practices and on-the-land healing, the SWWG has managed to reduce the number of apprehensions from their communities drastically.

69. Providing significant, flexible, and on-going funding for prevention services to First Nations communities is an integral component to reconciliation, and to reducing the impact of colonial policies on youth, especially girls in First Nations communities. Continuing to predicate the system on apprehending children while not providing the resources to strengthen families and communities will serve to further perpetuate the intergenerational trauma suffered by First Nations through the Indian Residential Schools.

Justice and Public Safety

70. The Justice and Public Safety system contributes to violence against Indigenous women and girls in a number of ways. The systemic response to addressing this violence has been inadequate. There is a lack of support for women dealing with violence, and limited programs aimed at rehabilitating offenders. The investigative process is traumatic, and often does not result in the apprehension of the offender.
71. First Nations are also overrepresented in the justice system. The root causes that underlie this stem from unaddressed intergenerational trauma, mental health, and socioeconomic factors, among others. This can lead to a lifetime of transferring between different institutions. In fact, many youth who have aged out of the child welfare system often segue into federal or provincial correctional facilities. These facilities often lack culturally appropriate and safe services to support Indigenous inmates in rehabilitation. Without these services, it is difficult to break the cycle of trauma and institutionalization.
72. The adversarial nature of the court system often conflicts with traditional First Nations models of justice, which favor restorative approach to justice. In many cases, First Nations are at a disadvantage in the court system. Criminal or family court is a difficult and often obtuse process for those going through the justice or child and family systems. Legal support is difficult and costly to secure, and Indigenous people often go through the process unsupported. Organizations that do provide legal support and services are chronically underfunded and understaffed.

73. Courtrooms are intimidating and challenging environments, and families often need the support of community members and Elders, particularly in child protection cases. Often, there are no protocols in place to inform communities and Elders about court cases involving First Nations people. These barriers to representation and support result in poorer outcomes for First Nations people, including more Indigenous men and women in prisons and more children in state care.
74. Courts in Canada are required to take into account all reasonable alternatives to incarceration during sentencing, and to take into account historical and extenuating circumstances when dealing with Indigenous peoples. This means that, with the exception of severe and violent crimes, courts should look to favour approaches based on restorative justice. This is outlined in Section 718.2(e) of the Criminal Code, as well as in R. v. Gladue (1999). This principle is known as the *Gladue Principle.* The main mechanism to request that the Courts consider these extenuating factors, known as a Gladue Report, is underutilized in BC. Indigenous offenders are often unaware of the *Gladue Principle*, and limited support exists to write these reports.
75. As a result, Indigenous people are disproportionately represented in the Justice system. Women currently incarcerated are often treated very poorly in corrections facilities. Efforts to reintegrate Indigenous offenders are uneven at best. In many cases, offenders are released into their community to live in close proximity to their victims. There is little support for reconciling victim and offender, and community-led efforts are limited by a lack of funding and external support.
76. There is a strong perception in many First Nations communities that the police do not have their best interests in mind. In many cases, trust is quite low in communities between membership and police. Throughout the FNHC's community engagement on the Social Determinants of Health, many First Nations people have shared their experiences with police and the justice system. Many recount times where they have experienced racist conduct and heard racist remarks from police. The system lacks cultural safety. The processes of taking statements and collecting evidence re-victimizes and re-traumatizes women involved, particularly in cases of sexual violence. Often, women reporting sexual assault or abuse have their statements questioned or disbelieved.

77. Moving forward, the justice and public safety systems must support a restorative approach to justice when dealing with Indigenous offenders in line with Gladue Principles. This includes taking into account intergenerational trauma and other extenuating circumstances when sentencing, as well as providing legal support and resources for those facing either criminal or family court. Cultural safety training for police and other front-line workers, and improved mechanisms to ensure accountability to First Nations communities is imperative. Trust in the criminal justice or public safety systems will continue to be low otherwise.

Education:

78. Traditionally, in many First Nations cultures, the process of education is a life-long journey, where a child receives a role based on their aptitudes, spirit, and familial or clan-based responsibilities. Their education then focuses on preparing them to fulfil the duties of that role, in order to support the broader flourishing of their community and Nation. This includes gender roles for male, female, and two-spirited people.
79. The disruption of traditional governance structures through colonialism has undermined these important processes of educating youth in how to act and live. These traditional processes were undermined by colonial institutions, and traditional roles and responsibilities supplanted by colonial norms of patriarchy, individualism, and capitalism. The critical role that education played in sustaining First Nations culture was subverted.
80. More than gender roles, education included methods to promote cultural connection and mental wellness. They taught culturally grounded ways to cope with challenges and develop positive health practices. These too were undermined through colonial intervention, as the removal of children from communities separates them from their traditional territories, to which these wellness and coping practices were intimately tied.
81. In the modern context, many First Nations children have limited access to high-quality educational opportunities as compared to the mainstream average. On-reserve facilities are chronically underfunded, affecting the quality of service. In the case of rural and remote communities, the distance traveled combined with the lack of transportation infrastructure can serve as a barrier to youth attending school, particularly during the winter months.

82. Within mainstream schools, the quality and cultural-safety of education and support services varies greatly. In some cases, local First Nations communities have a strong relationship with neighbouring school districts, which in turn, can promote a more fulfilling and appropriate experience for indigenous youth. In other cases, there is minimal collaboration between communities and local schools. Within those schools, tailored support for Indigenous youth within schools is generally limited.
83. Throughout the FNHC's engagement on the Social Determinants of Health, many First Nations parents felt that the school system did not have the best interests of their children at heart. In BC, off-reserve schools receive funding to support First Nations students, with an amount allocated per student attending. Schools receive this funding roughly a month after the start of the school year. Parents felt that once schools received this funding, their interest in supporting First Nations students diminished significantly
84. Further, a greater proportion of First Nations students are encouraged to enroll in alternative education programs. These programs do not provide a standard high school diploma. Rather, students receive a "school leaving certificate", also known as an Evergreen certificate. This certificate was originally intended to recognize the achievements of special-needs students. However, it is increasingly being utilized for First Nations children. Parents and advocates suggest that First Nations students are subjected to the "racism of low expectations," where they are assumed to be less capable of success, given their background. Through this process, some First Nations students are educationally set up to fail later in life.
85. Schools have an obligation to ensure that all students succeed. Improving the quality and cultural-safety of education received by First Nations students is an important step to improving their outcomes later in life. Schools are an important institution for supporting the health and wellness of students, and often on the front lines for recognizing signs of needing additional support. In many cases, if there is a problem in the home life of a student, a teacher often notices first. It is the teacher's responsibility to ensure that it is addressed. A lack of understanding on the part of educators on the impacts of colonialism and intergenerational trauma can limit the ability of educators to notice the signs of issues that need to be in a safe manner.

86. Some First Nations deal with challenges related to Fetal Alcohol Spectrum Disorders (FASD). FASD is a term that describes a range of potential issues that occur throughout a child's development if their mother consumes alcohol during pregnancy. As First Nations coped with ongoing and intergenerational trauma, some turned to alcohol. The school system plays a key role in assessing students with special needs, including FASD, and connecting them to services. For communities with band-operated schools, the funding and capacity to assess and accommodate these students is often lacking. A proper diagnosis and accompanying support plan can make an immense difference for a child in terms of later-life outcomes.
87. Some communities in BC have been able to leverage Jordan's Principle funding to provide assessment services for some of their youth. While the use of Jordan's principle funding for preventative care is a good initial step, this short-term solution lacks equity, as not all communities are successful in applying for Jordan's Principle funding.
88. Schools have an important role in teaching all students about sex and consent. There is an opportunity to increase the effectiveness of this for Indigenous students by including traditional knowledge keepers from surrounding communities to speak on the issue from a perspective grounded in culture. Finally, access to quality education has a strong influence on outcomes later in life. As education correlates with both improved socio-economic status and mental health outcomes, it can play a key role in keeping women out of certain vulnerable situations.
89. A broad theme of this submission is that the colonial undermining of traditional structures, in this case educational, has served to negatively impact outcomes for First Nations people. For a significant portion of First Nations women, this includes setting their life-course on a trajectory that eventually places them in vulnerable situations.
90. Moving forward, investing in rebuilding Indigenous Nations, and supporting in the reclamation of traditional governance structures and cultural practices, is an important step towards reconciliation. Over the long-term, First Nations ought to be empowered to take control of educational institutions and curricula. In the shorter-term, providing funding to First Nations in order to bring educational opportunities on reserve to at par with mainstream levels is critical. In addition, mandating school boards, through the Ministry of Education (BC), to create better connections between their curricula and student support services and local First Nations

communities, is an important step in making the experience more culturally-safe and fulfilling for First Nations students. Finally, supporting First Nations to have the capacity to provide special needs assessments to its youth, as well as control over disseminating the results, is important as well.

Income and Social Status:

91. Pre-contact, First Nations in BC had abundant wealth, living in harmony with a landscape that provided everything needed to live a happy and healthy life. Strong ties between families, clans, and Nations provided the framework for rich cultural and spiritual lives. The concept of "poverty" is inherently loaded language, prioritizing notions about wealth and ways-of-living that reflect western European norms, and de-emphasized Indigenous values.
92. To First Nations in BC, the concept of wealth is intimately tied to the land. Connection to the land brings wealth to communities; severing that connection brings poverty. The historical and ongoing expropriation of land from Indigenous people in Canada and around the world is the driving factor behind the lack of wealth in indigenous communities. In Canada and BC, enormous tracts of traditional territory were taken from First Nations, who were relegated to small plots of often less-desirable land, which in many cases were insufficient to sustain their ways of life.
93. This process continues today. Government policy often bars First Nations from accessing their traditional territories. Many of these territories are immensely rich in natural resources, the value of which First Nations usually only receive a fraction. In addition, governmental policies related to game and fisheries management have reduced the food security of many communities. Communities have had their historical right to fish and hunt on their territories for food and economic benefit circumscribed, while sport and commercial fishers are provided easy access to fish and hunters access to game.
94. A lack of wealth in community limits the options of its citizens. In many cases, the most economically vulnerable are forced to leave community and travel to large urban centers to survive. In these large urban centers, these vulnerable people are often preyed upon. Noting that the land, wealth, and culture are all intrinsically linked to First Nations Health outcomes, the seizure of traditional territories and resources have served to undermine the cultural

resilience of First Nations people. This means that the community is generally less able to support people through vulnerable stages of their lives.

95. Steps have been made recently in recognition of "Aboriginal" rights and title, initially through several landmark legal cases by First Nations in BC. The Delgamuukw-Gisdayway (1997), Campbell vs. British Columbia (2000), Haida vs. British Columbia (2004), Mikisew Cree (2005), Tsilhqot'in (2014) cases collectively served to establish the existence of Aboriginal rights and title, a test for infringement of rights and title, and the duty to consult and accommodate, as well as the right to self-government and self-determination guaranteed by s.35 of the Canadian Constitution.
96. These important legal landmarks serve as a basis for reconciliation between the Crown and Indigenous people. The recognition of Aboriginal Title over traditional territories can allow those First Nations that assert their jurisdiction to have greater control and access to those territories, including for cultural and economic uses. This, in turn, can lead to greater prosperity, cultural connectedness, and resilience in communities.

Gender and Colonialism

97. Society subjects Indigenous women to a confluence of different systemic and societal forces, prejudices, and biases that differ from the experiences of both non-Indigenous women and of Indigenous men. Therefore, we cannot fully understand the violence perpetrated against Indigenous women by examining the issue solely through an Indigenous or a gendered lens. Colonialism imported many norms from imperial cultures that clashed or conflicted with First Nations perspectives. This is particularly evident in colonial perspectives on gender and the status of women.
98. As an example, the foundations of Canadian law lay within the traditions of British Common Law, within which issues of marriage and children was within the purview of property law. Men owned their wives and their minor children. Killing one's wife was not considered murder. Men could sell their wives and sell their children if they wanted to. This conception of women as property and subservient to men fundamentally clashed with First Nations culture, where women were recognized as law makers, matriarchs, and managers of camp and men were recognized as providers and protectors of women and children.

99. Several colonial policies highlight the interconnectedness of racial and gendered discrimination. Originally, the Indian Act defined an "Indian" as any male belonging to a particular band, their children, and any women married to them. As noted, women with status who married a non-Indigenous man would lose their status, as would any children they had. This was the case until 1985, when intense opposition to this aspect of the Indian Act led to the passage of Bill C-31, which allowed anyone with one Status Indian parent to apply for status. That said, provisions still exist to deny status to the children of a Status Indian and a non-status person. Although amendments to the Indian Act have given control of membership lists to the individual bands, the federal government still determines the criteria for "Indian Status."
100. Colonial institutions were particularly harsh on women in their pursuit to eliminate First Nations people from Canada. The Indian Hospitals were terrible institutions that delivered a barbaric standard of care. A recently filed class-action lawsuit alleges that doctors performed medical experimentation on patients, forced sterilization of women, and endemic physical and sexual abuse.[28]
101. A recent Amnesty International report highlighted a strong connection between the resource boom in Northern Canadian cities and violence against Indigenous women, noting "the presence of a large, young, mostly-male transient workforce add to this risk, because young men are statistically more likely to be perpetrators of violent crime." They further note that patterns of drug and alcohol use, as well as largely unaddressed racist and misogynistic attitudes among resource workers serve to make Indigenous women a more likely target for violence.[29]
102. Historically, in many traditional First Nations cultures, LGBTQ people were accepted and in many cases, honoured. Colonialism brought with it stigma and prejudices for gender identities outside of a binary view espoused by European and Christian worldviews. This challenge endures today, where two-spirit or LGBTQ First Nations children struggle with mental health and self-esteem issues.

[28] Ibid

[29] "Out of Sight, Out of Mind: Gender, Indigenous Rights, and Energy Development in Northeast British Columbia, Canada," Amnesty International, https://www.amnesty.ca/sites/amnesty/files/Out%20of%20Sight%20Out%20of%20Mind%20EN%20FINAL%20web.pdf, (2016), 4.

Physical Environment:

103. The physical environment that surrounds us has a significant influence on how we develop as children and mature as adults. The dispossession of First Nations people from their traditional territories has had an immensely negative impact on their overall health and wellbeing. Many First Nations communities suffer from a critical lack of essential infrastructure, particularly within rural and remote communities.
104. Many First Nations communities have chronic housing shortages, and often have trouble finding the capital funds to maintain and repair existing stock. This has created overcrowding and homelessness in First Nations communities and in urban centers as well. This housing shortage disproportionately affects women and girls. It limits their options when leaving unsafe situations, as the choice can be between a roof over one's head or leaving an abuser.
105. Chiefs, Leaders, and Caregivers have repeatedly highlighted the need for safehouses in communities for those fleeing violence. Insufficient transportation infrastructure within First Nations communities compounds these issues, particularly within those that are rural and remote. Women leaving community to escape an abusive situation are forced into vulnerable circumstances, including hitchhiking.
106. The combination of lower socio-economic status and limited on-reserve transportation infrastructure has resulted in a situation where women are forced into vulnerable situations in order to leave abuser, or to secure basic necessities. In BC, there have been a number of Indigenous women who have gone missing while hitchhiking along northern sections of Highway 16 – now known as the Highway of Tears - between Prince Rupert and Prince George.
107. Further, in many remote communities, there is an overreliance on private transportation infrastructure. Private charter bus services are a key lifeline to many Northern communities, and private seaplane or boating services are critical for communities with limited access via road. The discontinuation of these services can sudden cut a community off from supplies or emergency transportation, as can be seen in the recent cancellation of Greyhound charter bus services to many northern communities.
108. External resource development can have an extensive and negative impact on the surrounding environment, and often has a disproportionately negative impact on First Nation communities.

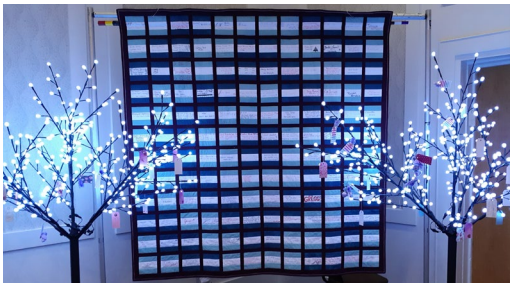
Many First Nations communities in the northern and interior parts of BC are located near natural resource extraction projects. These projects often have a pervasive impact on the surrounding environment, including air and water pollution.

109. Natural disasters disproportionately affect many of the same communities. Wildfires and floods have gripped BC throughout the last few years. Evacuations, loss of life, and destruction of property displace people, reduce their socioeconomic status, and negatively affect mental health. This places people in vulnerable situations.

Call to Action [30]

110. In efforts of change, BC First Nations Leadership have taken the initiative on several calls-to-action that link our leaders to a solution to issues in our communities. At Gathering Wisdom for a Shared Journey IX the FNHC led three Call to Actions: to make a commitment to live violence free, and to love unconditionally and to work together as communities and Nations to heal, to respond to the many people who were self-medicating and at a high risk of dying from fentanyl poisoning and the opioid crisis, and to be self-determining and rebuild governance structure.

111. As part of the Call to Action, the FNHC invited Chiefs, Leaders and Caregivers to write names and memories of loved ones lost to the opioid crisis on quilting squares. The memorial quilt was unveiled to pay respect to those who have been lost and to support each other in our healing journeys. The memorial quilt was brought to regional caucuses to continue the conversation and the Call to Action that was started at the Gathering Wisdom forum:



[30] First Nations Health Council, "FNHC Gathering Wisdom for a Shard Journey IX recap," http://fnhc.ca/2018/06/gathering-wisdom-for-a-shared-journey-ix-recap/,(2018)

112. The FNHC continue to develop and support ongoing health and wellness efforts. As a result of these efforts, the Commitment Stick Initiative[31] was launched and Nationwide Moose Hide Campaign was supported by the FNHC.

Commitment Stick Initiative

113. Esk'etemc Commitment Sticks are symbols of a personal commitment to live violence free and a commitment to actively stop violence against Indigenous women and girls. The idea of the Commitment Sticks started with Alkali Lake (Esk'etemc) Elder Fred Johnson Sr., with the support of FNHC representative and former Chief Charlene Belleau. The Commitment Sticks represent working together on issues involving violence against Indigenous women and girls. The act of picking up a Commitment Stick symbolizes a personal and professional commitment of time to help eliminate violence against Indigenous women and girls. A lot of prayer and ceremony goes into the creation of a Commitment Stick; they are also meant to help us cleanse our minds, bodies and spirits of any violence we may have perpetrated against Indigenous women and girls.

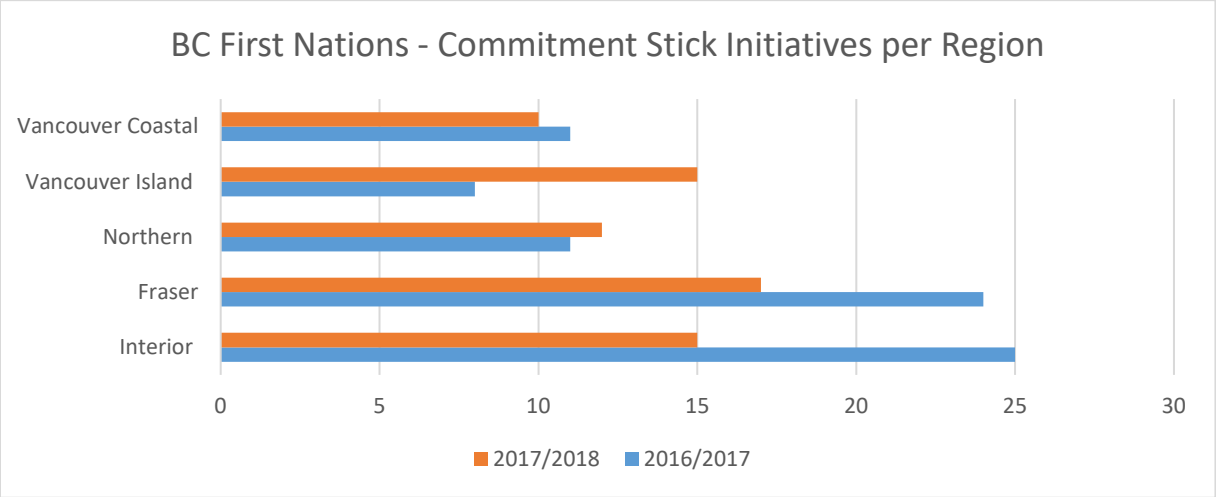
114. Commitment sticks are a gift from the Esk'etemc community, who are honoured to have Hereditary Chiefs, Chiefs and frontline workers take up this commitment. Working together and being proactive will support families that experience the trauma associated with violence and abuse. The colours of the Commitment Stick represent the need for the four races to work together to stop violence against Indigenous women and girls, with an understanding that we are all equally valuable. With the red, we honour and mourn our murdered and missing Indigenous women; with the yellow, we honour our breath of life; with the black, we honour our body; and with the white, we honour the knowledge and wisdom of the Elders.

115. One venue where Commitment Sticks were publicly picked up was at Gathering Wisdom in 2015. Over 120 Chiefs and leaders held the sticks high and committed to live violence free, and to collectively work together to stop violence against Indigenous women and girls. Following the Gathering Wisdom for a Shared Journey forum, the FNHC and FNHA joined together to develop the “Commitment Stick Initiative” for all communities. To assist a kit was prepared that

[31] First Nations Health Authority, “First Nations Health Authority Commitment Stick Initiative,” http://www.fnha.ca/wellness/commitment-stick,(2018)

provided an overview on the initiative and an event promotion guide for families, communities and partners to help with planning and raising awareness on the commitment stick.

116. The FNHA also provided all First Nations communities in BC with an eligible $1,000 grant toward hosting an event or ceremony focused on committing to help eliminate violence against woman. Over the past two years there has been an increase in communities from each region hosting commitment stick events. The following provides the number of BC First Nations communities that have received the commitment stick grants:



117. Today, the FNHC have encouraged all BC First Nations communities to host an event of their own and remind our leadership on the importance of the commitment stick initiative.

Moose Hide Campaign [32]

118. The Moose Hide Campaign is a grassroots movement of First Nations and non-First Nations men who are standing up against violence towards women and children. Wearing a moose hide signifies your commitment to honour, respect, and protect the women and children in your life and to work together to end violence against women and children.

119. In an effort of support, the FNHC joined the moose hide campaign and committed to end violence against women and children. The FNHC developed a series of YouTube[33] videos to share with their BC First Nations leadership to show their support and importance of the

[32] "Moose Hide Campaign: Standing Up Against Violence," https://www.moosehidecampaign.ca/,(2018)

[33] First Nations Health Council, "YouTube Channel: FNHC on The Moose Hide Campaign," http://www.fnha.ca/about/news-and-events/news/moosehide-campaign,(2018)

campaign. The YouTube videos were shared through FNHC and FNHA social media channels. Fasting has also become a key practice within the Moose Hide Campaign movement as a means to demonstrate a personal commitment to honouring and protecting the women and children in our lives. It also a way to support the collective responsibility as men to ensure all women and children are free from violence. For more information on a guide to fasting, please visit the Moose Hide Campaign Fasting Guide. The Moose Hide Campaign has also joined efforts with the commitment stick initiative to bring attention to Missing and Murdered Indigenous Women and Girls to the forefront.

Where We Are Going:

MEMORANDUM OF UNDERSTANDING: TRIPARTITE PARTNERSHIPS TO IMPROVE MENTAL HEALTH AND WELLNESS SERVICES AND ACHIEVE PROGRESS ON THE DETERMINANTS OF HEALTH AND WELLNESS

120. The FNHC over the past years have made significant progress on the social determinants of health, including identifying regional priorities, and signing of the tripartite partnership to improve mental health and wellness services and achieve progress on the determinants of health and wellness (MOU).[34]

121. As set out in the tripartite health plans and agreements, the parties acknowledge that health and wellness for First Nations encompasses the physical, spiritual, mental, emotional, economic, environmental, social and culture wellbeing of the individual, family and community. The parties have agreed to incorporate Indigenous models of health and wellness into the health system and to support a broader shift in focus from treating sickness to fostering wellness. As part of this, the parties have agreed to take action to address the social determinants of health – the condition in which people in BC are born, grow, live, work and age, and the broader set of systems shaping the conditions of daily life.[35]

122. First Nations in BC have identified improving mental health and wellness as a key priority that requires concentrated coordinated action by all parties to advance. Both Canada and BC have

[34] "Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness," http://fnhc.ca/wp-content/uploads/MoU-Tripartite-Partnership-to-Improve-Mental-Health-and-Wellness-Services-and-Achieve-Progress-on-the-SDOH.pdf, (July 26, 2018)

[35] Ibid

taken steps to restructure their delivery of services by establishing a single federal department responsible for the delivery of services to Indigenous peoples and a new provincial ministry responsible for designing a whole-of-government strategy for mental health and addictions services in BC. As these strategies and service delivery structures evolve, the parties see new opportunities to increase the coordination and integration of mental health and wellness services and to support community led approaches that address the social determinants of health and wellness.

123. In view of the importance of mental health and wellness, the parties have agreed to increase investment in mental health and wellness services and to facilitate greater cross-government collaboration on actions aimed at improving mental health and wellness outcomes. The MOU signed between the FNHC and partners outlines two major funding commitments: a new approach to funding mental health and wellness services in First Nations communities, and funding to renovate, replace and build Treatment Centers in BC.

124. With the goal of improving mental health as the starting point, the parties will work together and with First Nations over a period of two years to develop a ten-year tripartite strategy that facilitates a whole-of-government approach for addressing the social determinants of health and wellness with the following commitments:

- Community-Driven and Nation-Based Planning and Partnerships
- $30M of Flexible, Predictable and Sustainable Funding for Mental Health and Wellness
- Mental Health and Wellness Reporting Framework
- Additional Mental Health and Wellness Infrastructure Funding
- Ongoing Collaboration and Partnerships

RECOMMENDATIONS

125. The creation of the First Nations health governance structure and the positive impact of the tripartite work in BC and can be seen today through the successful development of the FNHA, FNHC, FNHDA, and the ongoing improvements to health services for First Nations people in BC. In addition, the FNHC continues to support BC First Nations communities in governance and advocacy that will drive direct and indirect impacts aimed at improving both the quality of the health and wellness system and the health and wellness outcomes for Indigenous Woman and Girls, which overall will reduce the chances of going missing or being murdered.

The following provides a summary on these larger system transformation efforts by the FNHC:

- Governance and Advocacy
- Promoting health and wellness in our BC First Nations communities[36]
- The development and signing of Regional Partnership Accords
- Promoting Cultural Safety and Cultural Humility[37] in our health system
- The achieve progress on the recent signing of the MOU on Tripartite Partnership to improve mental health and wellness services and achieve progress on the determinants of health and wellness
- To support ongoing call-to-action initiatives such as: Ending Violence against Women and Girls, Opioid Crisis and Self-Determination
- To support ongoing Health and Wellness Initiatives, such as the Commitment Stick and the Moose Hide Campaign
- The signing of the Declaration of Commitment on Lateral Kindness[38]
- To achieve progress on the recent signing social determinants of health strategy and support the recent signing of the MOU and following priorities on the social determinants of health:
    - A true Nation-to-Nation relationship with the Government of Canada

[36] First Nations Health Council, "Step Up Campaign: Beefy Chiefs Challenge," http://fnhc.ca/initiatives/beefy-chiefs-challenge/,(2018)

[37] First Nations Health Authority, "Cultural Safety and Cultural Humility Pledge" http://www.fnha.ca/wellness/cultural-humility,(2018)

[38] First Nations Health Directors Association, "Lateral Kindness Declaration of Commitment," (West Vancouver, BC: February 27, 2017), http://fnhda.ca/wp-content/uploads/Lateral-Kindness-Declaration-of-Commitment.pdf

- Flexible funding envelopes that supports Nations to plan, design, manage and deliver health and social services in a way that is coordinated and consistent with their vision, values and unique customs
- Integrate health and social services by reducing siloes, removing rules and significantly simplifying the process for accessing federal funding
- Partnerships with provincial Ministries that add value and advance the vision and values of their Nation
- Evolve government role from a service provider to a partners in supporting and sustaining community-led change
- Build relationships that are based on recognition, respect and reciprocal accountability

List of FNHC Exhibits

1. Implementing the Vision: BC First Nations Health Governance – Reimagining First Nations Health in BC. 2011. First Nations Health Council	FNHC_Health_Governance_Book.pdf
2. First Nations Health Council: Discussion Paper on the Ten-Year Determinants of Health Strategy	FNHC-Discussion-Paper-Ten-Year-Determ
3. FNHC Our Engagement Story on the Social Determinants of Health and Wellness 2015-2018	FNHC-Our-Engagement-Story-on-the-Soci
4. Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (2018) 5. FAQ – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness	MoU-Tripartite-Partnership-to-Improve-Me FNHC-FAQ-MOU-on-Mental-Health-and-W
6. Memorandum of Understanding Between First Nations Health Council and Canada: Agreement between Indigenous and Northern Affairs and the First Nations Health Council in Relation to Services For First Nations Children and Families in British Columbia (2017)	MOU-INAC-and-FNHC-February-2017.p
7. Memorandum of Understanding Between Government of British Columbia and First Nations Health Council: A Regional Engagement Process to Develop a Shared Ten-Year Social Determinants Strategy for First Nations Peoples in BC (2016)	FNHC-BC-MoU-SDOH.pdf
8. Out of Sight, Out of Mind: Gender, Indigenous Rights, and Energy Development in Northeast British Columbia, Canada," Amnesty International (2016),	Out of Sight Out of Mind EN FINAL web.
9. First Nations Health Governance Structure in BC, including timeline	2018_NEW HEALTH GOVERNANCE PLACE
10. Interior Region Governance Placemat (Example of Regional Health Governance)	FNHA_IR_Placemat_May2015.pdf

11. Memorandum of Understanding between Secwepemc Nation, Indigenous Services Canada, Crown-Indigenous Relations and Northern Affairs Canada and the Ministry of Children and Family Development in Relation to Defining Inherent Jurisdiction over Child and Family Services as exercised and asserted by the Secwepemc Nation (Example of Child and Family Service Agreement)	SNTC_Tripartite_CHIL D_FAMILY_SERVICES_
12. Interior Region: Grandmothers' Declaration	Grandmothers revised w image_rev.p
13. First Nations Mental Wellness Continuum Framework (Example of First Nations Mental Wellness Framework) 14. First Nations Mental Wellness Continuum Framework Summary report	24-14-1273-FN-Men tal-Wellness-Framew 24-14-1273-FN-Men tal-Wellness-Summar