

3 August 2021

First Nations Leadership Council

**RE: Communique – Call for Leadership Participation in
First Nations Health Governance Restructure**

Dear First Nations Leadership Council members,

We are writing to you to set the record straight regarding your July 26, 2021 Communique regarding First Nations Health Governance Restructure. We dispute your assertions that the First Nations Leadership Council has the mandate to interfere with the structure of the FNHA. The FNLC is not a First Nations Government overseeing the FNHC or the FNHA. Please cease and desist from political interference in the BC First Nations Health Governance Structure.

As Fraser Salish FNHC leaders we will continue to engage our leadership to address our priority health issues and build consensus on measures to strengthen the BC First Nations Health Governance Structure. We will seek direction from our Chiefs to ensure that the FNHC Fraser Salish Regional Representatives and FNHA Fraser Salish regional office are respectful of the UNDRIP Articles in the conduct of our business. This work belongs to our Fraser Salish leadership and not the political executives of the BCAFN, UBCIC, or the FNS.

In May 2011, BC Chiefs, respecting the principles of free, prior, and informed consent, approved the British Columbia Tripartite Framework Agreement on First Nations Health Governance (tripartite agreement) between Canada, the Province of British Columbia, and the First Nations Health Society (now FNHA). This tripartite agreement is a legal and binding agreement.

The tripartite agreement states in section 4.4 (1) “The FNHC is an unincorporated association of fifteen (15) members. It is a political and advocacy organization, representative of and accountable to BC First Nations, with a mandate to serve as the advocacy voice of BC First Nations in achieving their health priorities and objectives.” The FNHC members are appointed by their respective regions and accountable to sub caucuses, regional caucuses, and Gathering Wisdom forums. This regional structure for the FNHC was created by Chiefs through UBCIC and FNS Summit Resolutions in 2010. These 2010 resolutions from the UBCIC and FNS Chiefs removed health from the FNLC and created a new regional structure for the health work.

Section 4.4 (3) of the tripartite agreement states: “The FNHC may, with the approval of BC First Nations, alter its structure and mandate without the consent of the parties, provided that it continues to fulfill the roles and functions set out in subsections 4.4 (1) and (2).” This means that the FNHC may, by employing the Engagement & Decision-making Pathway, reach regional consensus, and bring forward a resolution to a Gathering Wisdom Forum. Upon informed and consensus approval of the resolution, Chiefs may alter the structure of the FNHC. The FNLC is not party to this legal agreement and does not have the authority to alter the structure of the FNHA.

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In 2010, Chiefs feared that political interference in the operations of the FNHA would jeopardize funding for much needed health programming and service delivery. In this regard, the tripartite agreement section 4.6 (1) states – “The FNHC may advise the FNHA in a manner consistent with the FNHC’s mandate but shall not direct or purport to direct the FNHA.” Neither the FNHC nor the FNLC can engage Chiefs in any dialogue regarding restructuring of the FNHA.

The Tripartite Committee on First Nations Health recently completed a five-year evaluation of the Tripartite Framework Agreement on First Nation Health Governance. The FNHC Regions are now reviewing this evaluation. Chiefs have begun deliberations to strengthen the BC First Nations Health Governance Structure. This work is underway, and the FNHC Fraser Salish do not require assistance, nor direction from the FNLC in this regard.

With respect to governance issues – in late 2018 and 2019, the FNHA did not comply with policies concerning nepotism and conflict of interest. The former FNHC Chair and past FNHC Deputy Chair sounded the alarm, and the FNHA Board of Directors resolved those issues. We do not support your assertion that the change in FNHA leadership has been to the detriment of First Nations communities. The new FNHA leadership is committed to regionalization, and is enhancing regional capacity to move health transformation forward.

We appreciate your zeal for governments and First Nations service delivery organizations to respect and comply with the UNDRIP Articles. May we suggest respectfully that the FNLC review and comply with Article 18 when interacting with the FNHC. Instead of threatening the funding of the First Nations Health Authority, the FNLC ought to be working with the Province of BC to improve and strengthen its DRIPA Action Plan. The BC Government needs advice and support to revise their initial draft plan to demonstrate a clear pathway for implementing UNDRIP articles. Instead of threatening the BC First Nations Health Governance Structure, the FNLC ought to be supporting First Nations “to maintain and develop their own indigenous decision-making institutions.”

In closing, we note that the FNLC is proposing to duplicate the FNHC engagement process. We are curious as to how the FNLC will provide for the costs of engagement. It is highly unlikely that government will fund the FNLC to duplicate engagement, resulting in the undermining of a legal and binding tripartite agreement.

Respectfully,



Willie Charlie
Fraser Region



Chief Andrew Victor
Fraser Region

cc: 32 Fraser Salish Chiefs
BC Chiefs
The Honourable Adrian Dix, Minister of Health
The Honourable Marc Miller, Minister of Indigenous Services Canada
Colleen Erickson, Chair, FNHA Board of Directors
Richard Jock, CEO, FNHA
First Nations Health Council