



**ULKATCHO BAND COUNCIL RESOLUTION**

**BCR # 2024-75**

**DATE APPROVED AT COUNCIL MEETING: November 6, 2024**

**AGENCY DISTRICT: B.C. REGION**  
**PROVINCE: BRITISH COLUMBIA**  
**PLACE OF APPROVAL: ANAHIM LAKE**  
**QUORUM: FOUR (4)**

**RE: BCR 2024-75 Ulkatcho First Nation (UFN) appointment to the Interior Region Nation Executive (IRNE), and Interior Region Nation Technicians Table (IRNTT) tables.**

**UFN**

**Whereas:** UFN are sui generis from three different ancestral backgrounds with a diverse history of languages, trade, and cultural activities with: Salishan (Nuxalk) and Athabaskan (Dakelh Carrier and Tsilhqot'in) language families. These practices were impacted by the introduction of the Indian Act and its assimilation policies which outlawed Indigenous governance and traditional practices as well as enforced widespread incarceration and residential schooling for Indigenous peoples.

**Whereas:** UFN ancestral areas are located in the central Interior of British Columbia and encompass a large wilderness area, and the main village is located at Nagwuntl'oo (Anahim Lake) and from there it extends north to Natulkuz Lake, south to Tatla Lake, east to the Itcha Ilgachuz Mountain range, and west to Stuie and Kimsquit. The registered population is over 1200 today. The UFN ancestral family groups include Squinas, Alexis, Stillas, Jack, Cahoose, Capoose, Sill, John/Leon, Dagg/Dester, Sulin, Charleyboy, West.

**Whereas:** Today, UFN has severe complex mental health and wellness issues due to the remnants of the Indian Residential School (IRS) experience and devastating effects of colonization. This includes intergenerational trauma, vulnerability due to severe alcohol and substance abuse, and drug addictions resulting from the deterioration from intergenerational effects of the IRS experience. UFN has several unique health, and wellness needs due to its isolation and history of colonization. UFN struggles to combat the effects of colonization, and after the continued loss of several community members, UFN declared a state of emergency on October 28, 2021 due to the drug, alcohol, and opioid crisis in the community. UFN have historical records of an IRS located in the

community of Nagwutl'oo that was operated by the Catholic Church and funded by the Federal Government of Canada. Many of our community members suffer physical, emotional, and sexual abuse which caused mental health issues to arise in many families. These mental health issues became intergenerational and continue to cause a dependency on drug, alcohol, and opioids. Regardless, the UFN Health and Wellness Evaluation Plan was developed to support the UFN in their health and wellness journey as UFN continues working towards a self-sufficient and healthy community. In particular, the Health and Wellness Evaluation Plan will seek to measure and track effective health and wellness service delivery to ensure the community are receiving the care they need to heal, and to ensure valuable information is gathered to support UFN's case to FNHA for enhanced funding and support.

**Whereas:** In 2021, UFN engaged with the community on the development of the UFN Five-Year Health and Wellness Plan, that includes many focused goals and the following vision: *We envision a healthy, prosperous and cohesive community that works towards the cultural restoration of its traditional language, food, responsibilities and land rights with promotion of individual physical, emotional, mental, and spiritual well-being.*

**Whereas:** In 2021, UFN engaged to develop a UFN five-year strategic plan, and to ensure the 2022-2027 UFN Health and Wellness Plan aligns with the UFN strategic priorities, the UFN administration will implement the following goals over five-years:

1. Increased support for UFN vulnerable persons (ongoing).
2. Improved housing for UFN families (ongoing)
3. A feasibility plan for an Elder Care Home (in progress).
4. Provide opportunities to have land-based healing activities and to connect with Keyah lands (ongoing)
5. Develop a strong food security plan that includes increased use of traditional lands (in progress)
6. Partner with organizations on a community-based detox/treatment healing centre (ongoing)
7. Develop further plans that foster strong connections between Elder and youth to create and nurture culture knowledge transfer (ongoing).

**Whereas:** At the start of 2024, to meet the requirements of the FNHA Block Agreement, UFN engaged with the community on the development of a UFN three-year Health and Wellness Evaluation Plan which would align

with the remaining plan from 2024-2027, of the UFN Health and Wellness Plan. As part of the engagement, the following nine (9) immediate recommendations were provided based on community feedback:

1. Expanding support for mental health and addictions (UFN secured 2M to build a new wellness centre in community);
2. Expanding cultural activities and support (ongoing);
3. Expanding community activities and events (ongoing, UFN hired two youth workers and renovated the youth centre recently);
4. Prioritizing the completed development of a Wellness Centre and gym (UFN – in progress);
5. Enabling more Ulkatcho members to access Doctor appointments (UFN needs support);
6. Implementing education workshops on healthy living for Ulkatcho members (adults and youth – in progress);
7. Expanding staff capacity to support increased and new services delivered to the community (UFN needs support to build capacity);
8. Reviewing, updating and enforcing Health & Wellness planning, policies and procedures, particularly the privacy and confidentiality, conflict of interest, and client communications policies and procedures; and (UFN was chosen to be a data demonstration project and developed new policies for the clinic - In-progress),
9. Reviewing the governance and management structures for Ulkatcho Health & Wellness and considering a new model (next steps).

### **Made-in-BC Health Governance Structure**

**Whereas:** In 2010, Interior First Nations signed the Unity Declaration to affirm each Nations' commitment to work together for the betterment of the health, safety, survival, dignity and wellbeing of our peoples.

**Whereas:** In May 2011, First Nations in BC adopted [Resolution 2011-01 and the Consensus Paper 2011: BC First Nations Perspective on a New Health Governance Arrangement](#). With this decision, First Nations in BC endorsed the [Tripartite Framework Agreement on First Nation Health Governance](#) and set out the standards and instructions for a new health governance arrangement.

**Whereas:** In November 2012, Interior First Nations and the Interior Health Authority entered into the [Interior Partnership Accord](#). The Accord affirms a commitment to work together to establish a coordinated and integrated First Nations health and wellness system in the interior region. As part of this, First Nations in the Interior region have committed to regional structures and processes to better coordinate the planning, design and delivery of health programs and services.

**Whereas:** UFN is part of the Interior Region that consists of 54 First Nations communities which vary in size and include several small and isolated wilderness communities. Each community elects their own First Nation Chief based on their own selection process, including representatives to the Interior Regional Health Governance Structure. UFN is not part of a specific Interior Nation due to its geographic location between Vancouver Coastal, Interior and Northern Health Authorities' and shared genealogy with Salishan (Nuxalk) and Athabaskan (Dakelh Carrier and Tsilhqot'in) language groups.

#### **Interior Regional Health Governance**

**Whereas: Interior Region Caucus:**  
The Interior Region Caucus table provides a forum for the 54 First Nations of the Interior Region to engage with each other for purposes of planning, priority setting, and decision-making related to regional health matters. The Health Caucus provides guidance to the IRNE, PALT and provides advice and recommendations to the [First Nations Health Council \(FNHC\)](#) and [First Nations Health Authority \(FNHA\)](#) and the [First Nations Health Directors Association \(FNHDA\)](#) along with approval of region-specific documents.

**Whereas: IRNE:**  
IRNE is comprised of one representative from each of the Nations of the Interior Region, and acts as an Executive Body to the Interior Region Caucus, carrying out directions in between Caucus sessions. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the FNHC. Since 2020, UFN has not had a IRNE representative.

**Whereas: Interior Region Nation Technicians Table (IRNTT):**  
IRNTT is comprised of one representative from each of the Nations of the Interior Region and acts as an advisory body to the Interior Region Executive providing recommendations to the IRNE on concerns common to the region. Since 2020, UFN has not had a IRNTT Representative.

**Whereas: PALT:**  
PALT is comprised of Senior Officials from Interior Health Authority along with the Nation Representatives of the IRNE. The PALT is a decision-making body that provides direction and oversees the implementation of the Partnership Accord. The Table serves as a senior and influential forum for partnership, collaboration, and joint efforts on First Nation and Aboriginal priorities, policies, budgets, programs and services in the Interior Region.

**Whereas:** *United Nations Declaration on the Rights of Indigenous Peoples:* [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP) was adopted in 2007 by the United Nations General Assembly and includes two broad aspects of health-related provisions and general governance / self-determination provisions that include:

1. Articles 21 (right to improvement of health conditions);
2. Articles 23 (right for Indigenous peoples to determine/develop/administer health programmes); and,
3. Articles 24 (right to traditional medicines/health practices).

This also includes various actions outlined in the [Declaration on the Rights of Indigenous Peoples Act](#) related to health and wellness that align with the efforts of the Ulkatcho Health and Wellness Plan.

**Whereas:** **Unrepresented** UFN has made significant progress in health and wellness while remaining unrepresented at all levels, including securing 2M to build a new wellness centre in community that is focused on recovery and detox, moving to a FNHA BLOCK agreement, finalizing a new evaluation plan, being chosen as a BC First Nations Regional Data Demonstration Project, developing a new set of health and wellness policies to support the administration of the clinic, and obtaining direction from community to develop a new independent health governance structure at the clinic to support a new model for the entire community.

**Whereas:** Today, UFN still remains unrepresented at all of the BC First Nations Health governing tables, including not having a full-time community engagement coordinator/lead to-date with limited resources to implement the new evaluation plan and creating a new independent health governance structure for the clinic.

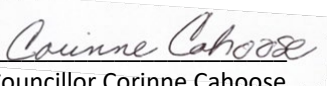
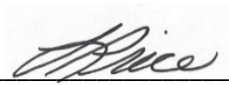
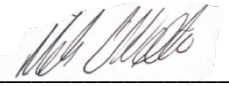
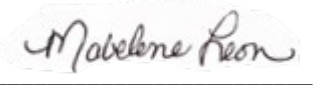
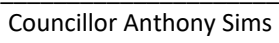
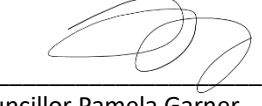
**THEREFORE, BE IT RESOLVED THAT:**

1. Effective immediately, UFN appoint their UFN Councillor with the Health and Wellness Portfolio as the UFN IRNE representative indefinitely or otherwise changed by the UFN Chief and Council. UFN appointee will be part of their approved UFN job description and all activities including engagement and participation (e.g., travel) will be fully funded by the FNHA;
2. Effective immediately, UFN appoint their selected (interim or permanent) Health Director as the UFN IRNTT representative indefinitely or otherwise changed by the UFN Chief and Council. UFN appointee will be part of their approved UFN job description and all

activities, including engagement and participation (e.g., travel) will be fully funded by the FNHA;

3. Update the FNHA and UFN governing documents to reflect that UFN is fully supported and represented at all levels and never left behind again. This may include amending ongoing funding agreements (Block/SET), administration, human resource polices, terms of references, and confirming, ongoing, and amending immediate budget requirements.

UFN Chief and Council

 Councillor Corinne Cahoose	 Chief Lynda Price	 Councillor Nelson Williams Jr.
 Councillor Mabelene Leon	 Councillor Anthony Sims	 Councillor Pamela Garner