

Apology and Leadership Commitments to Indigenous Peoples

by the
BC Centre for Disease Control

December 10, 2025



BC Centre for Disease Control
Provincial Health Services Authority



Artwork by Xwii Xwa, Atheana Picha, Kwantlen First Nation

Territorial Acknowledgements

The apology and leadership commitments by the BC Centre for Disease Control (BCCDC) was made at an event grounded in Coast Salish protocols at the Provincial Health Services Authority (PHSA) offices on December 10, 2025. The BCCDC and PHSA's provincial offices are located on the ancestral, unceded, and occupied territories of the:

- xʷməθkʷəyəm (Musqueam),
- Sḵwxwú7mesh (Squamish), and
- səliwətał (Tsleil-Waututh) Nations,

who have stewarded the territories and waters since time immemorial and continue this stewardship to this day.

As a provincial organization, we acknowledge and respect the inherent Title and Rights of BC First Nations whose territories stretch to every inch of the lands colonially known as British Columbia (BC). We further recognize that each of these Nations are distinct, each with their own geographical locations, governance systems, languages, cultural practices, customs, and health priorities.

Rights Acknowledgement

BC is home to many First Nations, Inuit, and Métis Peoples from homelands elsewhere in Canada. We recognize their distinct rights, including rights to health which are upheld in international, national, and provincial law.



Coast Salish Teachings

PHSA and BCCDC have been gifted [six Coast Salish laws \(teachings\)](#), shared and designed by Coast Salish Knowledge Keeper, Siem Te Ta-in and his niece, artist Xwii Xwa, Atheana Picha, Kwantlen First Nation. BCCDC accepts the responsibility to uphold these teachings and ensure they shape our practices and relationships with respect, accountability, and a commitment to reconciliation.



Thee eat (Truth): You need to say the truth all the time. How you act and show up must be truthful. We need to be truthful in our work and we need our truth to be heard and not denied. We all must not deny the truth of the history and we must remain committed to addressing it.



Eyhh slaxin (Good medicine): Medicine is all things. The geography, ecosystem, water and all other living beings. As human beings we can choose, with intent, to be “good medicine” every day.



Nuts a maht (We are one): Everyone and everything are of value and has purpose. All living things are connected and are inherently entitled to dignity and respect. We all need to be thankful for and take care of all things including the water, the plants and the land that we occupy. When we know ourselves to be one, we are grateful for mother earth, ecosystems, the water and all human beings.



Whax hooks in shqwalowin (Open your hearts and your minds): Open your hearts and minds to what is being taught to you. When you are open you are able to do your best.



Kwum kwum stun shqwalowin (Make up your mind to be strong): This is a personal intention that answers: What are you going to do? All of this is about self and informs what you will do to help yourself and others. When the weight of work is so heavy and we feel weak, we need to make up our minds to be strong. When we make up our minds, the weight dissipates. We have said, “I am strong in my mind.”



Tee ma thit (Do your best): You are in the canoe to pull your own weight. When you pull your own weight, you inspire other human beings to do their best. Work hard with the intention of using your education and experience to the best of your ability.

The apology and leadership commitments were presented by

Christine Massey, *white settler of French & Irish descent*,
Executive Vice President, Population Health & Wellness, PHSA and BCCDC

Dr. Jat Sandhu, *settler of south Asian ancestry*,
Chief Strategy Officer, BCCDC

Dr. Jason Wong, *settler of Chinese ancestry*,
Chief Medical Officer BCCDC

Wendy Kebwaro, *settler of African descent*,
Chief Operating Officer, BCCDC

Janene Erickson, *Dakelh from Nak'azdli Whut'en*,
Executive Director, Indigenous Health, BCCDC

Guided by Coast Salish Knowledge Keeper, Siem Te Ta-in in accordance with Coast Salish protocols, the ceremony was led by Siem Te Ta-in with Joe Gallagher k^wunəməḥ (Kwunuhmen), vice president of Indigenous health and cultural safety, PHSA as the speaker. The apology and leadership commitments was witnessed by the PHSA and BCCDC Indigenous Health family. Other public health leaders stood in support, marking the importance of the apology and leadership commitments, and recognizing a renewed responsibility to [thee eat \(truth\)](#) before reconciliation.

We recognize this apology may reopen wounds and retraumatize First Nations, Inuit, and Métis individuals, families, and communities who have experienced harms in the public health system. For anyone who may require additional support please use the list of culturally safe supports provided at the end of this document.





About the BC Centre for Disease Control (BCCDC)

The BCCDC monitors the health of the population, designs and supports public health programs to prevent illness, protects against health risks, and promotes the well-being of people living in BC. The BCCDC gathers, analyzes, and shares evidence to strengthen public health practice across BC. We are the provincial reporting centre for reportable communicable diseases and illnesses. We provide direct diagnostic and treatment services to people with diseases of public health significance such as tuberculosis and sexually transmitted and blood-borne infections.

Together, BCCDC and PHSA are committed to eradicating Indigenous-specific racism and discrimination. We are committed to embedding reconciliation, Indigenous-specific anti-racism, and a culture of quality and safety into every aspect of our programs, policies, and practices.

Partnerships are integral to the effectiveness and responsiveness of BCCDC's programs and services. We collaborate with partners to inform and deliver population and public health action across the province. The BCCDC has close ties with clinical, education, research, and other communicable disease-related institutions in BC, Canada and internationally.

For more information about the BCCDC and its work, please visit: [BC Centre for Disease Control](#)

Recognizing our past and advancing our reconciliation journey at BCCDC: Truth, responsibility, and the work ahead



It has been a decade since the release of the [Truth and Reconciliation Commission's \(TRC's\) Calls to Action \(2015\)](#) and five years since the release of the [In Plain Sight report \(2020\)](#). BC institutions continue to be called upon to advance reconciliation in ways that are accountable and lived in everyday practice. The TRC identified the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#) as the framework for reconciliation (Call to Action #43). In BC, the [Declaration on the Rights of Indigenous Peoples Act \(DRIPA\) \(2019\)](#) and its [Action Plan \(2022\)](#) direct the ongoing implementation of the [In Plain Sight](#) recommendations.

When reflecting on the history of reconciliation work at BCCDC, it is important to recognize that much of the early leadership came from Indigenous colleagues, often taken on in addition to their roles and long before the organization created the conditions to support this work. In late 2017, Indigenous staff from the Chee Mamuk Indigenous Health Program initiated conversations about truth and reconciliation within one of BCCDC's program areas, introducing many at the centre to this work for the first time. Their efforts led that program area to identify 'Reconcilia(c)tion' as a priority. Following this conversation, a collective of Indigenous leaders and allies developed internal toolkits and curriculum to support dialogue and learning. By 2018, early conversations were held with program area staff and BCCDC leadership at a gathering place on Tseil-Waututh territory around the importance of trust in the context of reconciliation. As a result of this foundational work, small organic pockets of conversations and 'Reconcilia(c)tion' work caught on at the grassroots level in the organization. Although important work began at the grassroots level, without consistent and sustained leadership support, these efforts occurred in spurts and did not have the coordinated momentum required to be sustained over the next several years.

In Plain Sight Recommendation #14 calls on the BC government, PHSA, and regional health authorities to recruit Indigenous leaders into senior roles to guide system change. In alignment with this direction, PHSA's vice president, Indigenous health & cultural safety, k'wunəmənen, Joe Gallagher (Tla'amin Nation) has led the

integration of Indigenous leadership across PHSA, including Indigenous Executive Directors within program areas such as BCCDC. Coast Salish Knowledge Keeper Siem Te Ta-in joined k^wunəməŋ's canoe with PHSA in 2022. In 2023, Siem Te Ta-in gifted PHSA with [six Coast Salish laws \(teachings\)](#). Through k^wunəməŋ's leadership, PHSA and its Board of Directors made a commitment to embark on a journey of truth and reconciliation. PHSA made its first North Star priority to eradicate Indigenous-specific racism and create an anti-racist, safe culture, free from discrimination. This priority guides PHSA's Indigenous-specific anti-racism work and the Indigenous-specific anti-racism journey underway at BCCDC.

Guided by this direction and responsibility, BCCDC released its [Action Plan for Reconciliation in 2024](#). This was a key step in aligning the organization's work with its commitments to truth, reconciliation, and Indigenous-specific anti-racism. The same year, BCCDC's Senior Leadership Team was gifted the Coast Salish teachings and accepted the responsibility to uphold them in how we lead, relate, and make decisions. Building on this foundation, in December 2024, members of the Senior Leadership Team began their Indigenous-Specific Anti-Racism learning journey. This training focused on deepening understanding, accountability, and shared responsibility for change across all levels of leadership.

In preparation for this apology, all staff participated in the [BCCDC *Thee eat* \(truth\) Initiative](#) that called on every part of the centre to identify, name, and analyze *thee eat* examples of Indigenous-specific racism and discrimination in our present and past work. This initiative aligns with the Truth and Reconciliation Commission Calls to Action (#18), the *In Plain Sight* report recommendations (#1 and #22), BC's Cultural Safety and Humility Standard (#1.1.1), and the BC DRIPA Action Plan (#3.7). We followed two frameworks. First, the [True Reconciliation Framework](#) shared by Puglaas, Honourable Jody Wilson-Raybould (*We Wai Kai Nation*) who served as the Attorney General for Canada and regional chief of the British Columbia (BC) Assembly of First Nations. Second, the [Science and Practice of Anti-Racism Framework](#) by Dr. Camara Jones, family physician, epidemiologist and past president of the American Public Health Association. Together, these approaches call for truth-telling and ask, "How is racism operating here?" to reveal how settler colonialism and white supremacy are embedded in structures, policies, practices, norms, and values.

It is important to share what we learned through the BCCDC *Thee eat* Initiative. Please visit our [Thee eat Learning Modules](#) that contextualize the systemic and on-



going harms experienced by First Nations, Inuit, and Métis Peoples connected to public health in BC through past and present settler colonial policies and practices. We recognize these truths are not new. Indigenous Peoples have spoken these truths for generations. BCCDC's responsibility is to listen, learn, and demonstrate that we are doing our homework to name and understand what has always been told to us, then act from that knowledge. These modules are designed to support honest dialogue, deepen understanding, and encourage critical reflection on how public health has caused harm, and how our work must shift. Additional public-facing materials developed in preparation for this apology include a Timeline of Truths & Acts of Reconciliation Through the Lens of Public Health, key milestones in BCCDC's Indigenous-specific anti-racism journey, and ongoing updates on BCCDC's commitments, learning, actions, and reports.

Examples of the harms BCCDC caused to Indigenous Peoples

Tuberculosis memorandum (1937)

A memorandum from the organization that later became BCCDC characterized tuberculosis as an "Indian problem," naming First Nations, Inuit, and Métis Peoples as careless and a threat to white society. This framing fuelled racist narratives that justified racially segregated Indian hospitals, where Indigenous Peoples were subjected to isolation, forced medical experimentation, sterilization, and substandard care, causing lasting mistrust of health systems and ongoing harms.

Data and analytic products

BCCDC's analytic tools and reports have historically rendered Indigenous Peoples invisible by not having stratification by Indigeneity and no accompanying language to acknowledge this critical limitation. This omission perpetuates systemic harms by reinforcing the assumption that information about the dominant population is sufficient, while undermining Indigenous data sovereignty (OCAP®) and failing to meet current obligations under DRIPA. The absence of accurate, respectful, and contextualized disaggregated data has contributed to inequities, mistrust, and harmful decision-making in public health. BCCDC acknowledges the importance and requirement for continued partnerships with Indigenous data stewards on respectful approaches to data governance, use, and reporting.



Through this work, BCCDC acknowledges and takes accountability for how our institution has upheld and perpetuated Indigenous-specific racism and discrimination. We know this has created unsafe conditions and experiences for First Nations, Inuit, and Métis Peoples, clients, and staff. These harms are not historic. They are ongoing. They are rooted in settler colonial practices that continue to shape how public health operates today. Naming and holding these truths are a necessary first step. Our path forward is grounded in *thee eat* (truth), cultural humility and safety, and relational and reciprocal accountability—an ongoing commitment to act in right relationship with Indigenous Peoples in BC, First Nations communities, and staff.



Apologies matter: A critical first step to resetting a relationship

Acknowledging truth is the foundation of reconciliation. In BC, the erasure of Indigenous Peoples through policies of annihilation, assimilation, and dispossession was deliberate and directly connected to the occupation of these territories and creation of white settler society. Public health practices were shaped within this settler colonial context. Actions include suspected intentional spread of smallpox, imposition of the reserve system, and creation of racially segregated hospitals—alongside many other policies, institutions, and practices designed to control, dispossess and assimilate Indigenous Peoples. These actions were systemic and intentional, producing a range of negative impacts, harm and even death for Indigenous Peoples and communities. Recognizing these truths demonstrates why an apology and leadership commitments are necessary: to acknowledge the role settler colonial institutions played in perpetuating Indigenous-specific racism and discrimination and to affirm the responsibility to dismantle the structures, policies, and practices that continue to cause harm today.

The *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care* report (2020) made clear that Indigenous-specific racism is widespread and systemic across health care in BC. Meaningful change requires accountability and coordinated action across the health system. The first recommendation of the report identifies a formal apology as an essential starting point for this work:

In Plain Sight Recommendation #1: That the B.C. government apologize for Indigenous-specific racism in the health care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive, system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

The BC Ministry of Health issued a formal apology on November 30, 2020. It acknowledged the presence of Indigenous-specific racism and discrimination across the provincial health system and committed to concrete action in partnership with Indigenous leadership. This apology set the precedent for accountability within provincial and regional organizations in BC, including the regional health authorities and provincial organizations responsible for advancing population and public health. The BC Health Authorities' joint apology on December 1, 2020, reflected this commitment:

“On behalf of our organizations, we accept the report’s findings on Indigenous-specific racism and discrimination in B.C.’s health system. In partnership with the Ministry of Health, we commit to implementing all recommendations within our responsibility to lead and further commit to partner and support implementation of all others. We will undertake this work together with, and be guided by, Indigenous health and community leaders. The report’s first finding bears repeating – Widespread Indigenous-specific stereotyping, racism and discrimination exist in the B.C. health-care system. To the generations of Indigenous peoples who have lived these experiences, and those who continue to face harm, we apologize for our actions and our inaction in righting wrongs. To health authority Indigenous employees and physicians, we apologize to you as well for the impacts you have experienced. We want to reinforce that racism has no place in our facilities, programs and services, or our society.”



Debra Sparrow, Musqueam weaver, artist and Knowledge Keeper shared in her [TED Talk in November 2021](#), “We cannot reconcile until the truths are talked about. Until the truths are dealt with. What are the truths that have happened to our people over the last 150 years?! Well, we don’t want to talk about it because it’s not a good subject. But it is one that has to be done.”

For the BCCDC, whose work takes place on the unceded and occupied territories of the xʷməθkʷəy̓əm (Musqueam), Sḵw̓x̓wú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations, making an apology is a first step in acknowledging responsibility and advancing accountability. It acknowledges the truths surfaced through our BCCDC *Thee eat* Initiative. It recognizes the ways Indigenous-specific racism and discrimination have been embedded in organizational structures, policies, practices, norms, and values. It also affirms that words without action are insufficient. Guided by the teachings of Puglaas, Honourable Jody Wilson-Raybould (*We Wai Kai* Nation), reconciliation requires that we learn from past harms, understand how they continue to shape the present, and act so they are not reproduced. Without sustained and intentional effort, Indigenous-specific racism and discrimination remains active within systems.

An apology is not an end point. It is the beginning of ongoing responsibility. It marks a renewed commitment to speak truthfully about past and present harms experienced by Indigenous Peoples in BC, including clients and staff, to name these harms clearly, and to act on what we have learned. This is everyday work, requiring everyday attention, grounded in accountability until Indigenous-specific racism and discrimination is fully eradicated.



Timeline of Health-Related Apologies and Commitments in Canada and BC as of November 2025



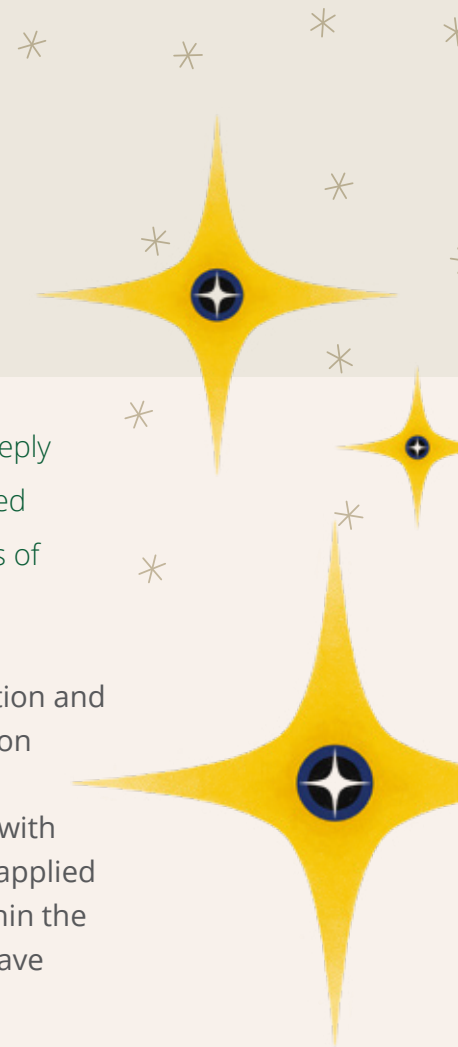
Apology to Indigenous Peoples for past and ongoing harms

We, the leaders and staff of the BC Centre for Disease Control (BCCDC), are deeply sorry for the harms that First Nations, Inuit, and Métis Peoples have experienced — and continue to experience — through the structures, policies, and practices of our institution as part of public health in BC.

BCCDC is known to many for its work providing health and vaccine information and guidance to the public, including as being the provincial source of information during the COVID-19 pandemic. The BCCDC also has a long history as the provincial program dedicated to improving population health and wellness with responsibilities in health intelligence, diagnosis and treatment, prevention, applied research, and sharing knowledge. While BCCDC is just one organization within the broader public health system, we acknowledge that through this work we have contributed to harms, and we take accountability for our role.

For too long, settler colonial structures within health systems have controlled, violated, and undermined Indigenous rights, self-determination, and sovereignty. Settler colonialism in what is now British Columbia is rooted in the theft of lands and the forced removal of First Nations peoples from their territories and the subsequent dispossession of children, governance, social, legal and cultural systems. Our own actions and inactions have upheld Indigenous-specific racism, imposed settler colonial authority, and contributed to harms that continue to affect Indigenous Peoples in BC, including clients, and staff. Harms include fostering fear and mistrust, creating unsafe spaces, upholding dehumanizing settler colonial narratives, and undermining Indigenous knowledge systems and thought leadership. We take accountability for the role BCCDC plays in sustaining these conditions and commit to actively dismantling them as part of our responsibility to advance reconciliation.

Our approaches to health intelligence and data collection have objectified Indigenous Peoples, treated First Nations communities as sources of data rather than Title and Rights-holders, and violated Indigenous Peoples' inherent rights to data sovereignty, ownership, and control. We have worked with and continue to



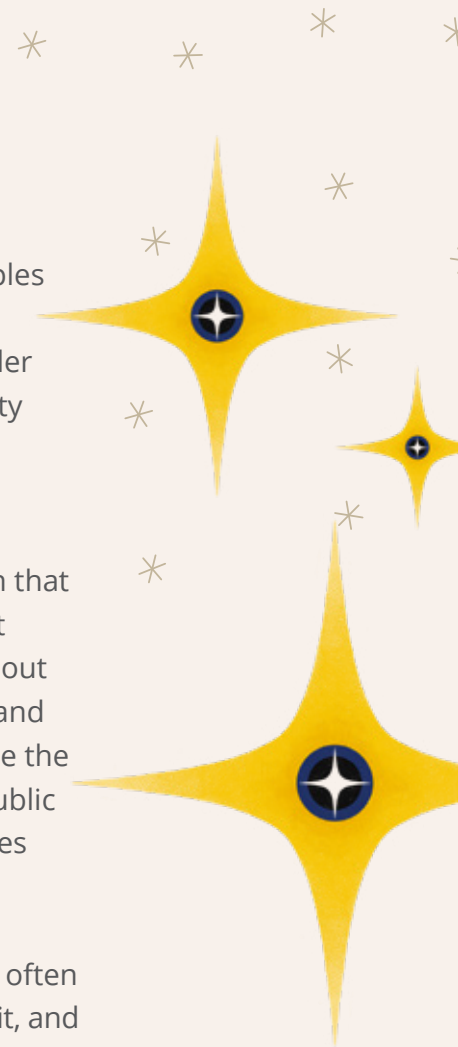
rely on data sets that fail to meaningfully recognize First Nations, Inuit, and Métis Peoples — data that often renders First Nations, Inuit, and Métis Peoples statistically invisible. This has resulted in population health decisions and actions made without a full understanding of the systemic barriers and settler colonial structures that persist across these lands, and without accountability to the harm and inequities they continue to produce for First Nations, Inuit, and Métis Peoples.

Some of the foundational work of public health has been based on research that subjected First Nations, Inuit, and Métis Peoples to research studies without consent, and continues to inform our work today, such as what we know about nutrition and healthy diets. These histories shape the evidence, standards, and assumptions used in public health, including within BCCDC. We acknowledge the harm embedded in this foundation and commit to strengthening applied public health research in ways that uphold the inherent rights of Indigenous Peoples and avoid replicating the harmful approaches that have shaped the field.

Our work to support and improve population health and well-being has too often imposed settler colonial frameworks that have disregarded First Nations, Inuit, and Métis land-based laws, teachings and expertise, and undermined the ability of First Nations and Indigenous Peoples to exercise authority and self-determination in public health decisions that directly impact their lives, families, communities, and Nations. Many programs and practices assume that Indigenous Peoples are responsible for their health outcomes without any recognition of the impact of historical and ongoing settler colonial harms and trauma. For example, our programs and practices have largely ignored how settler colonialism impacts access to our services and outcomes.

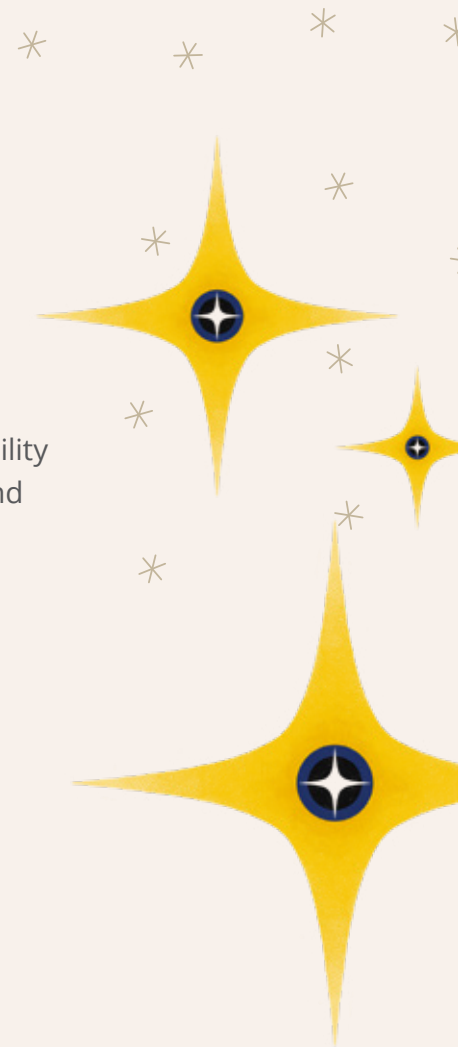
We acknowledge that we have caused harm by labelling Indigenous Peoples as being “at risk” or “vulnerable” to diseases, conditions, and poor health outcomes without examining or explaining how settler colonialism, has impacted health outcomes over generations.

These harms are not only in the past, they continue today. They are reinforced through settler colonial public health practices and policies, Indigenous-specific racism, and systems that cause ongoing harm while undermining Indigenous Peoples’ knowledge, health, wellness, and self-determination.



We are profoundly sorry.

We apologize to Indigenous Peoples — to the ancestors, families, communities, clients, staff, and future generations who continue to bear the impacts of these harms. We fully acknowledge BCCDC's direct role in contributing to and perpetuating these harms, and we accept full responsibility for the consequences of our actions and inactions. This apology is not an end point — it is the beginning of a new chapter, grounded in learning, humility, and willingness to do the work to be in right relationship with First Nations Title and Rights holders.



BCCDC leadership commitments to Indigenous Peoples to eradicate Indigenous-specific racism and discrimination

We affirm our role and responsibility to pull our weight in the system transformational work of reconciliation and the work to eradicate Indigenous-specific racism and discrimination. We commit ourselves to this work knowing that it will be uncomfortable, that we will make mistakes, and that trust must be rebuilt through naming truth, transparency, humility, and partnership. We will remind ourselves of the Coast Salish Teachings shared with us, of *tee ma thit* (do our best), and *kwum kwum stun shqwalowin* (make up our minds to be strong).

We commit to upholding the rights of Indigenous Peoples.

BCCDC is committed to upholding the inherent and distinct Title and Rights of BC First Nations as well as the inherent rights of First Nations, Inuit, and Métis Peoples from homelands elsewhere in Canada who have distinct rights, including rights to health and wellness, which are upheld in international, national, and provincial law. BCCDC will engage on this journey from a distinctions-based approach and is committed to working in right relationship with the First Nations Peoples of these lands. We affirm our responsibility to also respond to the constitutional and legislative obligations and provincial commitments to Indigenous Peoples found in the following foundational documents:

- [Section 35 of the Constitution Act](#) (1982)
- [The Transformative Change Accord: First Nations Health Plan](#) (2005)
- [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP) (2007)
- [Declaration of Commitment on Cultural Safety and Humility in Health Services](#) (2015)
- [Truth and Reconciliation Commission of Canada \(TRC\) – Calls to Action](#) (2015)
 - [Truth and Reconciliation Commission Reports](#)
- [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls \(MMIWG-2SLGBTQIA+\) – Calls for Justice](#) (2019)



- [Reclaiming Power and Place Reports](#)
- [BC Declaration on the Rights of Indigenous Peoples \(Declaration Act\) \(2019\)](#)
- [In Plain Sight Full Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care \(2020\)](#)
- [Joyce's Principle \(2021\)](#)
- [Declaration Act Action Plan \(2022\)](#)
- [Remembering Keegan: A BC First Nations Case Study Reflection \(2022\)](#)
- [HSO British Columbia Cultural Safety and Humility Standard \(2022\)](#)
- [Distinctions-Based Approach Primer \(2023\)](#)

The foundational documents direct the work, policies, and decisions we are responsible for at the BCCDC as a public health organization. We commit to naming and applying these obligations in our planning, programs and everyday practices, recognizing the work of BCCDC directly affects the health and well-being of First Nations, Inuit, and Métis Peoples in BC.

We commit to truth telling.

We acknowledge the wisdom of *Truth before Reconciliation* shared by Indigenous Peoples for years. We will continue to affirm the truths shared through the *In Plain Sight* report and the existence of widespread systemic and structural Indigenous-specific racism and discrimination in the BC health-care system. This stereotyping, discrimination and prejudice results in a range of negative impacts, harm and even death. We recognize our role in population and public health is integrated with the health system in BC and more broadly connected with other social sectors who all have legislative obligations to implement DRIPA and contribute to a system-wide approach to addressing the issue. We commit to doing our part – *tee ma thit* (do our best) and pulling our weight towards this system transformation that is required. We will continue to learn, examine, name and speak openly about systemic and structural settler colonial harms in population and public health and to understand our role in learning and undoing settler colonial harm/violence, Indigenous-specific racism and discrimination, the ongoing impacts that we cause or are a part of, and act towards systemic change. In alignment with the Coast Salish teaching of *thee eat* (truth): we will not deny the truth of the history or our role within it. We will act truthfully in our work, and remain committed to speaking, upholding, and carrying these truths forward — so they are not denied, silenced, or forgotten.



We commit to actively work to eradicate Indigenous-specific racism and discrimination.

In response to the *In Plain Sight* report and as part of the BC health care system, the BCCDC commits to actively work to eradicate Indigenous-specific racism and discrimination. We will examine how Indigenous-specific racism and discrimination operates across our structures, policies, practices, and decision-making and will remain committed to eradicating it. We will uphold the PHSA commitment for a zero-tolerance environment for Indigenous-specific racism and discrimination that promotes a ‘speak up’ culture and hold ourselves accountable for this work, recognizing that eradicating Indigenous-specific racism and discrimination requires long-term commitment and continuous action.

We commit to ongoing unlearning and relearning.

We recognize that this work requires more than organizational learning. It demands ongoing unlearning of settler colonial ways of thinking, acting, and relating, and development of new practices that uphold Indigenous rights, leadership, and knowledge. We are committed to identifying and dismantling the systemic Indigenous-specific racism and discrimination and settler colonial power structures that continue to surface in our day-to-day work at BCCDC.

We commit to relational and reciprocal accountability.

Our relationships with Indigenous Peoples in BC and Indigenous staff must be grounded in respect, reciprocity, and responsibility. With a distinctions-based approach, we will work to partner and take guidance from Indigenous leadership while recognizing that it is our responsibility, as settler leaders within BCCDC, to do the work of change and be accountable to Indigenous leaders working with us within PHSA and BCCDC. Relational and reciprocal accountability means that we will do our part, pull our weight and not expect Indigenous Peoples to fix the systems that have caused them harm, but to act on the truths that have been shared with us and uphold them through our everyday decisions and actions.

We will be accountable through regular reporting and reflection on our progress and on our journey. Accountability means owning both our actions and inactions, and answering to Indigenous staff, clients and partners, and First Nations communities and Inuit and Métis Peoples in BC, who are impacted by our work.



This work would not be possible without the leadership and guidance of Indigenous Thought Leaders, alongside of Elders, and Knowledge Keepers and Indigenous partners who have shared their teachings, knowledge, and truths with us. Their significant investment in engaging with us to walk alongside us does not go unnoticed. They have guided, pushed and kindly shared with us even though it has been, without a doubt, an emotionally, spiritually, and mentally taxing process to relive painful memories and share intimate community knowledge.

**Artist statement by Xwii Xwa,
Atheana Picha, Kwantlen First Nation**

This design is to reflect the strength, resilience, and power of salmon. However, just because they are strong, doesn't mean they don't need to be looked after and tended to. Salmon have and continue to overcome so much environmental obstacles through development, pollution, and disrespect to their lifes' journey, but they continue to move on. This artwork is to reflect our strength, but to also allow ourselves to create space for proper care. Nurturing our health and safety is connected to many things. What we consume, our environment, how we handle the obstacles that we face, and how we treat each other. If we are committed to living a healthy life, we must also make sure that we are responsible to our community and environment.



Mental health and wellness support

Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention by phone or online chat.

Phone (toll-free): 1-855-242-3310 | **Website:** www.hopeforwellness.ca

KUU-US Crisis Line Society provides crisis services for Indigenous peoples across BC.

Phone (adults and Elders): 250-723-4050 | **Phone (Youth):** 250-723-2040

Phone (toll-free): 1-800-588-8717 | **Website:** www.kuu-uscrisisline.com

Indian Residential School Survivors Society (IRSSS) is a provincial organization that provides essential services to Residential School Survivors and families experiencing intergenerational trauma. IRSSS has been supporting Indigenous people since 1994 and operates a 24-hour crisis line to provide urgent emotional support for Survivors, families, and Indigenous communities across British Columbia and beyond. Our crisis line remains open during office closures and holidays, ensuring help is always available. Survivors can also access support through this line as part of the National Action Plan to End Gender-Based Violence.

Phone: 604-985-4464

(Lamathut Crisis Line Support 24/7 toll-free): 1-800-721-0066

Website: www.irsss.ca

Métis Crisis Line is a service of Métis Nation British Columbia.

Phone: 1-833-MétisBC (1-833-638-4722)

9-8-8 National Suicide Crisis Helpline offers immediate support anytime for support in English or French.



Thee eat (Truth)

“You need to say the truth all the time. How you act and show up must be truthful.
We need to be truthful in our work and we need our truth to be heard and not denied.
We all must not deny the truth of the history and we must remain committed to addressing it.”

Siem Te Ta-in, (Sound of Thunder), Shane Pointe

Coast Salish Knowledge Keeper

Honourary Doctorate of Original Laws, Native Education College



BC Centre for Disease Control
Provincial Health Services Authority

655 West 12th Ave.
Vancouver, BC
Canada V5Z 4R4

www.bccdc.ca