

First Nations and Roads Summit Proceedings



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I. FIRST NATIONS AND ROADS SUMMIT Overview

At least 25 First Nations communities in BC can only be accessed by forestry roads. The mortality rates for First Nations in motor vehicle crashes are 9 times higher than the provincial average, and on resource roads, even worse. The risks are being compounded by the Forest Agreements being made between government and First Nations, which is in essence, turning many First Nations bands into licensees, with all the incumbent safety requirements for harvesting and transportation of logs, as well as an increase in traffic.

One major action item from last year's Forestry TruckSafe action plan involved engaging First Nations and addressing the particular issues that surround First Nations communities and resource roads in BC. In order to move forward, Forestry TruckSafe and its RoadHealth partners hosted a First Nations and Roads Summit October 12 and 13 at the Civic Centre in Prince George. The goals of the Summit were:

1. come away with some joint action items to begin reducing the risk to First Nations people living along and traveling on resource roads
2. to invite First Nations to become active in current road safety initiatives being sponsored by RCMP, ICBC, Forestry TruckSafe, Northern Health, etc
3. to explore potential partnerships with First Nations, especially those engaging in active logging, with a focus on safe forestry operations and transportation

Well-known aboriginal consultant, Dan George, was contracted to act as overall facilitator for this event. Dan is very tied to the forestry initiatives being made by First Nations, and is heading up the First Nations Mountain Pine Beetle Initiative; he is a consultant to numerous tribal councils and connected with the newly formed First Nations Forestry Council. He is able to connect with the leadership of First Nations organizations which need to be included in these discussions, now and in the future. Dan will act as our liaison, as well as a guide to how to proceed in a culturally appropriate and respectful way. Building relationships is critical to working together successfully, and the event provided an opportunity to meet face-to-face to take the first steps..

The Summit Hosts

Forestry TruckSafe is an initiative of the BC Forest Safety Council. Our mandate is to reduce fatalities and injuries in the transportation sector of the forest industry. The BC Forest Safety Council's mandate is to reduce fatalities and injuries in the forest industry as a whole.

RoadHealth is a coalition of provincial agencies in the northern half of the province of BC, including ICBC, the RCMP, Commercial Vehicles Safety Enforcement (CVSE), Ministry of Forests, WorkSafeBC, BC Ambulance Service, BC Coroner's Service, Ministry of Transportation, and the BC Forest Safety Council.

Purpose of the Summit

A number of issues related to First Nations and road safety have been identified by Forestry TruckSafe and RoadHealth as needing to be addressed by a broad coalition of all the stakeholders involved. We wanted to create the opportunity for all involved parties to sit down together and discuss how all our activities impact each other, how we can coordinate our efforts regarding safety, and how we can continue the communication and information flow in the future.

Who was invited

Anyone concerned about road safety, whether in the forests or on the highways: First Nations leaders and community members; government; health care and emergency services providers; forest companies; contractors (First Nations and Non First Nations); law enforcement and regulatory agencies; policy makers; and, other road users, particularly in the forests (trappers, ranchers, tourism facility operators, etc)

- All Chiefs, Councils and Band Foresters
- Tribal Council Foresters
- First Nations Forestry Council
- First Nations Mountain Pine Beetle Initiative
- Licensees and contractors working with First Nations or in First Nations territory
- Regulatory and enforcement agencies: RCMP, CVSE, Ministry of Forests and Range, Ministry of Highways, BC Coroner's Service, BC Ambulance Service, WorkSafeBC, ICBC
- Health Authorities – Aboriginal Health, Emergency Services
- Resource Industry Representatives (Oil & Gas, Mining)
- First Nations community members
- Ministry of Forests, BC Timber Sales

Summit goals

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II. FIRST NATIONS PEOPLE AND ROAD SAFETY STATISTICS

First Nations people in British Columbia experience a much higher risk of being killed or injured in a motor vehicle crash than the rest of BC’s population. The BC Injury Research and Prevention Unit, at the request of the First Nations and Inuit Health Branch, assembled a report in March 2006 that identified trends and patterns of injuries and hospitalization rates for First Nations, and compared them to the rates of other BC residents. The report also made several recommendations, the last of which is very relevant to this gathering:

Recommendation # 5 “Community level injury surveillance should be part of the BC Aboriginal injury prevention planning in order to identify local priorities for action, as well as the *identification of relevant risk-factors and conditions, evaluation of current community prevention programs, and the development of new initiatives*”. (pg iii)

The following statistics provide a brief overview of the risk and involvement of First Nations people in motor vehicle crashes in BC.

I. Leading Causes of Death

The leading causes of First Nations injury deaths were:

1. Motor Vehicle Crashes (MVC)
2. Unintentional poisonings
3. Suicide

Children & Youth	Adults	Seniors
MVC 36%	Unintentional poisoning 31.5%	Falls 37.6%
Suicide 27%	MVC 19.6%	MVC 22.9%
Homicide 8.2%	Suicide 18.9%	Fire 8.3%

II. Leading Cause of First Nations injury hospitalization

1. Falls
2. Post operation complications
3. Attempted suicide
- 4. Motor Vehicle crashes**
5. Assault

III. Motor Vehicle Crashes Information

- 496 First Nations people died between 1992 and 2002, and 4,714 were hospitalized between 1992 and 2003 as a result of a motor vehicle crash
- On average 45 First Nations people died and 393 were hospitalized each year following a motor vehicle crash
- 66% of the First Nations people who died as a result of an MVC were male
- Over 41% of First Nations people who died as a result of an MVC were between 25 and 44 years old, and 32.3% were between 15 and 24 years old.

- Among 70 to 74 year old First Nations people, the rate of MVC death is almost twice as high for men (12.9/10,000) as for women (7.5/10,000)
- Among young First Nations people, aged 20-14 years, the rate of MVC death is almost triple for males (10.7/10,000) than for females (4.1/10,000)
- Between 1992 and 2002 the rate of MVC death decreased by 54.3%

IV. Regional Statistics

Northeast Health Services Delivery Area has the highest MVC mortality rate for First Nations people, at 9.4/10,000 standard population

Northern Interior Health Services Delivery Area has the highest First Nations hospitalization rate due to MVC's at 46.3/10,000

Leading HSDA's of First Nations MVC death (1992-2002) and hospitalizations (1992-2003) based on ASMR greater than the provincial average of BC

Deaths (Age standardized mortality rate) Per 10,000 people	Hospitalization (ASMR)
Northeast (9.4)	Northern Interior (46.3)
Thompson Cariboo Shuswap (5.8)	Thompson Cariboo Shuswap (45.9)
Northern Interior (5.5)	Northeast (38.7)
Okanagan (5.4)	East Kootenay/Kootenay Boundary (36.6)
Fraser East (4.8)	North Vancouver Island (32.2)
	Northwest (31.8)
BC Average: 3.8	BC Average 31.7

Potential Risk Factors for MVC related injury among First Nations people include:

- Lack of seat belt use
- Driver fatigue
- Speed
- Bad weather
- Walking on the road (pedestrians)
- Lack of helmet use (motorcycles/pedal bikes)

Blood Alcohol Concentration (BAC) of 0.08% or higher was found among:

- 68.9% of First Nations drivers killed
- 37.3% of First Nations passengers killed
- 57.5% of First Nations pedestrians killed

Of all First Nations MVC deaths with BAC of 0.08% or higher

- 67.3% were male
- 71.4% were 25 to 64 years old
- 27.6% were 15 to 24 years old

Factors listed in Coroner’s data contributing to MVC deaths among all Aboriginals in BC 1996

	Yes	No	Unspecified
Seatbelt use			
Drivers	12	32	17
Passengers	8	51	12
Speed	68	20	96
Unsafe vehicle	7	63	114
Bad weather	24	90	70
Unfamiliar road	3	181	
Poor road condition	5	14	165
Unlicensed Driver			
Driver	5	17	39
Passengers	1	10	64
Pedestrians	1	3	36
Driver Fatigue			
Drivers	7	7	47
Passengers	3	5	67
Off Road vehicle	5	179	
Riding outside of vehicle	8	9	58
Pedestrian			
Dark clothing	3	35	
Walking on road	28	12	
Helmet	3	2	

Seatbelts were reportedly worn by only 14.7% of all drivers and passengers, with 61.0% not wearing seatbelts and 21.3 % with unknown use. Speed was involved in 37.0% of all MVC, with 10.9% not involving speed and 52.2% with unknown speed.

Vehicles were considered unsafe in 3.8% of crashes, with 34.2% considered to be safe vehicles, and the remainder safety information missing or unknown. Weather was considered to be a factor in 13.0% of cases, and not a factor in 48.9% of cases. Road conditions were considered poor among 2.7% of crashes, fair among 7.6% of crashes, and missing or unknown for the remainder. Only 1.6% of crashes were associated with unfamiliar roads.

Driver fatigue played a role in 11.5% of driver deaths, and 4.0% of passenger deaths, but was documented as not playing a role in only 11.5% and 6.7% for the drivers and passengers respectively.

Only 8.2% of drivers were known to unlicensed at the time of the fatal MVC, while 27.9% were known to be licensed. Unlicensed drivers were involved in 1.3% of passenger and 2.5% of pedestrian deaths in the crashes, while licensed drivers were

involved in 13.3% of passenger and 7.5% of pedestrian deaths, with the remainder having unknown drivers license status.

Of all vehicles involved in fatal MVC's, only 2.7% were off-road vehicles, including ATV's, snow-mobiles, and trains. Riding on the outside of the vehicle was documented for 10.7% of passenger deaths, and known not to have occurred in 13.0% of the cases.

Wearing dark clothing was only found to occur among 11.5% of pedestrians killed by MVC's. Of all pedestrians killed, 87.5 percent had been walking on the roadway. Two of five motorcyclists and pedal-cyclists killed were found not to be wearing helmets at the time of the MVC.

Alcohol played a significant role in fatal MVC's. The blood alcohol concentration (BAC) of 0.08% or higher was found among 68.9% of drivers, 37.3 % of passengers and 57.5% of pedestrians killed. The majority of the other cases had unspecified BAC's. Of all deaths with BAC levels higher than 0.08, 67.3% were male, and 71.4% aged 25 to 64 and 27.6% 15 to 24 years.

References:

- 1) Injuries among First Nations People within British Columbia, BC Injury Research and Prevention Unit, March 2006.
- 2) Crossroads: Chief Medical Health Officer's Report on Motor Vehicle Crashes in Northern British Columbia, Dr. David Bowering, October 2005.
- 3) ICBC and RCMP Statistics
- 4) Provincial Ministry of Health

III. PROCESS

After the opening remarks and presentation of the First Nations and Road Safety Statistics, Summit participants were broken into 5 groups. 5 "mobile" facilitators moved from group to group, asking the same questions of each group from a prescribed set of questions and topics. Below are the questions and results from each of the topic areas.

Group Discussion Questions and Input

Jurisdictions:

- 1) Who has the authority or jurisdiction to deal with First Nations issue on forest roads?
- 2) Who has the authority or jurisdiction to deal with First Nations road safety issues on public roads? On reserve?
- 3) How/where do the areas of jurisdiction and authority intersect or cross over one another?
- 4) How do we get all the different bodies communicating with First Nations and with each other?
- 5) Other issues you identify

Comments and Recommendations

- Greater First Nations involvement needed in road use, planning and dealing with safety issues
- Substance abuse – what tools do we build, or use?
- Clarify jurisdictional protocol (close gaps)
- Track successes/progress (or the lack of it) around
 - jurisdictional clarity
 - best practices (some kind of feedback process)
- Who Pays? How/where do we find the money to improve First Nations road safety?
- Awareness & communication – promote....keep promoting... promote more!

Education and Awareness:

- 1) Please identify education needs and issues for First Nations related to road safety
- 2) Please identify public awareness issues regarding First Nations and road safety
- 3) How can we best go about addressing these issues?
- 4) Who should work on this? How can we work together?
- 5) Any other issues you can identify

Comments and Recommendations

- Communication is KEY
 - Must be a 2 way partnership
 - Needs to bring awareness of issues

- Has to address:
 - alcohol
 - road issues
- RoadHealth is a good communication tool that can help; it's all about partnerships and collaboration
- Must be all-inclusive, building relationships and partnerships
- Using the three E's – Education, Engineering and Enforcement

First Nations and logging:

- 1) How is the uptake in harvesting MPB affecting First Nations communities that rely on forest service roads to access their homes or traditional territories?
- 2) What impact will government forestry agreements with First Nations have on the roads and safety?
- 3) How can licensees and logging contractors work with First Nations to address road safety and capacity issues?
- 4) How can groups such as ICBC, RoadHealth, and the BC Forest Safety Council/ Forestry TruckSafe best provide assistance or support?
- 5) Other issues you can identify

Comments and Recommendations

- Take the politics out of road maintenance – work on the values of “life and limb”
- Need a process for surrendering Road Use Permits and Road Permits to insure continued road maintenance after the licensee is finished with the road
- Enforcement !!!!
- Embed road safety into Forest and Range Agreements
- Communications
- cross cultural awareness
- build trust
- attitude adjustment by both sides
- deal with 1 sided ‘consultations’ with industry
- Given the divergent points of view regarding consultation and accommodation, a process needs to be jointly developed by First Nations and government with the active involvement of industry

Roads and Maintenance:

- 1) What are the issues around road maintenance for First Nations communities, particularly those whose only access is through the forest road network?
- 2) What needs to be done to address those issues?

- 3) Who needs to get involved to deal with this? How do they work together?
- 4) Any other issues you can identify?

Comments and Recommendations

- 1) Develop a better understanding of who's using the roads from all road users perspectives
- 2) Recognition of change in the purpose of forest roads – they're not only for logging anymore
- 3) Recognition of existence of other road users and communities in the context of the forest industry
- 4) Multiple users for multiple purposes – regime needs to develop and update to current situation and future development
- 5) Understand the seasonal/cyclical nature of forest industry's uses and access of roads
- 6) Identify funding sources federally and provincially, and the parameters of those funding sources. Explore the treaty process to address this, in some part, in the form of "Interim Measures" or "Treaty Related Measures"
- 7) Communication between all parties needs dramatic improvement and First Nations must be included at all levels on the broader issues as well as the local ones
- 8) Roads that provide sole access to First Nations communities must be regarded as different to other forest roads, and in the absence of a licensee committed to maintaining the road, must be maintained by government to an acceptable standard

Road Safety as a Public Health issue:

- 1) How do we make the appropriate authorities aware of road safety as a public health issue for First Nations people in the midst of all the other health crises?
- 2) What kind of approaches work in dealing with public health issues? Would they work in addressing road safety?
- 3) What other health related issues affect road safety for First Nations?
- 4) Who needs to be working on this? Who has the resources to do so?
- 5) Any other issues you identify?

Comments and Recommendations

1. Who do we tell? Who needs to know about it?

- General public & band members
- Gov't MP's MLA's = Band; municipal – city council; Forest Service (District office, local office) – forestry roads + MOT – Highways
- Interior Health – NHA
- Band & Council (Band office thru Administrator)
- Industries – Forestry (start at local office); Oil & Gas; Mining companies & Tourism
 - Back country recreations
 - Internet website
 - MOE Conservation
 - Private guiders thru bands
 - Guiding Association
- Schools
- Use Media to “tell story”

2. Approaches

- Give local stats of death & injury
- Cause of crashes made public? Let people know
- Standardized radio frequencies between logging trucks & general public to communicate to each other (access to info thru information). Industry to play a big role in coordinating channels.
- Accessibility of forestry resource maps & coordination of radio frequency by industry or industries.
- Identify resource users – maps
- Better maintenance to reduce dust on roads leading to First Nation Communities
 - Pay – Licensee (WorkSafe can write orders)
- Driver training on how to drive on resource roads based on road conditions & reasonable speed
- Basic driver training (accessibility) Education – Winter/Summer conditions
- Can't control a logging truck as easy as a pickup.
- Company should know who to contact in the band – call band office
- Signage – Active logging trucks (Contact # with band)
- Ongoing relationship with band needed & make aware of summer & winter plan (location of activity)
- Look at consistent signs (standardized) in province
- “Children @ play” sign
- “Drive safety signs” on resource roads, intersections & when close to town
- Maintain signs – trees can cover signs, covered in mud, etc.
- Sign “estimated time to emergency Hosp care from this spot”

Other Health Issues:

- Air Quality
- Fatigue
- Drugs & Alcohol – Commercial Drivers
Community Drivers
Training + \$ with it
- Driver education & seatbelt use
- Stress impacted b/c seasonal employment, fatigue, housing, family issues, long days, long work hours
- Unemployment – 7 passengers/5 seatbelts
- Response time after injury longer in community & emergency system – Ambulance & trained personnel
- Not always a Nurse in each community because of nursing shortage? Funding.

Who needs to work on this?

- Who will pay? Stakeholders
- See #1 – partnership – partners pay
- Negotiate with company when they come into the territory ie: road safety
- Put \$ into where the resource is coming from.
- Education in 1st Nations communities should be broader than just school age kids.

IV. Recommended Actions and Next Steps

RECOMMENDATION	ACTION STEPS	LEAD
Link to First Nations Mountain Pine Beetle Initiative	<ul style="list-style-type: none"> ➤ Will put these issues on agenda for First Nations Forestry Council ➤ FNMPBI will include education in action plan, program design, & harmonization ➤ D & A will be included in program design ➤ Roads & Maintenance will go forward as an issue to First Nations Mountain Pine Beetle Initiative and the First Nations Forestry Council 	Dan George
Education & Awareness about road safety and First Nations needs to be increased and targeted	<ul style="list-style-type: none"> ➤ Continue with Radio Ads – “Sharing the Roads” – look for more partners to contribute and expand campaign ➤ Partner with NNADAP & treatment centres on education & awareness about drug & alcohol education in terms of road safety ➤ Need to listen – more meetings & face-to-face; not working in isolation; coordinate efforts; interactive education; MaryAnne will prepare a package ➤ NH – Consultation with FN’s in Northern BC – include road safety in agenda (AHIP) ➤ Systematically connect with a e-newsletters & let people know continuously what’s going on. ➤ Measureables – surveys about awareness – is there actual change being registered ➤ Truck Safety Audits – joint agencies – coordination of safety checks ➤ Key contacts list 	<p>MaryAnne Arcand/ Dave Dickson/ RoadHealth/ RCMP</p> <p>Northern Health Aboriginal Health Improvement Program</p>
Jurisdictional Issues need to be clarified and all stakeholders at any level or jurisdiction or authority need to get involved and be held accountable	<ul style="list-style-type: none"> ➤ Dan will take it to FNFC & FNMBI ➤ Continue to followup with efforts already underway through Forestry TruckSafe and RoadHealth contacts; ➤ Follow up with Ministry of Forest & Range, ICBC, Industry Canada, 	<p>Dan George MaryAnne Arcand Wayne Hagel (MoFR) David Hill (ICBC) Morris Bodnar (IC)</p>

	RCMP, CVSE and WorkSafeBC reps	
Public health agencies need to consider road safety from the public and population health perspectives, and deal with mva deaths and injuries as a “disease”	<ul style="list-style-type: none"> ➤ MPBI program design to include public health ➤ get information to schools alternative youth centres ➤ connect to Public Health Educators – maybe change approach? ➤ Peer promotion ➤ pictures – hook-up to other programs targeted messages ➤ find \$ for good media campaign – use “real” people! ➤ Video – real story ‘ “shock” & their language ➤ Inform the Chiefs Health Committee ➤ Inform the BC Aboriginal Disabilities Association 	Dan George, MaryAnne Arcand, Myrtle Moldoe, Northern Health Injury Prevention Team (Ester Brisch, Denise Foucher, Lynette Hewit); Dr Bowering
The BC Forest Safety Council needs to connect with the First Nations Forestry Council	<ul style="list-style-type: none"> ➤ The BC Forest Safety Council will contact the leadership of the First Nations Forestry Council to explore FNFC’s participation within the BCFSC and to establish a working relationship 	Tanner Elton, Keith Playfair, Dan George
Awareness and education needs to get out to contractors and loggers	<ul style="list-style-type: none"> ➤ Contacts through joint ventures & contractual discussions ➤ WorksafeBC willing to present to FN’s loggers & contractors 	MaryAnne Arcand; Bert O Brien, WorkSafeBC;
Roads and Maintenance needs continued work and higher profile	<ul style="list-style-type: none"> ➤ PIR (will commit to getting Road Maintenance mgr & Hwy Mgr together – ICBC will help to get some consistency ➤ Trucksafe will continue its “push” ➤ VIN plates broadened across industry 	Gord Gunson; Dave Dickson; Dave Turko; MaryAnne Arcand; Steve Kozuki; Trevor Tomah; Alec Chingee; Clifford Alec; Howard Bob
Report & followup	<ul style="list-style-type: none"> ➤ Compile Results of Summit, distribute report, and followup on commitments ➤ Organize followup meeting in spring 2007, to review progress and identify roadblocks 	Dan George, MaryAnne Arcand; RoadHealth/TruckSafe

PARTICIPANTS LIST

Dan George	Four Directions Management	Prince George
MaryAnne Arcand	BC Forest Safety Council	Prince George
Tim Merger	Ministry of Forests & Range	Mackenzie
Deidri Jack	Tsilqhot'in National Govt	Williams Lake
Gord Gunson	Pacific Inland Resources	Smithers
Gord Pierre	Tsay Keh Dene Band	Tsay Kay (Williston Lake)
Trevor Tomah	Tsay Keh Dene Band	Tsay Kay (Williston Lake)
Karl Sturmanis	Tsay Keh Dene Band	Tsay Kay (Williston Lake)
Johnny Pierre	Tsay Keh Dene Band	Tsay Kay (Williston Lake)
Rob MacDougall	Nak'azdi Band	Fort St James
Barry Nakahara	WorkSafe	Prince George
Bert O Brien	WorkSafe	Vancouver
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Grant Conlen	PineRidgeHoldings	Burns Lake
Roy Nagel	Central Interior Logging	Prince George
Tanner Elton	BC Forest Safety Council	Vancouver
Keith Playfair	BC Forest Safety Council	Ft St James
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Dave Turko	ICBC	Smithers
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Don Tucker	Ministry of Forests & Range	100 Mile House
Wayne Hagel	Ministry of Forests & Range	Victoria
Pius Jack	Nee Tai Buhn	Grassy Plains
Sgt Gord Flewelling	RCMP	North District (PG)
Joan Rhyerson	Community Member	Dawson Creek
Mike Bell	Apollo Forest Products	Ft St James
Al Humphreys	Duz Cho Logging	Macleod Lake
Alec Chingee	Macleod Lake Band	Macleod Lake
Rod Hrerichuk	RCMP	Burns Lake
David Hill	ICBC	Vancouver
Clifford Alec	Tskwaylaxw	Lillooet
Stan Wheeldon	Prince George Truckers	Prince George
Myrtle Moldoe	Gitxan Health Society	Moricetown
Robert Mitchell	Selkin Logging	Fraser Lake
Billy Poole	Tsay Keh Dene Band	Prince George
Howard Bob	Tskwaylaxw Forestry	Lillooet
Gerald William	Tsi Del Del	Chilanko Forks
Rod Hrerichuk	RCMP	Burns Lake
Brad Gagnon	Industry Canada	Prince George
Darhl Paley	CVSE	Prince George