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Feb. 1, 2022

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Sent by e-mail to: [Colter.Kelly@iaac-aeic.gc.ca](mailto:Colter.Kelly@iaac-aeic.gc.ca) and [regionalrof-cdfregionale@iaac-aeic.gc.ca](mailto:regionalrof-cdfregionale@iaac-aeic.gc.ca)

**Subject: Health Canada's Comments on the draft Agreement to conduct the Regional Assessment in the Ring of Fire Area**

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Dear Colter Kelly:

Thank you for your email dated December 10, 2021 about the Impact Assessment Agency of Canada (IAAC)'s Notification of a Public Comment Period on the draft Agreement to conduct the Regional Assessment in the Ring of Fire Area (draft Agreement). Health Canada is participating in the regional assessment process as a Federal Authority under the *Impact Assessment Act* (IAA).

Health Canada has reviewed the draft Agreement and is pleased to share our perspectives on these documents during this consultation period, recognizing the IAAC's role in soliciting views from all affected parties to ensure they are considered in the process going forward. In summary, Health Canada provides recommendations on the following topics:

- The Government of Canada's commitment to the *United Nations Declaration on the Rights of Indigenous Peoples*;
- The scope of the regional assessment; and
- Clarification on the engagement process.

Should you have any questions regarding Health Canada's comments, please contact the undersigned.

Sincerely,

<Original signed by>

Kathleen Buset  
Director,  
Chemicals and Environmental Health Management Bureau, Healthy Environments and  
Consumer Safety Branch (HECSB), Health Canada

cc:

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Attachment: Table 1. Health Canada's Comments on the draft Agreement to conduct the  
Regional Assessment in the Ring of Fire Area.

**Table 1: Regional Assessment in the Ring of Fire Area – Health Canada’s Comments on the draft Agreement to conduct the Regional Assessment in the Ring of Fire Area (Public Comments due by Feb. 1, 2021)**

ID	Reference to the draft Agreement	Context and Rationale	Health Canada’s Recommendations
HC-01	Preamble, pg. 1 Appendix B1.6 (g), pg. 14 to 15	<p>It is unclear how the draft Agreement considers the Government of Canada’s commitment to implementing the <i>United Nations Declaration on the Rights of Indigenous Peoples</i> (the UN Declaration) and the <i>United Nations Declaration on the Rights of Indigenous Peoples Act</i> which was enacted in June 2021. Reference to the UN Declaration is included in the preamble to the <i>Impact Assessment Act</i>, and the Impact Assessment Agency of Canada’s <a href="#">Policy Context: Assessment of Potential Impacts on the Rights of Indigenous Peoples</a> states that:</p> <p><i>“several articles in the UN Declaration relate to the rights of Indigenous peoples in relation to the management of their traditionally owned or otherwise occupied and used lands.”</i></p> <p>From a human health perspective, Article 23 from the UN Declaration states: <i>“Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.”</i>; and,</p> <p>Article 24 states that: <i>“Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals (...).”</i></p>	Health Canada recommends that the draft Agreement reference the <i>United Nations Declaration on the Rights of Indigenous Peoples</i> as context under which the Agreement will be carried out.
HC-02	Definitions, pg.2	<p>The definition of <i>“Mine development activities”</i> are limited to activities and infrastructure that <i>“are specific to that mine”</i>, which could lead to the exclusion of off-site activities such as hauling along public roads, use of regional power generation and distribution infrastructure, and population growth of neighboring communities. This scoping limitation is often raised by the public as a concern during individual project impact assessments. The impact of such activities on health risks due to changes in the regional environment (e.g., ambient air quality deterioration, increased pressures on country food sources) are usually limited to a high-level cumulative effects assessment, if assessed at all, which also seems to be the approach for addressing <i>“non-project specific effects”</i> in Appendix B2.2 (g). Given the focus of the regional assessment is on these mine development activities (article 2.1), the scope should clearly include all reasonably foreseeable associated activities or infrastructure necessary to one or multiple mines.</p> <p>Additionally, a definition for <i>“cumulative effects”</i> is not provided. The definition for cumulative effects should consider Indigenous perspectives that consider the cultural, social and health impacts in addition to environmental effects, as per the <a href="#">Indigenous Centre for Cumulative Effects</a>.</p>	<p>Health Canada recommends that:</p> <ul style="list-style-type: none"> <li>a) the scope of the assessment be revised to explicitly include reasonably foreseeable off-site activities or infrastructure that are related to future mining operations in the area; and</li> <li>b) the definition for cumulative effects include the human environment as well as the ecological environment.</li> </ul>
HC-03	Article 1.2 (c), pg.3 Appendix B2.2 (i), pg.17 Appendix C1.2, pg.19	It is unclear whether article 1.2 (c), Appendix B2.2 (i), or Appendix C1.2 include information, knowledge or advice on methodological approaches. For example, information or knowledge on how to request, collect and use data on certain social determinants of health specific to this region would support the goal of <i>“enhancing the effectiveness and efficiency of future impact assessments”</i> (article 1).	Health Canada recommends that the assessment findings/recommendations include information, knowledge or advice on methodological approaches in article 1.2 c), Appendix B2.2 i), and Appendix C1.2.

ID	Reference to the draft Agreement	Context and Rationale	Health Canada's Recommendations
HC-04	Article 5.3, pg.6 Appendix B1.6 (j), pg. 15	<p>It is unclear how and when the “public call for interest” in article 5.3 will occur, whether it will involve a selection process, and how this will ensure the Committee collects advice from vulnerable sub-populations in a safe and respectful manner [i.e., how gender-based analysis plus will be used in designing the assessment and informing article B1.6 (j)]. This information would support the preamble that “the Governments of Canada and Ontario wish to ensure that Indigenous peoples and the public have opportunities to participate meaningfully in the planning and conduct of the Regional Assessment.”</p> <p>Additionally, in article B1.6 (j) the Committee should consider the applicable Calls to Justice from the <i>National Inquiry into Missing and Murdered Indigenous Women and Girls</i>.</p>	<p>Health Canada recommends the following clarifications be made:</p> <ul style="list-style-type: none"> <li>a) Include in article 5.3 how and when the public call for interest process will occur, whether it will involve a selection process, and how it will target potential vulnerable sub-populations relevant to the area;</li> <li>b) Include in Article B1.6 (j) consideration of applicable Calls to Justice from the <i>National Inquiry into Missing and Murdered Indigenous Women and Girls</i>.</li> </ul>
HC-05	Appendix A1.2, pg.12 Appendix C1.1 and C1.2, pg.19	<p>It is unclear how and when the Committee will define the “Study Areas”, and whether these will consider the spatial extent of human movement (i.e., individuals who may work, live and access services in different locations).</p>	<p>Health Canada recommends that Appendix A1.2, C1.1 and C1.2 include further information about how and when the Committee will define the Study Areas.</p>
HC-06	Appendix B1.6 (f) (g) (h) (i), pg.14 to 15	<p>Appendix B1.6 does not mention taking into account potentially applicable information outside the Assessment or Study Areas, such as lessons learned from comparable ‘basin opening’ development. This information could be useful for the <i>Analysis of Effects, Mitigation and Follow-up</i> in Appendix B1.6.</p> <p>Additionally, Appendix B1.6 does not mention taking into account plausible future climate change scenarios, and how they may influence the effects of mining development and the efficacy of mitigation measures. For example, information on climate change adaptation plans for health care infrastructure may be useful to the assessment.</p>	<p>Health Canada recommends that the <i>Committee Activities and Requirements</i> consider:</p> <ul style="list-style-type: none"> <li>i) lessons learned from other comparable ‘basin-opening’ undertakings in Canada and abroad, and</li> <li>ii) the validity of the assessment findings under plausible future climate change scenarios.</li> </ul>
HC-07	Appendix B2.3 (a), pg.17	<p>The description of existing impact assessment processes and other regulatory requirements should include an analysis of the gaps or limitations in their ability to address each assessment priority (e.g., absence of regulatory processes specific to country foods).</p>	<p>Health Canada recommends that the following clarification in bold be added to Appendix B2.3 (a):</p> <p><b>“A description of the existing impact assessment processes and other regulatory requirements that apply to mine development activities in the Assessment Area and that are relevant to the assessment priorities.”</b></p>