

Comments from the Federal Review Team on Marten Falls Community Access Road Project Human Health and Community Safety Work Plan – December 13, 2022

It is essential that the Impact Statement for the Marten Falls Community Access Road Project (the Project) address all requirements outlined in the Tailored Impact Statement Guidelines (the Guidelines), and that the study/work plans outline a clear approach to achieving these requirements. The Impact Assessment Agency of Canada (the Agency) has highlighted sections of the Guidelines where requirements for the Impact Statement may not be met, based on content of the draft study plan submitted to the Agency. Note that this table does not provide an exhaustive list of the requirements described in the Guidelines. The Guidelines should be reviewed in their entirety, including the sections identified below.

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
HH-WP-01	<p>Section 2 “The approach and the study areas for Human Health and Community Safety are defined in the Human Health and Community Safety Study Plan (MFFN CAR, 2021), which have been based on discussions held with both federal and provincial regulators.”</p>		<p>Section 2 of the work plan states that the approach and the study areas for Human Health and Community Safety are defined in the Human Health and Community Safety Study Plan (MFFN CAR, 2021), which have been based on discussions held with both federal and provincial regulators. As drafted, this statement gives the impression to readers that the Federal Review Team (FRT) is in agreement with the human health and community safety study plan, including the definition of the study areas. This is incorrect as the FRT provided several comments on the human health and community safety study plan, some of which were not addressed satisfactorily.</p>	<p>Acknowledge that the FRT did not approve the Human Health and Community Safety study plan or any portion thereof, such as the study areas.</p>
HH-WP-02	<p>Human Health and Community Safety Work Plan 2.1.1 Primary and Secondary Data Collection and Gap Analysis (pdf pg. 9) “The potential for project emissions to result in the contamination of locally harvested foods will be determined through the HHRA problem formulation step.” “Further to the above, the need to collect chemical residue data for certain Project emissions in specific country food items will be determined upon completion of the HHRA problem formulation (...).” “Should it be determined that there is a need to obtain country food item chemical residue data (which would only be necessary if it is determined that the project has a reasonable potential to contaminate country foods), a program will be designed and implemented which samples and analyzes country foods that have been collected by individuals from study area communities who are willing to participate in such a program (i.e., a community-based country food sampling and analytical program) (...).”</p>		<p>The work plan does not provide sufficient information to determine whether the anticipated Problem Formulation will adequately inform the Proponent’s decision on collecting Project-specific information about contaminant levels in country foods and/or conducting quantitative risk assessments for country food exposure pathways.</p> <p>Based on the results of the Problem Formulation using surrogate baseline data for country foods, the Proponent is planning to make a decision on whether Project-specific information on baseline contaminants levels in country foods should be collected via the proposed country food sampling and analytical program. However, conducting the Problem Formulation based solely on surrogate baseline data may lead to substantial uncertainties concerning the Problem Formulation conclusion on whether Indigenous communities are likely (or not likely) to consume country foods that may be impacted by Project activities.</p>	<p>Should the Problem Formulation using surrogate baseline data conclude that consuming a country food species of Indigenous importance is not an operable exposure pathway for a Project-related contaminant provide, as soon as possible and prior to the submission of the draft Impact Statement, a clear rationale for the conclusion with detailed supporting evidence, including information on predicted levels of the contaminant in the country food species. This information should be provided prior to proceeding with further analysis, as agreed during technical meeting on human health held on October 29, 2020. Furthermore, to be relevant for the Project, ensure that the Problem Formulation considers country food of Indigenous importance for the Indigenous communities listed in the IEPP.</p> <p>Should the Problem Formulation using surrogate baseline data conclude that consuming a country food species of Indigenous importance is an operable exposure pathway for a Project-related contaminant, all relevant requirements outlined in the Guidelines would need to be met.</p>

¹ Refer to complete sections of the Guidelines for more context.

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
HH-WP-03	<p>Table 2-1: Human Health and Community Safety Gap Analysis Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Discussion to focus on issues related to road use accidents and community safety.</p>	<p>Section 5 - Public Participation and views (including 5.1, 5.2)</p> <p>Section 6 - Description of Engagement with Indigenous Groups (including 6.1, 6.2, 6.3)</p> <p>Section 7 - Baseline conditions (including 7.4)</p>	<p>Relevant feedback provided in the past by the FRT on spatial boundaries was not taken into consideration in the draft human health and community safety work plan.</p> <p>The Agency expects all comments provided during the reviews of the individual study plans and work plans to be incorporated in the effects assessment and the Impact Statement.</p>	<p>Refer to the feedback provided in the document: “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” from January 7, 2022, in particular comment GC-01, GC-02, GC-04 and HH-12.</p> <p>For example, GC-04 in the “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” states that “At a minimum, all project components (including aggregates sources, access roads, etc.), the upgrades to the Anaconda and Painter Lake forestry access roads, the Northern Road Link Road Project, the Webequie Supply Road Project, as well as winter roads, and activities and communities connected through these roads, should be included in the Local Study Area.”</p>
HH-WP-04	<p>Table 2-1: Human Health and Community Safety Gap Analysis/Public Safety/ Project-related Accidents and Road Use Accidents/Method to Address Existing Gap (i.e., key contacts, interview questions, survey, etc.)</p> <p>Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Discussion to focus on issues related to road use accidents and community safety.</p> <p>Key Questions: – Do you think the emergency services are adequate, why or why not? – Are there road-related accidents in and around your community? Can you describe these? – What additional services would be required if the road is developed?</p>	<p>Section 3.2.2 “...The Impact Statement must describe the anticipated activities during the operation phase of the Project, including: ... • anticipated road use by different users (traffic volume, type of vehicles, maximum weight, etc.), including Indigenous groups, the general public, and mining proponents of reasonably foreseeable future projects (e.g., Eagle’s Nest, Blackbird, Black Thor, Black Label, Big Daddy, anticipated future community access roads); • anticipated use of the Anaconda and Painter Lake forestry access roads; ...”</p> <p>Section 6.2 “...The Impact Statement must also document how the proponent responded to questions, comments and issues raised by Indigenous groups, and how unresolved matters have been addressed. The analysis and responses are to include: • a comprehensive list of all issues, questions and comments raised during the engagement activities by each Indigenous group and the proponent’s responses, including how matters have been addressed in the Impact Statement or will be addressed through the impact assessment (including but not limited to avoidance, mitigation or other measures to address potential effects or impacts on the exercise of rights of Indigenous peoples);...</p>	<p>As proposed, the approach described in Table 2-1 of the draft human health and community safety work plan does not adequately meet the requirements of Sections 3.2.2, 6.2, 9 and 13.1 of the Guidelines.</p> <p>For the Project, the federal impact assessment must assess: •the full project lifecycle; and •the worst case scenario for effects arising from the project being carried out (specifically, for this project, the maximal traffic amount allowed by a road design that considers all potential road users and the maximum numbers and frequencies of their vehicle types using the road).</p> <p>As proposed, the work plan scopes engagement activities and discussions for this item to Aroland First Nation and Marten Falls First Nation, however, during the operation phase of the road, additional Indigenous communities and members of the public would use the road and could be impacted by road accidents.</p> <p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by the Indigenous communities listed in the IEPP.</p> <p>During the planning phase for the Project, Aroland First Nation, Fort Albany First Nation, and Marten Falls First Nation provided comments on Indigenous communities' safety as a result of new activities, such as the use of alcohol, smoke and drugs, including the driving under the influence, and increased traffic collisions (Indigenous Peoples' Social Condition Section, https://iaac-aeic.gc.ca/050/documents/p80184/137382E.pdf).</p>	<p>Update the human health work plan to capture an effects assessment for the Project that considers the worst-case scenarios for road construction and road use, based on a road designed for use by <u>all</u> potential users (and their vehicle types).</p> <p>Include in the Impact Statement a human health effects assessment for each Indigenous community listed in the IEPP that may experience health-related impacts by the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived) to meet the requirements of Sections 6, 9 and 13 of the Guidelines. Refer to the feedback provided in the document: “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” from January 7, 2022, in particular GC-02, GC-04, HH-12.</p> <p>Update the approach described in Table 2-1 of the work plan to incorporate comments, input and feedback provided by Indigenous communities listed in the IEPP as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact assessment process for the Project and adapt the approach accordingly.</p> <p>Seek views on potential mitigation measures, follow-up and monitoring, for the issues identified, as per Section 6 of the Guidelines. Consider complementing the proposed key questions with these aspects to meet this requirement.</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<ul style="list-style-type: none"> • where and how Indigenous groups' knowledge, perspectives and input were integrated into or contributed to decisions regarding the Project (e.g., project design), including: <ul style="list-style-type: none"> o scoping, development and collection of baseline information; o plans for construction, operation, decommissioning, abandonment, and maintenance; and o follow-up and monitoring." <p>Section 9 "...To understand the community and Indigenous context and baseline health profile, the proponent must:</p> <ul style="list-style-type: none"> • complete a community health profile that describes the overall health of the community across standard health indicators including any specific community identified health concerns (real or perceived) that may be impacted by the Project; • describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing; • use a social determinants of health approach to identify and describe the causal chain on relevant health outcomes, including how gender will impacts outcomes, across diverse subgroups. Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities..." <p>Section 13.1 "...The Impact Statement must describe in detail the project's potential adverse and positive effects in relation to each phase of the Project (construction, operation, maintenance, suspension, decommissioning, and abandonment)..."</p>	<p>During the planning phase for the Project, Aroland First Nation, Attawapiskat First Nation, Long Lake #58 First Nation, Neskantaga First Nation provided comments about the importance of mitigation measures to reduce the impact to fish, migratory birds, and Indigenous peoples' health. It will be necessary to have well thought out mitigation measures that recognize the unique and undisturbed land that the Project will be overprinting. Commented that consultation with Indigenous communities and pulling from expert resources will be essential to find an appropriate balance. Also, asked if the capping of traffic and transportation of goods would be an applicable mitigation measure (Row 116, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>As proposed, the key questions are not seeking any input or feedback on potential mitigation measures, follow-up and monitoring.</p>	

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
HH-WP-05	<p>Table 2-1: Human Health and Community Safety Gap Analysis/Public Safety/ Violence and Harassment/Method to Address Existing Gap (i.e., key contacts, interview questions, survey, etc.)</p> <p>Once constructed, the project could also result in an increase in crime/violence rates in Marten Falls due to the improved connectivity with rest of the Province.</p> <p>Sample Questions:</p> <ul style="list-style-type: none"> - What type of violence and harassment related issues occur within your community? Can you elaborate on these issues? - Who in the community is most affected by these issues? - How do you think increased access would change crime in the local communities? 	<p>Section 3.2.2</p> <p>“...The Impact Statement must describe the anticipated activities during the operation phase of the Project, including: ...</p> <ul style="list-style-type: none"> • anticipated road use by different users (traffic volume, type of vehicles, maximum weight, etc.), including Indigenous groups, the general public, and mining proponents of reasonably foreseeable future projects (e.g., Eagle’s Nest, Blackbird, Black Thor, Black Label, Big Daddy, anticipated future community access roads); • anticipated use of the Anaconda and Painter Lake forestry access roads; ...” <p>Section 6.2</p> <p>“...The Impact Statement must also document how the proponent responded to questions, comments and issues raised by Indigenous groups, and how unresolved matters have been addressed. The analysis and responses are to include:</p> <ul style="list-style-type: none"> • a comprehensive list of all issues, questions and comments raised during the engagement activities by each Indigenous group and the proponent’s responses, including how matters have been addressed in the Impact Statement or will be addressed through the impact assessment (including but not limited to avoidance, mitigation or other measures to address potential effects or impacts on the exercise of rights of Indigenous peoples);... • where and how Indigenous groups’ knowledge, perspectives and input were integrated into or contributed to decisions regarding the Project (e.g., project design), including: <ul style="list-style-type: none"> o scoping, development and collection of baseline information; o plans for construction, operation, decommissioning, abandonment, and maintenance; and o follow-up and monitoring.” <p>Section 9</p>	<p>As proposed, the approach described in Table 2-1 of the draft human health work plan does not meet the requirements of Sections 3.2.2, 6.2, 9 and 13.1 of the Guidelines.</p> <p>The work plan states that, “once constructed, the project could result in an increase in crime/violence rates in Marten Falls”. Clarify why the work plan is not proposing an approach that would assess the potential increase in crime/violence during both construction and operations to Aroland First Nation and other Indigenous communities listed in the IEPP, during the full project lifecycle (see also previous row HH-WP-04).</p> <p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by any of the Indigenous communities listed in the IEPP.</p> <p>During the planning phase for the Project, Aroland First Nation and Marten Falls First Nation shared concerns regarding the increased number of pregnancies, sexual violence, sexually transmitted infections and gender-based violence on women and youth resulting from increased accessibility (Indigenous Peoples’ Health Conditions Section, https://iaac-aeic.gc.ca/050/documents/p80184/137382E.pdf).</p> <p>As proposed, the key questions are not seeking any input or feedback on potential mitigation measures, follow-up and monitoring.</p>	<p>Include in the Impact Statement a human health effects assessment for each Indigenous community listed in the IEPP that may experience health-related impacts due to the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived), as per the requirements of Sections 6, 9 and 13 of the Guidelines. Refer to the feedback provided in the document: “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” from January 7, 2022, in particular GC-02, GC-04, HH-12.</p> <p>Update the approach described in Table 2-1 of the work plan to incorporate comments, input and feedback provided by Indigenous communities listed in the IEPP as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact assessment process for the Project and adapt the approach accordingly.</p> <p>Seek views on potential mitigation measures, follow-up and monitoring, for the issues identified, as per Section 6 of the Guidelines. Consider complementing the proposed key questions with these aspects to meet this requirement.</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<p>“...To understand the community and Indigenous context and baseline health profile, the proponent must:</p> <ul style="list-style-type: none"> • complete a community health profile that describes the overall health of the community across standard health indicators including any specific community identified health concerns (real or perceived) that may be impacted by the Project; • describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing; • use a social determinants of health approach to identify and describe the causal chain on relevant health outcomes, including how gender will impacts outcomes, across diverse subgroups. Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities...” <p>Section 13.1 “...The Impact Statement must describe in detail the project’s potential adverse and positive effects in relation to each phase of the Project (construction, operation, maintenance, suspension, decommissioning, and abandonment)...”</p>		
HH-WP-06	<p>Table 2-1: Human Health and Community Safety Gap Analysis/Public Health/ Access to Health Services</p> <ul style="list-style-type: none"> ✓ The project could result in a change to access to health services in the LSA communities, particularly Marten Falls. ✓ With the road in place access to health services in southern communities should become more accessible for [M]arten Falls community members. As well, with the road in place, there is the potential for improvement of health services in Marten Falls with access for health workers and related supplies. ✓ Change will be measured against the extent to which the Project will change health service access to LSA communities, particularly Marten Falls as they are the only community that would result in new access from this project. 	<p>Section 3.2.2 “...The Impact Statement must describe the anticipated activities during the operation phase of the Project, including: ...</p> <ul style="list-style-type: none"> • anticipated road use by different users (traffic volume, type of vehicles, maximum weight, etc.), including Indigenous groups, the general public, and mining proponents of reasonably foreseeable future projects (e.g., Eagle’s Nest, Blackbird, Black Thor, Black Label, Big Daddy, anticipated future community access roads); • anticipated use of the Anaconda and Painter Lake forestry access roads; ...” 	<p>As proposed, the approach described in Table 2-1 of the draft human health work plan does not meet the requirements of Sections 3.2.2, 6.2, 9 and 13.1 of the Guidelines.</p> <p>The work plan scopes engagement activities and discussions for this item to Aroland First Nation and Marten Falls First Nation. In addition, the work plan only considers positive effects from the Project on Access to Health Services. While it is appropriate to consider the benefits of the Project with respect to the accessibility to Health Care Services, the proposed approach is neglecting to consider potential negative effects. During construction and operations for example, an influx of workers in the area should be anticipated and this could increase the demand on the</p>	<p>Include in the Impact Statement a human health effects assessment for each Indigenous community listed in the IEPP that may experience health-related impacts by the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived), as per the requirements of Sections 6, 9 and 13 of the Guidelines. Refer to the feedback provided in the document: “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” from January 7, 2022, in particular GC-02, GC-04, HH-12.</p> <p>Update the approach described in Table 2-1 of the work plan to incorporate comments, input and feedback provided by Indigenous communities listed in the IEPP as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<p>Section 6.2 "...The Impact Statement must also document how the proponent responded to questions, comments and issues raised by Indigenous groups, and how unresolved matters have been addressed. The analysis and responses are to include:</p> <ul style="list-style-type: none"> • a comprehensive list of all issues, questions and comments raised during the engagement activities by each Indigenous group and the proponent's responses, including how matters have been addressed in the Impact Statement or will be addressed through the impact assessment (including but not limited to avoidance, mitigation or other measures to address potential effects or impacts on the exercise of rights of Indigenous peoples);... • where and how Indigenous groups' knowledge, perspectives and input were integrated into or contributed to decisions regarding the Project (e.g., project design), including: <ul style="list-style-type: none"> o scoping, development and collection of baseline information; o plans for construction, operation, decommissioning, abandonment, and maintenance; and o follow-up and monitoring." <p>Section 9 "...To understand the community and Indigenous context and baseline health profile, the proponent must:</p> <ul style="list-style-type: none"> • complete a community health profile that describes the overall health of the community across standard health indicators including any specific community identified health concerns (real or perceived) that may be impacted by the Project; • describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing; • use a social determinants of health approach to identify and describe the causal chain on relevant health 	<p>available Health Care Services, including but not limited to the Geraldton Hospital.</p> <p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by any of the Indigenous communities listed in the IEPP.</p> <p>During the planning phase for the Project, Ginoogaming First Nation, Long Lake #58 First Nation and a member of the public commented that there could be pressures on existing social infrastructure, such as the Geraldton hospital." (Row 112, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf).</p>	<p>assessment process for the Project and adapt the approach accordingly.</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<p>outcomes, including how gender will impacts outcomes, across diverse subgroups. Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities...”</p> <p>Section 13.1 “...The Impact Statement must describe in detail the project’s potential adverse and positive effects in relation to each phase of the Project (construction, operation, maintenance, suspension, decommissioning, and abandonment)...”</p>		
HH-WP-07	<p>Table 2-1: Human Health and Community Safety Gap Analysis/Public Health/ Mental Health/Well Being</p> <p>Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles.</p> <p>Key contact interviews: –Ila Beaver – Matawa Wellness Team Lead Facilitator –MFFN – Muskeg Thunder Clinic staff discussions (e.g., Evelyn Baxter is the Health Director). – AFN – Aroland Health Centre staff discussions</p> <p>Sample questions – How would you describe mental health and wellness in your community? – Can you describe any recent trends or changes you’ve noticed related to mental health in your community?</p>	<p>Section 6.2 “...The Impact Statement must also document how the proponent responded to questions, comments and issues raised by Indigenous groups, and how unresolved matters have been addressed. The analysis and responses are to include:</p> <ul style="list-style-type: none"> • a comprehensive list of all issues, questions and comments raised during the engagement activities by each Indigenous group and the proponent’s responses, including how matters have been addressed in the Impact Statement or will be addressed through the impact assessment (including but not limited to avoidance, mitigation or other measures to address potential effects or impacts on the exercise of rights of Indigenous peoples);... • where and how Indigenous groups’ knowledge, perspectives and input were integrated into or contributed to decisions regarding the Project (e.g., project design), including: <ul style="list-style-type: none"> o scoping, development and collection of baseline information; o plans for construction, operation, decommissioning, abandonment, and maintenance; and o follow-up and monitoring.” <p>Section 9</p>	<p>As proposed, the approach described in Table 2-1 of the draft human health and community safety work plan does not meet the requirements of Sections 6.2, 9 and 13.1 of the Guidelines.</p> <p>The work plan scopes engagement activities and discussions for this item to Aroland First Nation and Marten Falls First Nation, however, mental health effects caused by the Project being carried out might impact any Indigenous community listed on the IEPP for the Project and should be assessed.</p> <p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by any of the Indigenous communities listed in the IEPP.</p> <p>During the planning phase for the Project, Aroland First Nation, Fort Albany First Nation, and Neskantaga First Nation commented about malnutrition, country food contamination (including fish), diabetes, cardiovascular issues, accessibility of health-care services, as well as, mental health, issues of self-esteem, and spiritual health (Indigenous Peoples’ Health Conditions Section, https://iaac-aeic.gc.ca/050/documents/p80184/137382E.pdf)</p> <p>During the planning phase for the Project, Animbiigoo Zaagi’igan Anishinaabek, Ginoogaming First Nation, Neskantaga First Nation, Indigenous Services Canada - Lands and Economic Development shared concerns about newcomers bringing in drugs and alcohol to dry communities and negatively impacting community mental health and safety. Resources will be required to adequately cope with the migration and interaction of</p>	<p>Include in the Impact Statement a human health effects assessment for each Indigenous community listed in the IEPP that may experience health-related impacts by the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived) to meet the requirements of Sections 6, 9 and 13 of the Guidelines. Refer to the feedback provided in the document: “Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan” from January 7, 2022, in particular GC-02, GC-04, HH-12.</p> <p>Update the approach described in Table 2-1 of the work plan to incorporate comments, input and feedback provided by Indigenous communities listed in the IEPP as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact assessment process for the Project and adapt the approach accordingly.</p> <p>Seek views on potential mitigation measures, follow-up and monitoring, for the issues identified, as per Section 6 of the Guidelines. Consider complementing the proposed key questions with these aspects to meet this requirement.</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<p>“...To understand the community and Indigenous context and baseline health profile, the proponent must:</p> <ul style="list-style-type: none"> • complete a community health profile that describes the overall health of the community across standard health indicators including any specific community identified health concerns (real or perceived) that may be impacted by the Project; • describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing; • use a social determinants of health approach to identify and describe the causal chain on relevant health outcomes, including how gender will impacts outcomes, across diverse subgroups. Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities...” <p>Section 13.1 “...The Impact Statement must describe in detail the project’s potential adverse and positive effects in relation to each phase of the Project (construction, operation, maintenance, suspension, decommissioning, and abandonment)...”</p>	<p>non-Indigenous people with Indigenous peoples (Row 101, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>As proposed, the key questions are not seeking any input or feedback on the potential effects of the Project nor on potential mitigation measures, follow-up and monitoring.</p>	
HH-WP-08	<p>Human Health and Community Safety Work Plan 2.1.1 Primary and Secondary Data Collection and Gap Analysis (pdf pg. 9) Table 2-1: Human Health and Community Safety Gap Analysis Social and Economic Structures, Mental Health/Well Being, Diet</p>	<p>Section 9 “...A determinants of health approach recognizes that health is more than the absence of disease, but is rather a state of overall well-being that is impacted by many factors (or determinants), including the social and physical environment and Indigenous views of health. This approach places emphasis on the causes of physical diseases and mental illnesses (i.e., Level-1 health determinants: health-related behavioural and biological factors; and Level-2 health determinants: service access and social, cultural and economic factors), and as important, on the causes of</p>	<p>The work plan does not demonstrate a full application of the pathways of effect methodology to meaningfully select which indicators require the collection of baseline data.</p> <p>Health Canada’s Interim Health Impact Assessment (HIA) Guidance document, recommends consistent consideration of potential pathways of effect as a starting point to the selection of indicators for baseline data collection, as well as keeping in mind possible interconnections. Pathways of effects need to reflect three distinct levels of health determinants, as described in Section 9 of the Guidelines. Overall, road construction (level-3 project activity) may potentially affect the community’s economic, social and cultural conditions (level-2 health determinants related to the community level). Along the material</p>	<p>Update the approach described in Table 2-1 of the work plan to consider individual-level indicators of food consumption (in terms of type and nutritional quality of dietary patterns) not as stand-alone factors but in relation to social indicators of food supply/security (e.g., store-bought versus living off of the land), and to any interconnections with economic indicators (e.g., job creation, income, cost of living) and cultural indicators (e.g., level of subsistence activities). Differential effects on project workers versus non-project workers, and their respective families, in addition to other gender-based analysis plus issues, should also be taken into account.</p> <p>Update the approach described in Table 2-1 of the work plan to assess potential changes to the community’s access to, and consumption of, high caloric, palatable foods with little nutritional value (e.g., store-bought convenience comfort foods), in relation to changes to community delivery systems of goods (material pathway) as well as changes to long-established cultural ways of life</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		these causes (i.e., Level-3 health determinants: structural and equity factors). Through their effects on well-being, the higher-level determinants of health influence behaviour that, along with human biology, directly impacts physical and mental health. The scope and content of the human health baseline will reflect the specific project context, taking into account input of public and Indigenous groups, and should include indicators that are meaningful for the effects analysis..."	(resource/opportunity) pathway, these potential changes may in turn cause changes to health-related behaviours, such as food consumption and substance use, with implicit biological effects (level-1 health determinants related to the individual level). Along the psychosocial pathway, project-related indirect effects on mental well-being (another health determinant with implicit biological effects) may contribute to changes to health-related behaviours as well.	(psychosocial pathway) due to the construction of the community access road. This pathway approach will also help identify mitigation measures. Refer also to the feedback provided in the document: "Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan" from January 7, 2022.
HH-WP-09	<p>Human Health and Community Safety Work Plan 2.1.1 Primary and Secondary Data Collection and Gap Analysis</p> <p>Table 2-1: Human Health and Community Safety Gap Analysis</p> <p>Social and Economic Structures, Mental Health/Well Being, Diet</p>	<p>Section 9</p> <p>"...A determinants of health approach recognizes that health is more than the absence of disease, but is rather a state of overall well-being that is impacted by many factors (or determinants), including the social and physical environment and Indigenous views of health. This approach places emphasis on the causes of physical diseases and mental illnesses (i.e., Level-1 health determinants: health-related behavioural and biological factors; and Level-2 health determinants: service access and social, cultural and economic factors), and as important, on the causes of these causes (i.e., Level-3 health determinants: structural and equity factors). Through their effects on well-being, the higher-level determinants of health influence behaviour that, along with human biology, directly impacts physical and mental health. The scope and content of the human health baseline will reflect the specific project context, taking into account input of public and Indigenous groups, and should include indicators that are meaningful for the effects analysis..."</p>	<p>The work plan does not demonstrate a full application of pathways of effect to meaningfully select which indicators require the collection of baseline data.</p> <p>The work plan deals with individual-level indicators of substance use (e.g., drugs and alcohol) from a psychosocial perspective, with their connection to mental well-being that has additional implications for problematic social behaviours. However, it does not sufficiently deal with the material perspective that focuses on availability/access to resources and/or opportunities that either promote or hinder health.</p>	<p>Update the approach described in Section 2-1 of the work plan to consider substance use (level-1 health determinant) in relation to the material pathway regarding physical access to substances, in terms of interconnecting indicators of disposable income and various modes of delivery/distribution (level-2 health determinants), as part of baseline social and economic structures. Enablers of access to substances may be newly introduced or enhanced with the construction of the community access road. This pathway approach will also help identify mitigation measures.</p> <p>Refer also to the feedback provided in the document: "Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan" from January 7, 2022.</p>
HH-WP-10	<p>Human Health and Community Safety Work Plan 2.1.1 Primary and Secondary Data Collection and Gap Analysis</p> <p>Table 2-1: Human Health and Community Safety Gap Analysis</p> <p>Social and Economic Structures, Mental Health/Well Being, Diet</p>	<p>Section 9</p> <p>"...A determinants of health approach recognizes that health is more than the absence of disease, but is rather a state of overall well-being that is impacted by many factors (or determinants), including the social and physical environment and Indigenous views of health. This approach places emphasis on the causes of physical</p>	<p>The work plan does not demonstrate a full application of pathways of effect to meaningfully select which indicators require the collection of baseline data. The health conditions context is insufficiently considered when considering project-related effects on economic, social and cultural conditions (many of which may be covered in other study plans). These effects may be viewed as positive or negative contributors to mental well-being, with implications for health-related behaviours contributing to physical well-</p>	<p>Consider mental well-being indicators (e.g., happiness, life control, anxiety), stemming from economic, social and cultural conditions, in relation to their effects on health-related behaviours as well as social behaviours within the home and in the community. This pathway of effects approach will also help identify enhancement and mitigation measures.</p> <p>Refer also to the feedback provided in the document: "Comments on Marten Falls Community Access Road Project (Project) revised</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		diseases and mental illnesses (i.e., Level-1 health determinants: health-related behavioural and biological factors; and Level-2 health determinants: service access and social, cultural and economic factors), and as important, on the causes of these causes (i.e., Level-3 health determinants: structural and equity factors). Through their effects on well-being, the higher-level determinants of health influence behaviour that, along with human biology, directly impacts physical and mental health. The scope and content of the human health baseline will reflect the specific project context, taking into account input of public and Indigenous groups, and should include indicators that are meaningful for the effects analysis..."	being, as well as for social behaviours contributing to community well-being (including family life).	Human Health and Community Safety Study Plan" from January 7, 2022.
HH-WP-11	<p>Table 2-1: Human Health and Community Safety Gap Analysis/ Environmental Factors Influencing Human Health/ Country Foods</p> <p>- The project could result in changes in the quality and quantity (abundance) of country foods for LSA communities.</p> <p>Data Gaps Identification and Characterization (what information is missing, perhaps data are dated, incomplete, etc.)</p> <p>- The extent to which the RSA and LSA Indigenous communities rely on country foods.</p> <p>- Community-specific studies and information at the LSA-level.</p> <p>Method to Address Existing Gap (i.e., key contacts, interview questions, survey, etc.)</p> <p>- Focus Groups / Community Surveys with a sample of MFFN and AFN members (e.g., trappers, those involved in harvesting), which would be administered by community co-ordinators. Community members to include sub-group representatives to meet GBA+ principles.</p> <p>Sample questions:</p> <p>- To what extent do community members rely on country foods? Can you provide a percentage estimate?</p> <p>- Are there certain groups in the community that rely more on country foods compared to others? If so, can you elaborate?</p>	<p>Section 6.2</p> <p>"...The Impact Statement must also document how the proponent responded to questions, comments and issues raised by Indigenous groups, and how unresolved matters have been addressed. The analysis and responses are to include:</p> <ul style="list-style-type: none"> • a comprehensive list of all issues, questions and comments raised during the engagement activities by each Indigenous group and the proponent's responses, including how matters have been addressed in the Impact Statement or will be addressed through the impact assessment (including but not limited to avoidance, mitigation or other measures to address potential effects or impacts on the exercise of rights of Indigenous peoples);... • where and how Indigenous groups' knowledge, perspectives and input were integrated into or contributed to decisions regarding the Project (e.g., project design), including: <ul style="list-style-type: none"> • scoping, development and collection of baseline information; • plans for construction, operation, decommissioning, abandonment, and maintenance; and • follow-up and monitoring." 	<p>As proposed, the approach described in Table 2-1 of the draft human health work plan does not meet the requirements of Sections 6.2, 7, 9 and 13.1 of the Guidelines.</p> <p>The draft work plan states that "<i>The project could result in changes in the quality and quantity (abundance) of country foods for LSA communities</i>", however, it is unreasonable to expect that only communities in the LSA would be impacted by a change in quality or abundance of country food caused by the Project, due to natural moving patterns and migratory behaviours of many of the species representing communities' traditional food (e.g., caribou).</p> <p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by any of the Indigenous communities listed in the IEPP.</p> <p>During the planning phase for the Project, Aroland First Nation, Attawapiskat First Nation, and Fort Albany First Nation commented that they are concerned about impacts on quality and quantity of country foods, such as, fish, wildlife (including caribou), and plants for medicinal and traditional practices and shared concerns with the increased access to traditional territory (Country Foods Section, https://iaac-aeic.gc.ca/050/documents/p80184/137382E.pdf)</p>	<p>Include in the Impact Statement a human health effects assessment for each Indigenous community listed in the IEPP that may experience health-related impacts by the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived) to meet the requirements of Sections 6 and 13 of the Guidelines. Refer to the feedback provided in the document: "Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan" from January 7, 2022, in particular GC-02, GC-04, HH-12.</p> <p>Update the approach described in Table 2-1 of the work plan to reflect comments, input and feedback provided by Indigenous communities listed in the IEPP, as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact assessment process for the Project and adapt the approach accordingly.</p> <p>Include, in the Impact Statement, specific information and baseline data collected regarding country foods during Focus Groups/Community Surveys.</p>

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		<p>Section 7 - Baseline conditions (including 7.4)</p> <p>Section 9 "...In preparing the report on baseline community health profile, the proponent must identify the environmental and social area of influence of the Project. To understand the community and Indigenous context and baseline health profile, the proponent must:...</p> <ul style="list-style-type: none"> describe the consumption of country foods (traditional foods) outside of the commercial food chain, including food that is trapped, fished, hunted, harvested or grown for consumption, medicinal purposes or has cultural value. Specify which species are used, quantities, frequency, harvesting locations, and how the data were collected (e.g., site specific consumption surveys);..." <p>Section 13.1 "...The Impact Statement must describe in detail the project's potential adverse and positive effects in relation to each phase of the Project (construction, operation, maintenance, suspension, decommissioning, and abandonment)..."</p>	<p>During the planning phase for the Project, Eabametoong First Nation, Ginoogaming First Nation, Kitchenuhmaykoosib Inninuwug, and member of public commented that country foods, such as caribou, fish, moose, geese, blueberries, and raspberries, need to be assessed to understand the impacts to harvesting, hunting, Indigenous peoples' health, and Indigenous peoples' rights. The timing of baseline data collection is important to have an adequate understanding of the impacts to country foods (Row 13, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>During the planning phase for the Project, Animiigoo Zaagi'igan Anishinaabek, Aroland First Nation, Eabametoong First Nation, Fort Albany First Nation, Ginoogaming First Nation, Kashechewan First Nation, Kitchenuhmaykoosib Inninuwug, members of the public, Neskantaga First Nation, and Nibinamik First Nation commented that the Project and future development activities in the Ring of Fire area have the potential to impact Indigenous peoples' ability to continue traditional practices, such as trapping and use of trap lines, hunting, fishing, harvesting, berry picking, medicinal plant harvesting, teaching, and spiritual practices, including as a result of the Project, future development activities in the Ring of Fire area, and outsider access to traditional territories. Areas that have been identified as important for traditional practices include: the Ozhiski Lake, Ogoki River, Albany River, Attawapiskat River, Winisk River, Ogoki Post, and the Southern Terminus of the Project (Row 93, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>During the planning phase for the Project, Aroland First Nation, Attawapiskat First Nation, Fort Albany First Nation, Kitchenuhmaykoosib Inninuwug, and Neskantaga First Nation commented that Indigenous peoples' traditional economies need to be appropriately understood through consultation and engagement. This includes the relationship to food prices and harvesting and hunting, inter- and intra-community trade, and the cumulative effects of existing environmental disturbances in northern Ontario (Row 95, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>During the planning phase for the Project, Neskantaga First Nation asked how metal levels in country foods would be determined and studied as they relate to impacts on health (Row 100, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p>	

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
			<p>During the planning phase for the Project, Fort Albany First Nation, Kashechewan First Nation, Nibinamik First Nation, and Fort Albany First Nation commented that Indigenous communities rely on waterways to travel to sites that are important for hunting, fishing, trapping, harvesting, teaching, and spiritual practices. Concerned the Project will negatively affect the ability to navigate the waters. (Row 117, https://iaac-aeic.gc.ca/050/documents/p80184/137404E.pdf)</p> <p>The work plan does not clearly describe what specific information related to country foods will be collected through the proposed Focus Groups/Community Surveys. The Proponent is anticipating to conduct Focus Groups/Community Surveys targeting select members of Marten Falls First Nation and Aroland First Nation to determine the extent to which these Indigenous communities rely on country foods in the LSA. However, it is unclear what community-specific information on country foods will be collected and whether information for health risk assessments (e.g., representative country food species consumed by local Indigenous communities and country food consumption patterns of local Indigenous communities) will also be collected from the Surveys.</p>	
HH-WP-12	Note:1 As noted in the Human Health and Community Safety Study Plan, there are two (2) groups of study areas. Public Safety, Public Health and Diet VCs and their respective indicators will be studied within the Community Health LSA and RSA boundaries. Whereas the Environmental Factors Influencing Human Health VC and respective indicators will be studied within the Environmental Health VC boundaries.	<p>Section 5 - Public Participation and views (including 5.1, 5.2)</p> <p>Section 6 - Description of Engagement with Indigenous Groups (including 6.1, 6.2, 6.3)</p> <p>Section 7 - Baseline conditions (including 7.4)</p>	Relevant feedback provided in the past by the FRT on spatial boundaries was not taken into consideration. The Agency expects all comments provided during the reviews of the study plans and work plans to be incorporated in the effects assessment and the Impact Statement.	Refer to the feedback provided in the document: "Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan" from January 7, 2022, in particular comment GC-01, GC-02, GC-04 and HH-12. See also previous comments in this table.
HH-WP-13	3. Discipline-Specific Schedule The schedule is subject to approval of the Provincial ToR and the willingness of Indigenous Communities to participate in data collection activities.		Section 3 of the work plan states that the schedule presented in Tables 3-1 and 3-2 is subject to approval of the Provincial ToR. Since the provincial TOR for the Project was approved on October 8, 2021, the statement should be clarified.	Edit the work plan to clarify the statement/s that suggests the provincial TOR for the Project was not approved.
HH-WP-14	Confirm LSA communities (i.e., additional community demonstrating community health interests that may be affected by the Project) through Project consultation and engagement activities.	<p>Section 6 - Description of Engagement with Indigenous Groups (including 6.1, 6.2, 6.3)</p> <p>Section 9 "...To understand the community and Indigenous context and baseline health profile, the proponent must: • complete a community health profile that describes the overall health of the community across standard health indicators including any specific</p>	<p>In developing the approach to assess potential impacts on human health conditions, the Proponent is expected to take into account all health concerns (real or perceived) identified by any of the Indigenous communities listed in the IEPP.</p> <p>As referred to in previous rows, several Indigenous communities provided input and/or expressed interest and concerns regarding potential human health impact arising from the Project being carried out, however, the draft work plan does not reflect the input received as it</p>	Update the approach presented in the work plan to reflect comments, input and feedback provided by Indigenous communities listed in the IEPP as per the requirements of the Guidelines. In addition to considering comments received to date, the Proponent is expected to continue to ascertain the interest of the Indigenous communities listed in the IEPP throughout the impact assessment process for the Project and adapt the approach accordingly.

Comments from the Federal Review Team on the Marten Falls Community Access Road Project Human Health and Community Safety Work Plan submitted in August 2022				
ID #	Work Plan Section	Guidelines Section ¹	Context	Required Action for Proponent
		community identified health concerns (real or perceived) that may be impacted by the Project; <ul style="list-style-type: none"> describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing; use a social determinants of health approach to identify and describe the causal chain on relevant health outcomes, including how gender will impacts outcomes, across diverse subgroups. Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities... 	scopes the human health assessment to only Aroland First Nation and Marten Falls First Nation. As proposed, the approach presented in the work plan does not meet the requirements of Sections 6 and 9 of the Guidelines. Furthermore, the Proponent will be expected to consider concerns that were shared directly with the Proponent (and that the Agency may not have knowledge of) and demonstrate efforts to adapt the approach outlined in study plans and work plans to include additional communities that may express concerns or interest at later stages of the development of the Impact Statement.	
HH-WP-15	Table 3-2: Program Schedule – Community Health “Confirm MFFN Community Co-ordinator and their role in primary data collection program.” “Commence primary data collection with MFFN, Municipality of Greenstone, and non-Indigenous stakeholders.” Confirm LSA communities (i.e., additional community demonstrating community health interests that may be affected by the Project) through Project consultation and engagement activities.	Sections 6, 6.2 and 12	Throughout the human health work plan, emphasis is made around the communities’ willingness to participate in the data collection process/IA process. Should a community not wish to participate and/or withdraws their participation at any point in the process, clarify what would be the plan to continue sharing information and analysis with this community. The Proponent is expected to take into account Section 6 of the Guidelines, which states that the Proponent is expected to work with Indigenous communities to understand and implement to the extent possible the kinds of approaches to engagement that would create safe spaces for meaningful dialogue to enable full and free participation of all community members, including different sub-populations (e.g., Elders, women and youth), in the engagement process.	Refer to the feedback provided in the document: “Comments from the Federal Review Team on Marten Falls Community Access Road Project Human Health Study Plan – January 7, 2022”, in particular comment GC-06 and HH-07. See also previous comments in this table.
HH-WP-16	Editorial: Figure 2-1: HHCS Study Area Boundaries	The legend of Figure 2-1 identifies four alternatives, however, the map only shows two.		Update Figure 2-1 to correct the inconsistency between the map and its legend.
HH-WP-17	Editorial	Ensure that pdf documents submitted to the Agency contain bookmarks and have the bookmark panel active.		
HH-WP-18	Editorial	The term “GBA Plus” should be used instead of “GBA+”. The “Plus” is no longer described by the + symbol; rather, it is spelled out to emphasize the intersectional design and approach of GBA Plus and for accessibility purposes.		