

ISSUE: FNHA

A number of folks within the FNHA and others who have left the FNHA are increasingly disturbed by the behaviour of [REDACTED] at the FNHA, and are concerned unfettered cronyism is leading the squandering of a momentous and unprecedented opportunity for First Nations self-management and control of health services. These leaders are: [REDACTED], [REDACTED], and [REDACTED].

ISSUE: Accelerated advancement of unprepared inexperienced unqualified people, based on who they know or who they are in relation with, i.e.:

[REDACTED] and [REDACTED] promotion of [REDACTED]

She was previously [REDACTED] with a political focus working very closely with [REDACTED]. [REDACTED] transferred to the [REDACTED] as [REDACTED]. With a high school education and no health experience [REDACTED] moved into health and quickly became a key leader. Within about two years, [REDACTED] holds the title [REDACTED]. This position may have been internally posted for a couple of days, but never externally posted. [REDACTED]

[REDACTED] is the [REDACTED] of the First Nations Health Authority. [REDACTED] reports to [REDACTED] to ensure that there is no direct reporting relationship [REDACTED] has about 100 staff reporting to [REDACTED] and is developing health strategies without any input from relevant experts [REDACTED] has sidelined internal and far more qualified and skilled FNHA employees from input into health strategy development, including physicians.

[REDACTED] has been the [REDACTED] if one of [REDACTED] had a concern with [REDACTED] should [REDACTED] see [REDACTED]. There have been VP's of HR since, but these people left after a short time of witnessing the chaos of the organization.

The [REDACTED] internally create a culture of bullying, misogyny, sexualisation of Aboriginal women, inequality, and lateral violence

Remarks and actions are made by the [REDACTED] along with [REDACTED] and including [REDACTED], [REDACTED], and [REDACTED] that are extremely inappropriate. Remarks have been made in [REDACTED] meetings about women employees, their body parts, and the hiring of female employees based on their body parts or beauty.

Example: Hiring and highly sexualizing aboriginal women. I.e.: A senior leader was 'strongly advised' to hire female candidates based on looks and body types. They were not the best qualified applicants. [REDACTED] wanted to hire them because they are 'pretty Aboriginal women'. One of the senior leaders had a previous intimate relationship with one woman who was hired. This woman is paid well beyond her skill level. This new hire largely displaced a highly skilled, competent, and ethical employee. Since there was no reason to fire this sidelined employee, the employee remains on the payroll with nothing to do. The [REDACTED] proceeded to implement a new level of bullying and undermining, which completely changed the dynamic of the department. This employee is now [REDACTED] within an area of no demonstrated expertise.

Fortunately the second hire was being brought on (without the skills) to oversee a \$10million project, but was a bit too ambitious in demanding a salary well outside the market rate, so this hire wasn't completed.

In both these cases, another employee was used to make these hires: The employee was strongly advised to hire these women, and to offer them salaries above their level of expertise and experience.

ISSUE: Inexperience and lack of collaboration with strategy and policy development

██████████ is developing a number of strategies without any input from relevant health experts, the Metis, and the off reserve, despite a commitment by the FNHA to take an inclusive and collaborative approach. ██████████ has sidelined highly credentialed physicians who were assigned to oversee these strategy developments. ██████████ has a team of health policy analysts, most of whom have little experience with or understanding of health care. They are asked to develop a strategy based on what ██████████ wants the strategy to look like, not based on current research and evidence-based best practices.

ISSUE: Highly skilled and qualified employees are leaving and being encouraged to leave because they are 'not a good fit'

Employees are encouraged to decide whether they are a 'good fit' and leave if they are not a fit. These are the employees who use evidence based practices, are highly ethical, want to research the academic literature and want to have dialogue on the best course direction over the long term. They don't want to write or participate in a policy based on what one ██████████ has decreed to be the formal direction of the FNHA.

Aboriginal and non-aboriginal employees with strong skills and backgrounds in health have left the organization. They state that there is absolutely no room for a dissenting opinion or healthy dialogue on any issue. If you disagree, you are disloyal to the cause, and ██████████ will make it very difficult for you to stay on. Here is a sample of people who have left.

1. A strong BC First Nations policy analyst was pushed out when, encouraged to state her mind at an open staff meeting, opined that a new policy was divisive and unfair;
2. A highly skilled Aboriginal leader with BC First Nations credibility was openly sexually harassed by a ██████████ with multiple witnesses present;
3. A highly ethical and strong Aboriginal leader left the organization after her authority was all but taken away and her role became redundant;
4. A PHD researcher and analyst was required to write position papers and policy based on what was decided as the preferred policy, not based on evidence, current research or best practices; she left after one year.
5. A highly skilled and sought after e-health telehealth, IMIT leader left the FNHA after being 'strongly advised' to hire the wrong people, and witnessing highly inappropriate behaviour of ██████████
6. A woman left the organization due to lateral violence, bullying and misogynistic statements by ██████████
7. Three more staff left, after documenting multiple instances of bullying and oppression.

Each of these employees and several who are currently employed at the FNHA are concerned that the culture of nepotism, sexualisation of female employees, lateral violence, inequality, favoritism, distrust, and unprofessional conduct is being modelled by ██████████

Each of these employees experienced mental health issues that developed while employed at the FNHA, and continued to experience post traumatic stress after their departure. Each of their departures was framed as 'leaving for personal reasons'. None of these employees felt safe speaking their truth during their time at the FNHA, nor upon departing the FNHA. None felt safe approaching the FNHA Board of Directors.

At least 10 employees who have left because of bullying, lateral violence, oppression and being exposed to or witnessed sexual harassment. There are a handful of staff who plan to leave. Nevertheless, one can exist within pockets of the organization and be oblivious to what is going on. The [redacted] is vaguely aware of [redacted] bullying. They are not aware of the other issues. At least five of these people are considering going to the press.

Staff are confused and discouraged by the constant restructuring and reorganization of staff

ISSUE: Poor [redacted]

[redacted] demonstrates no subject matter expertise, nor leadership, and [redacted] participated in the highly toxic culture of bullying, oppression, sexualisation of Aboriginal women. [redacted] is known internally to be ineffective, disinterested ([redacted]) and a part of the problem. [redacted] bullies, and [redacted] participates in the oppressive culture and sexualisation of Aboriginal women

[redacted] has brought on [redacted] and [redacted] as employees. [redacted] would argue that in the Aboriginal community there are few with these skills, but [redacted] has never held fair competitions. [redacted] has brought them on at lower positions and quickly accelerated them into bigger larger positions. There are plenty of indigenous people with the skills required for these roles. There are many who already know what a toxic organization [redacted] runs, and that [redacted] gives hiring preference to [redacted] family and friends. [redacted] for example is a highly toxic individual that [redacted] insists on keeping close to [redacted] for some reason no one can understand. No one else can work with [redacted]. [redacted] bullies colleagues and junior staff with impunity. [redacted] was a policy analyst and is now an [redacted]. [redacted] is kind and means well but [redacted] has few skills for the level of work [redacted] is tasked with. Conversations with [redacted] are convoluted and confusing.

ISSUE: No operational experience within the FNHA

The FNHA people who are leading are mostly policy analysts with little to no experience operationalizing or implementing. They have pre-planning meetings for planning meetings. They write briefing notes for briefing notes. Anyone with operational skill sets are a threat [redacted] and [redacted] team, so they are marginalized. Those who are on [redacted] team with these skill sets are careful to not demonstrate too much knowledge as this is a threat to [redacted] and therefore to their job.

ISSUE: Decision making is bottle necked at the top

People are overcome with information in some departments, but they are not allowed to take the next step: to execute operations. [redacted] sits on and is paralyzed by decision making when it comes to approving action and operationalizing. While areas are given budget, there is a huge surplus at year end because key decisions are not made. Even small decisions are forced up the hierarchy for CEO level review.

ISSUE: Excluding the First Nations Health Directors Association

The First Nations Health Directors Association has been sidelined. Their executive leadership reports to [redacted] through their Executive Director. The health directors have the most experience in operationalizing programs, but they have no say in what will be operationalized. Their expertise is deeply under-utilized. [redacted] reports to [redacted]

ISSUE: Excluding other external partners

Some of the health strategies are provincial in nature and the FNHA promises to include the external relevant parties such as the Metis, the off reserve, the BC Association of Friendship Centres, Inuit, etc.

The FNHA is developing strategies based on internal needs and inputs, and are not collaborative. This means they are representative in name only, but are generally developed by and for FNHA membership

ISSUE: Separation between First Nations Health Council, and First Nations Health Authority

There is no separation between the FNHA and the FNHC. [REDACTED] still jumps and runs whenever [REDACTED] calls her on her cell. In fact, she announces it at meetings with external partners. [REDACTED] phone rings, and [REDACTED] says, [REDACTED] needs me. I have to leave now" It's clear she answers to him and that her reporting to [REDACTED] is in name only

This means that the political (FNHC) and the operational (FNHA) separation doesn't exist. [REDACTED] works for and answers to [REDACTED]. [REDACTED] answers to [REDACTED].

ISSUE: Insulting external partners

At a recent tripartite committee meeting that includes the CEO's of the health authorities, the MoH Deputy Minister of Health and the FNHA and FNHC members, [REDACTED] made some insulting and disparaging comments towards [REDACTED] CEO of Interior Health. [REDACTED] also made misogynistic statements in reference to a woman who shall remain unnamed but 'should get on her witches broom and get out of here'.

ISSUE: Leaking issues to the Press

There are a growing group of folks who are thinking that the only way to confront [REDACTED] and his [REDACTED] and political cronies is by reporting these issues to the press.