

Comments Submitted by the Agency on the Webequie Supply Road Project Draft Human Health Study Plan – August 28, 2020					Agency comments on February 4, 2021 Updated Human Health Study Plan	Proponent Response May 14, 2021	Federal comments based on May 14, 2021 proponent response and Updated Human Health Study Plan
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#3	<p><b>Section 2.1</b> “Based on these factors, the communities identified by Webequie will be offered the deepest or intensive consultation/engagement.”</p> <p><b>Section 3.2 Indigenous Engagement and Consultation</b></p>	<p><b>Section 6</b> “...The Agency requires the proponent to engage with, at a minimum, the communities listed in the <i>Indigenous Engagement and Partnership Plan</i>. The proponent is expected to work with Indigenous groups to understand what kinds of approaches to engagement 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...”</p>	<p>The study plan must reflect how opportunities for Indigenous groups to provide input and how input received from all Indigenous groups and the sub-populations listed in the Indigenous Engagement and Partnership Plan (IEPP) will be incorporated into the Impact Statement.</p> <p>The study plan does not provide further detail on what is meant by the “deepest” and “intensive” consultation/engagement activities Webequie First Nation will offer communities.</p> <p>Indigenous groups identified for the deepest and intensive consultation and engagement in in Table 1 of the study plan do not include Aroland First Nation and Fort Albany First Nation, which are two of the Indigenous groups identified in the IEPP.</p> <p>The study plan should note that the list of Indigenous groups identified by the Agency may change as more is understood about the adverse effects of the Project; additional information is received from Indigenous groups; or if the Project or its components change during the impact assessment process.</p>	<p>Update the list of Indigenous groups identified for the deepest and most intensive consultation and engagement in the study plan to reflect the Indigenous groups listed in the IEPP, including Fort Albany First Nation and Aroland First Nation.</p> <p>Explain the differences between consultation/engagement for groups and sub-populations identified by Webequie First Nation for the deepest and most intensive consultation/engagement and those who were not.</p> <p>Provide details to demonstrate that all Indigenous groups identified by the Agency and listed in the IEPP will be engaged with and provided opportunities to:</p> <ul style="list-style-type: none"> <li>• provide Indigenous knowledge during baseline data collection;</li> <li>• comment on the list of valued components and indicators;</li> <li>• inform the effects assessment and review its conclusions; and</li> <li>• inform the development of mitigation measures and follow-up programs.</li> </ul>	<p>This item has not been addressed.</p> <p>Provide a fulsome response to comment 3.</p>	<p>The WSR provincial EA Terms of Reference (ToR, Section 10.4.1, Table 10-6 p.172) states that there will be 3 visits for each of the 8 communities most potentially affected, as identified by the Webequie First Nation (WFN), and 2 visits for the remaining 14 communities. We understand the list of communities in the IEPP and from the MECP reflect the Crown’s understanding of communities whose established or asserted Aboriginal and/or treaty rights may be adversely affected by the Project and/or may have interests in the Project, and that this list is subject to change. Our current engagement and consultation program as stated above, and in the ToR, reflect WFN’s identified list of communities that were assessed based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Geographically closer to the project area than others;</li> <li>• Known to have traditionally used some of the potentially affected lands in the past, or currently;</li> <li>• Downstream of the Project and may experience impacts as a result of effects to waterways;</li> <li>• Considered to have closer familial/clan</li> <li>• Have been involved in all-season road planning in the Region, either directly with the Webequie First Nation, or in consideration of all-season road planning that the Webequie First Nation</li> </ul>	<p>The Agency acknowledges the commitments made in the proponents May 14,2021 response.</p> <p>It is the Agency’s expectation that details on engagement that relate to the preparation of the Impact Statement be included in the study plans rather than directing the Agency and federal authorities to the TOR, a product that is part of the provincial process. Details regarding engagement activities with Indigenous groups during the preparation of the Impact Statement should be included in the study plans and, where relevant, should be consistent with the information found in the TOR.</p> <p>Please note that the Impact Statement will require a demonstration that all groups listed in the IEPP have been adequately engaged, including a record of that engagement. These requirements can be found in Section 6 of the TISG.</p>

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						<p>has been involved with in recent years.</p> <p>Based on these factors, the Indigenous communities to be offered the deepest or intensive engagement/consultation are currently those identified by WFN. That said, note that all communities listed in the IEEP will be engaged and consulted during the EA/IS phase, and that WFN is open to engage those communities, should they wish to engage more frequently.</p> <p>Indigenous Knowledge and other information received from community members for the Project will assist with several key elements of the EA/IA process, including:</p> <ul style="list-style-type: none"> <li>• Assessing existing Indigenous Knowledge information in relation to the road project and to understand additional work that may be required;</li> <li>• Incorporating Indigenous Knowledge currently available to establish a baseline to monitor change going forward; Evaluating alternatives and assessing potential impacts of the Project (e.g., criteria and indicators of relevance to Indigenous communities for all environmental components); and</li> <li>• Developing environmental mitigation, protection and compensation measures, and</li> <li>• Monitoring commitments and</li> </ul>	

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						<p>accommodation measures, where necessary. (WSR Terms of Reference Section 10.4.1.1 p.175).</p> <p>Communities have had the opportunity to comment on the valued components, criteria, and indicators through the Terms of Reference phase from September 2019 to February 2021. They will have further opportunities to provide feedback on the valued components and criteria at the first community meeting and for the assessment of alternatives (Section 10.4.1, Table 10-6 p.172)</p> <p>Other specific activities topics to be presented during community visits and where feedback will be received include: proposed environmental mitigation, protection and compensation measures associated with the preferred alternative (Section 10.4.1, Table 10-6 p.172).</p>	
#12	<p><b>Section 2.2.4</b> “The status of food security or insecurity in the community will be described considering both commercial and traditional foods.”</p> <p><b>Section 2.3, Table 3</b> <u>Country Foods Indicators and Source:</u> “- Contamination/quality of country foods (metals and metalloids, including mercury) - Quantitative assessment of changes in quality of country foods</p>	<p><b>Section 9</b> “...Examples of social determinants of health that may be relevant to the Project are provided for consideration: ...</p> <ul style="list-style-type: none"> <li>• food security, access to country foods (traditional foods);...”</li> </ul>	The study plan does not describe how the status of food security will be obtained, or how food security and consumption rates may be indicators for potential changes to health in Table 3.	<p>Describe how the status of food security or insecurity in the community will be obtained. If a food security questionnaire is used, provide samples of the questions if available.</p> <p>Provide further information on food security and consumption rates to support the baseline country food data.</p>	<p>In the study plan, it is not clear whether food security/insecurity survey will be undertaken, or whether the health and socio-economic surveys will attempt to cover areas of food security. Describe how the status of food security or insecurity in the community will be obtained. If a food security questionnaire is used, provide samples of the questions if available.</p> <p>In the study plan, it is not clear whether a consumption survey will be undertaken, or whether the</p>	<p>A country foods consumption survey will be undertaken. This consumption survey also includes questions that seek input on how the Project may affect food security associated with traditional foods. The FNFES survey was used as a guidance tool in the development of the WSR Country Food Survey. Based on the responses to the specific survey questions, an assessment will be completed to determine whether community members have sufficient access to traditional foods and what the primary barriers to consumption are.</p>	Please see May 28 <sup>th</sup> 2021 federal comments on the Country Foods Survey. The survey is not designed to provide data about food security/insecurity as was identified in federal comments on the HHRA Country Foods Survey (2021-05-28 – IAAC Comments on WSR HIA and HHRA Country Food Surveys, Table 2 Comment #3). The proponent is encouraged to reassess how they will seek data about food security/insecurity.

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	with respect to potential contaminants between the Project - Phases (i.e., construction and operations) - Quantity/availability of country foods”  “Baseline and estimated concentrations of key contaminants in country foods will be used in the risk assessment to calculate exposures and risk. Acceptable levels of risk will be those accepted by Health Canada”				health and socio-economic surveys will attempt to cover areas of a consumption survey. Please clarify how information on consumption will be obtained.  In the study plan, the primary assumptions of the country food assessment is not explicitly described. The proponent is recommended to explicitly describe the primary assumption of consumption of country foods. The proponent is recommended to review the list of commonly consumed foods and data on consumption frequency from the First Nations Food, Nutrition and Environment Study (FNFNES) to inform the baseline country food studies. The FNFNES may contain useful methodologies/questionnaires for dietary intake (i.e. food frequency). If further information is needed, consumption surveys should also be used to identify consumption quantities	Country foods consumption will be evaluated via quantities, rates and patterns obtained from the survey results.  The primary assumption regarding the country foods survey is: <ul style="list-style-type: none"> <li>› The WFN country foods survey results will be assumed to be representative of consumption habits and frequency of all WFN members.</li> </ul> A copy of the Country Foods Consumption and Use Survey was provided to the Agency.	
#13	<b>Section 2.2.4</b> “A benchmark of safe ingestion rates will be calculated, and the results presented in a colloquial manner (i.e. number of meals per week, month or season).”	<b>Section 9</b> “To understand the community and Indigenous context and baseline health profile, the proponent must:… <ul style="list-style-type: none"> <li>• provide baseline contaminant concentrations in drinking water and in the tissues of country foods (traditional foods) consumed</li> </ul>	The study plan should describe an approach to determining mitigation measures, such as consumption advisories, in the event that high levels of contamination are to be found in foods.  Detail must be provided on how Indigenous groups will be engaged in the development of mitigation measures.	Provide detail to demonstrate how mitigation measures will be determined for a scenario in which high levels of contamination are found in foods in the community as a result of the project.  Provide detail to demonstrate how Indigenous groups will be engaged in the development of mitigation measures.	In the study plan, it is not clear if there would be mitigation measures in place in the event contaminant levels that exceed recommended guidelines are found in the country food species.  In the Impact Statement the proponent should describe mitigation measures in the event that high levels of contaminants are found in species that are consumed as country foods. For example,	Indigenous groups will be engaged in the development of Project mitigation measures, including where the effects assessment predicts contaminant levels to exceed recommended guidelines found in country food species.  As outlined in the ToR (Section 10.4.1, Table 10-6, p.172), meetings will be held with Indigenous communities to outline proposed mitigation measures and seek feedback and comments from community	This item has been sufficiently addressed.  Note that it is the Agency's expectation that details on engagement that relate to the preparation of the Impact Statement be included in the study plans rather than directing the Agency and federal authorities to the TOR, a product that is part of the provincial process. Details regarding engagement activities



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		by Indigenous groups and local communities...  <b>Section 20</b> “The proponent must engage with Indigenous groups when developing mitigation measures.”			consumption advisories could be used to mitigate this issue.	members to be incorporated into the EA/IA.  The Impact Statement will describe mitigation measures if it is predicted that high levels of contaminants are going to be found in species consumed as country foods. This could include consumption advisories.	with Indigenous groups during the preparation of the Impact Statement should be included in the study plans and, where relevant, should be consistent with the information found in the TOR.
#14	<b>Section 2.2.4</b> “Cumulative Effects The HHRA will predict the potential risks to human health from the existing baseline, plus each of the Project phases.”	<b>Section 22</b> “The proponent must identify and assess the Project’s cumulative effects using the approach described in the Agency’s guidance documents related to cumulative environmental, health, social and economic effects...  The Impact Statement must: • identify and provide a rationale for the valued components that will constitute the focus of the cumulative effects assessment. The selected valued components are those most likely to be affected by the Project in combination with other projects and activities;...”	More information is required to determine if the study plan will consider other ongoing project activities (including but not limited to the Marten Fall Community Access Road Project), for the description and discussion of the cumulative human health effects of the Project.	Provide further information, including a description and discussion on cumulative human health effects from the Project.  Provide further information on how the Impact Statement will consider other ongoing activities in its determination of cumulative human health effects from the Project.	This is not addressed. The proponent has indicated that they will be sharing a cumulative effects study plan with the Agency and MECP for review. The Agency expects the required actions to be covered in the cumulative effects study plan.	A cumulative effects study plan will be provided to the Agency and MECP for review. This includes a description and discussion regarding how cumulative effects from the Project will be assessed.	The Agency will reserve any further comments until federal review of the Cumulative Effects Study Plan has been completed.
#15	<b>Section 2.2.4</b> “Receptors of concern in the study areas will be identified, with a focus on sensitive/vulnerable receptors (i.e., residential areas, schools, etc.). Additionally, areas of concern with known importance and value (i.e., harvesting vegetation for consumption/medicinal or cultural uses) will be considered.	<b>Section 8.7</b> “The Impact Statement must: ... • describe the use of local vegetation for medicinal or cultural purposes or as a source of country foods (traditional foods)...”  <b>Section 8.8</b> “The Impact Statement must: ...	It is unclear how sensitive receptors for the human health risk assessment will be selected and if all potential sensitive receptor locations will be considered.  No rationale appears to be provided for the exclusion of areas used for harvesting other country food types with dietary/medicinal/cultural importance (e.g., fish, birds and wildlife).	Provide further information on how sensitive human receptors were and will be selected, including how community input will be considered.  Provide a list of all potential country food types (e.g., plants, fish, birds and wildlife) and associated harvesting/fishing/hunting grounds that have been identified through Indigenous engagement and/or a dietary/consumption survey to identify areas of concern with known	It is unclear whether waterfowl (or other birds) will be included in the country food study. Section 2.7.1 (pg. 12) indicates that tissue samples will be collected from waterfowl, however this category of country food is not listed in Appendix A (pg. 17). Please add Waterfowl (and other birds, if relevant), to the categories of country foods in Appendix A.	The country foods study does include migratory birds (Section 6.1 of the country foods questionnaire). Waterfowl are currently not included as an option in the country food survey, but they will be added following the review of the survey by the Agency. Note that there is also an “Other” option provided in that section of the survey.	This item has been partially addressed.  The Agency understands that birds, including waterfowl, will be included in a revised HHRA Country Foods Survey. However, birds are still not included in the country foods tissue sampling plan as part of baseline country foods study (Appendix A, p.18).

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	All receptors will be considered in the problem formulation and, at a minimum, the most sensitive receptors (e.g., people that are expected to receive the greatest exposures and/or known sensitive subgroups of the population) will be retained for quantitative assessment.”	<ul style="list-style-type: none"> <li>describe the use of fish and/or aquatic species...”</li> </ul> <p><b>Section 8.9</b> “The Impact Statement must: ... The Impact Statement must:</p> <ul style="list-style-type: none"> <li>describe the use of (magnitude, timing) migratory and non-migratory birds as a source of country foods (traditional foods) or where use has Indigenous cultural importance ...”</li> </ul> <p><b>Section 8.10</b> “The Impact Statement must: ...</p> <ul style="list-style-type: none"> <li>describe the use and harvesting of fur-bearing species and whether its harvesting has Indigenous cultural importance;...”</li> </ul> <p><b>Section 9</b> “...To understand the community and Indigenous context and baseline health profile, the proponent must:...</p> <ul style="list-style-type: none"> <li>At minimum, provide a map showing approximate locations of permanent residences, temporary land uses (e.g., cabins and traditional sites) and known locations of sensitive human receptors (e.g., schools, hospitals, community centres, retirement complexes or assisted care homes);...”</li> </ul>		<p>importance and value in the Problem Formulation stage.</p> <p>Explain why areas used for harvesting other country food types with dietary/medicinal/ cultural importance are excluded.</p>	<p>Section 2.8.2 (pg. 19) limits “areas of concern with known importance and value” to vegetation harvesting sites. The proponent should consider harvesting areas for all types of country food considered in the study area (i.e. areas of hunting, fishing, trapping, harvesting, etc.) rather than considering only vegetation harvesting areas as currently stated in the Section 2.8.2.</p>	<p>Harvesting areas for all types of country food will be considered in the study area, not just vegetation.</p>	<p>Additionally, the proponent response states that harvesting areas for all types of country foods, not only vegetation, will be considered as potential receptor locations. However, the areas of concern with known importance and value are still limited to vegetation harvesting areas in the revised human health study plan (Section 2.8.2. p.20).</p> <p>Health Canada recommends that the Country Foods Survey results be used to inform the country foods tissue sampling plan (Appendix A) and that the Human Health Study Plan (Section 2.8.2) be revised to consider all types of country foods harvesting areas in the study area.</p>

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#16	<p><b>Section 2.2.4</b> “Additionally, the HHRA will use Health Canada’s Air Quality Benefits Assessment Tool (AQBAT) to estimate mortality and morbidity effects; AQBAT is a computer simulation tool designed to estimate the human health and welfare benefits or damages associated with changes in ambient air quality. The most current version of AQBAT available from Health Canada will be used in the HHRA. The results of the AQBAT analysis with contribution from the Project will be compared to the results for background to estimate the estimated impact of the project phases on the morbidity and mortality endpoints.”</p>	<p><b>Section 16.1</b> “With respect to biophysical determinants of health, the Impact Statement must:...</p> <ul style="list-style-type: none"> <li>describe and quantify the project-related activities, and provide an inventory of contaminants of potential concern and their sources, potential exposure pathways, adverse human health effects and the potential human receptors of these effects;</li> <li>describe nuisances and environmental, social and economic changes that could potentially be sources of adverse human health effects and the potential human receptors of these effects;...”...</li> </ul>	<p>It is unclear why the AQBAT will be used, given the relatively small footprint of the site and receptor-based approach within the local assessment area.</p> <p>The results from AQBAT are generated at relatively large geographic scales, such as national, provincial, regional or census division level. By applying the AQBAT to a small-scale study, a higher level of uncertainty is introduced and interpreting the results in the context of a human health risk assessment becomes challenging. It is unclear how use of the AQBAT to assess potential human health impacts from air quality changes due to the project will meet the TISG requirements.</p>	<p>Explain how the human health risk assessment will consider the high level of uncertainty related to the use of AQBAT for the project. Provide detail to demonstrate how the potential health risks of a relatively small number of human receptors in the project study areas, including sensitive receptors such as traditional land users, will be assessed as per requirements in Section 16.1 of the TISG.</p>	<p>This comment has not been addressed.</p> <p>Provide a fulsome response to comment 16.</p>	<p>Baseline conditions will be assessed using existing Ring of Fire air quality monitoring data, supplemented with CAC data from other National Air Pollution Surveillance (NAPS) stations situated in environments similar to WFN.</p> <p>Project condition CAC exposure risk will be assessed in the HHRA using maximum concentration point estimates derived from hourly, daily and annual CAC concentrations obtained from dispersion modelling using AIRMOD. The results of the AIRMOD based risk analysis will be compared to the results for baseline conditions to estimate the impact of the project phases on carcinogenic CAC exposure risk and non-carcinogenic hazard. AQBAT will not be used in the assessment.</p>	<p>This item has been addressed.</p>
#17	<p><b>Section 2.2.4</b> “With respect to noise levels, the Acoustics team will provide the HIA team with ambient noise levels at key receptor points within the community of Webequie. This data will be collected by the Acoustics Team over a period of one-week in the fall of Year 3 of the Project during a one week site visit.”</p> <p><b>Section 2.1.3</b> “Existing background ambient sound levels at representative NSAs within the Webequie First Nation community and along the proposed WSR route will be determined through ambient noise level</p>	<p><b>Section 8.1</b> “The Impact Statement must:</p> <ul style="list-style-type: none"> <li>provide current ambient noise levels at key receptor points to traditional land users and sensitive human receptors, including the results of a baseline ambient noise survey and permissible sound levels for each receptor. Information on typical sound sources (both natural and anthropogenic), geographic extent and temporal</li> </ul>	<p>The human health study plan appears to have inconsistencies with the acoustic environmental study plan, particularly the ambient baseline noise measurement locations.</p> <p>Specifically, the acoustic environment study plan proposes to collect baseline noise data from at least two different locations (i.e. within the Webequie First Nation community and along the proposed route), whereas the human health study plan includes only the Webequie First Nation locations.</p> <p>Additionally, it is not clear why noise baseline data will only be collected for a one-week period in the fall. The acoustic environment study plan provides only a broad outline</p>	<p>Provide clarification on the location(s) of the ambient baseline noise data measurements and provide detailed rationale about how the proposed location(s) are representative of the sensitive receptors.</p> <p>Provide rationale for how the proposed duration and season selected for the noise data measurements will consider the temporal variations of the local acoustic environment and will be representative of the worst-case situations at the sensitive receptor locations.</p> <p>Describe how Indigenous knowledge was used to identify the proposed time period of fall in Year 3 of the Project for the proposed Noise Assessment.</p>	<p>Provide rationale for how the proposed duration and season selected for the noise data measurements will consider the temporal variations of the local acoustic environment and will be representative of the worst-case scenarios at the sensitive receptor locations.</p>	<p>Locations for Ambient Baseline Data Collection Two locations were chosen, one along the proposed route and one at the Webequie First Nation community to address the TISG Section 8.1 requirement to “provide current ambient noise levels at key receptor points to traditional land users and sensitive human receptors”. The location along the route is intended to represent “key receptor points to traditional land users”, being locations on the land where traditional activities may take place; the location in the community is</p>	<p>The study plan indicates that baseline noise data will be collected in Year 3, which is understood to be during the construction phase of the Project. It is unclear how this baseline data would be representative of the pre-construction phase conditions. Demonstrate how the collection of baseline noise data during Year 3 will be representative of the pre-construction phase conditions.</p>



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	<p>measurements. For this project, a minimum of two receptor locations will be selected (refer to Figure 3):</p> <ul style="list-style-type: none"> <li>› One, within the community, at the western terminus of the proposed WSR route; and</li> <li>› One, at a distance of a few kilometres along the proposed route (away from the community), which will be used as representative of conditions along the corridor. The measurements at each location will be conducted for a minimum period of 48 hrs.”</li> </ul> <p>“The weather conditions during the measurements will be representative of worst-case “noise exposure situation under consideration. As a result, measurements will be conducted during the spring to fall period, excluding winter months.”</p>	<p>variations will be included....”</p> <p><b>Section 9</b> “...The information provided must:...</p> <ul style="list-style-type: none"> <li>• describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups;...”</li> </ul>	<p>where the data collection will occur for a minimum period of 48 hours during the spring to fall period.</p> <p>The study plan does not describe how Indigenous knowledge may have been used to select this time period for the noise assessment.</p>			<p>intended to represent “sensitive human receptors”. Duration and Season for Measurements In terms of predicting a “worst-case scenario” at the sensitive receptor locations, the impact of noise from the project should be assessed against the lowest background ambient sound levels, during a time period when people will be most exposed to the noise. Representative worst-case noise impacts will take place during the spring, summer and fall periods. During these times, doors and windows will be open, people will be out in their yards and patios, and out on the land. During the winter months, people will mainly be indoors, with windows and doors closed.</p> <p>During the spring, summer and fall periods, the best period to measure ambient noise levels is either during the spring or fall, when noise from insects and foliage is minimized. These periods will produce the quietest background ambient sound levels.</p>	
#18	<p><b>Section 2.2.4</b> “Where applicable, a Hazard Quotient (HQ) will be estimated for receptor exposure to non-carcinogenic COPCs as the sum of the individual HQs for the operable exposure pathways. › ≤ 0.2 = negligible human health risks; and, › &gt; 0.2 = potential for unacceptable risks – may require mitigation or more detailed assessment.</p>	<p><b>Section 16.1</b> “With respect to biophysical determinants of health, the Impact Statement must: ...</p> <ul style="list-style-type: none"> <li>• describe and quantify the health risk from exposure to COPCs (e.g., arsenic, chromium, mercury) via consumption of country foods and differential risk for vulnerable subgroups;...</li> </ul>	<p>The study plan does not commit to provide the risk estimates for the Project plus the baseline scenario, and the Project scenario alone in a manner that would demonstrate the requirements of Sections 16.1 and 21 of the TISG would be met.</p> <p>Additionally, the study plan does not appear to consider the characterization of potential health impacts from exposure to COPCs that may exist below the criteria levels, nor does it indicate that mitigation measures to reduce</p>	<p>Clarify that the Impact Statement will provide further information on the risk estimates for the Project plus baseline scenario, as well as the Project alone scenario, for all COPCs investigated.</p> <p>Confirm that the Impact Statement will, in order to reduce the burden of pollution on the population, provide further information on the use of all available technologies to reduce emissions as low as reasonably achievable and beyond those required to achieve the</p>	<p>This comment has not been addressed.</p> <p>Provide a fulsome response to comment 18.</p>	<p>The TISG (Page 14, first bullet) allows for chemical screening to remove COPCs from the assessment. This approach is consistent with Health Canada risk assessment guidance. The reviewer prefers that potential health impacts also be characterized for COPCs that occur below criteria levels (in other words, it is requested that risk should be characterized for COPCs that</p>	<p>This item has been addressed.</p>



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	Note, 0.2 is dependent on the soil allocation factor for a particular chemical/ chemical group. As such, the threshold of 0.2 may vary as applicable. Health Canada's negligible risk level of 0.2 (or 20% of the TRV) allows for 80% of the acceptable exposure level (the TRV) to come from other sources; this approach is based on the potential for exposures to a chemical in air, soil, water, food and consumer products (i.e., 20% of the acceptable exposure is allocated to each of these 5 media/sources). A HQ value that is greater than 0.2 indicates the potential the estimated exposures to exceed the acceptable rate and thus, may indicate potentially unacceptable risks. Under such circumstances, further evaluation that includes assessment of background exposures to determine if the total HQ value exceeds unity (1) should be considered. On the other hand, a HQ value that is less than 0.2 indicates negligible health risks based on the assumptions used in the HHRA"	<ul style="list-style-type: none"> <li>provide a detailed rationale/explanation if a determination is made that an assessment of any COPCs (e.g., arsenic, chromium, mercury) or exposure pathways should be excluded and/or screened out of the assessment and if the proponent decides to deviate from the suggested assessment approaches and methods or determines that such assessment is not warranted;..."</li> </ul> <p><b>Section 21</b>  "...Proponents must describe the extent to which residual effects are adverse. Where relevant, or where best practice or evidence-based thresholds exist, effects should be described using criteria to quantify adverse effects... Where the potential for human health effects exist due to exposure to a particular contaminant at any level (e.g., non-threshold air pollutants, including particulate matter and nitrogen dioxide, and water pollutants, such as but not limited to arsenic and lead) mitigation measures should aim to reduce the residual effects to as low as reasonably achievable..."</p>	effects to as low as reasonably achievable will be sought per Section 21 of the TISG.	applicable environmental quality criteria and/or risk thresholds.		would otherwise screen out of the exposure and toxicity assessment). COPC screening will be completed in the human health risk assessment, although human health risk will be quantified for all COPCs evaluated in each exposure media, even if the risk associated with certain COPCs is qualitatively determined to be acceptable (i.e., if a COPC does not exceed a screening criterion, that COPC will still be carried forward for further quantitative assessment within the limitations of available toxicity data). Both Baseline and Project risk scenarios will be evaluated in the human health risk assessment, per the requirements of TISG Section 16.1, and residual risks will also be quantified after consideration of mitigation measures, per Section 21 of the TISG. The magnitude of the adverse effects will be provided quantitatively (based on a HQ or ILCR) and qualitatively, where possible.  The human health risk assessment will propose technically and economically feasible health risk mitigation measures. Where the potential for human health effects exists due to COPC exposure, the goal of the proposed risk mitigation measure would be to reduce the residual effects to as low as reasonably achievable.	
#23	<b>Section 2.3, Table 3</b> <u>Social Determinants of Health</u> "- Illegal or Potentially Disruptive Activities	<b>Section 16.2</b> "With respect to Social Determinants of Health, the Impact Statement must:..."	The study plan does not describe potential effects to the safety of women and girls from project activities.	Provide detail to demonstrate how the effects to the safety of women and girls from project activities, including worker accommodation and	Indigenous women's safety and community safety have been included in the updated plan as areas/factors to be considered.	The criteria and indicators for women's safety have been developed and are being addressed through the socio-	This item has been addressed.  Note that the data for health impacts of gender-based violence

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	- Changes in rates/nature of crime - Changes in substance abuse”	<ul style="list-style-type: none"> <li>describe effects on the safety of women and girls from project activities including worker accommodation, and as a result of new roads in remote areas;...”</li> </ul>		as a result of new roads in remote areas, will be included in the Impact Statement.	<p>However, specific criteria and indicators for safety of women and girls has not been provided.</p> <p>Section 9 of the TISG requires that any relevant indicators are described in the Impact Statement, including how they are reflective of community input. With this in mind, the project team should include indicators of gender-based violence. Should the indicators be deemed unnecessary, the study plan should provide a detailed rationale/explanation for such exclusions.</p>	<p>economic study. Communities will have the opportunity to review these when they review the data/information collection tools for the socio-economic study. Their input will be used to refine and adjust the criteria and indicators as necessary, which will be documented in the EAR/IS.</p> <p>Indicators of gender-based violence have been included in the Human Health Study Plan.</p>	<p>specific to Indigenous women should be disaggregated, as Indigenous women and girls have a higher rate of victimization through violence.</p>

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#25	<p><b>Section 2.4.2.2</b> “It is understood that impact management measures are not always fully effective, therefore, WFN will identify a compliance monitoring and effects monitoring program as part of the EA for implementation during the project phases.”</p> <p><b>Section 2.4.2.6</b> “This would include construction and operational monitoring that would identify actual effects, assess the effectiveness of the measures to minimize or eliminate adverse effects, and evaluate the need for any additional action to ensure that socio-economic commitments and obligations are fulfilled and mitigation measures are effective.”</p>	<p><b>Section 20</b> “...The Impact Statement must:...</p> <ul style="list-style-type: none"> <li>identify opportunities to involve Indigenous groups in monitoring activities during the construction and operations phases to mitigate effects on traditional activities;...”</li> </ul> <p><b>Section 26.2</b> “The Impact Statement must describe the environmental, health, social and economic monitoring to be established, as part of the follow-up program...”</p>	<p>The study plan does not describe how the proponent or its community members will develop the capacity to undertake compliance and effects monitoring activities for the implementation of the Project.</p> <p>The study plan also does not describe how the proponent will establish or implement health monitoring as a part of the follow-up program, including information on the operational capacity to perform monitoring to identify effects, assess effectiveness of measures, or evaluate the need for further action to ensure commitments and obligations are fulfilled and effective.</p>	<p>Update study plan to include details on the approach to developing a health monitoring program to assess effectiveness of measures and evaluate need for further actions to ensure commitments and obligations are fulfilled and effective.</p> <p>Describe how opportunities will be identified for Indigenous groups to be involved in monitoring activities, as required in Section 20 of the TISG.</p>	<p>Provide a fulsome response to comment 25.</p> <p>The Agency reiterates the requirements in Section 20 of the TISG, to identify opportunities for Indigenous groups in monitoring activities during the construction and operation phases of the project, as well as the requirements in Section 26.2 of the TISG regarding follow-up program monitoring. This information will be required in the Impact Statement.</p>	<p>Details on the health monitoring plan/program to assess predicated effects and effectiveness of mitigation measures will be described in the EAR/IS based on the results of the HIA and its recommendations. The plan may include measures such as follow-up evaluations, and monitoring of certain environmental components or health indicators, such as project related discharges and emissions for atmospheric environment and/or groundwater or surface water resources.</p> <p>As part of the EA/IA process, an environmental compliance and effects monitoring program will be identified. Opportunities for indigenous peoples to participate in monitoring activities during the construction phase are anticipated to be numerous. For example, as part of a compliance management program, it is expected that Indigenous Monitors will be retained as integrated members of the Environmental Inspection team during construction. It is envisioned that Indigenous Monitors will work with Environmental Inspectors to monitor compliance with approved mitigation measures, particularly in relation to traditional resource use, as well as cultural and heritage considerations. Indigenous Monitors may also participate and build capacity in other environmental inspection duties and bring an Indigenous lens to environmental inspection activities. Further specific examples include</p>	<p>The Agency understands that this item will be addressed in the Impact Statement and has no further comment at this time.</p>



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						monitoring of surface water at waterbody crossings, groundwater and vegetation monitoring in the peatlands, and monitoring of applicable protection measures for wildlife, harvesting or hunting areas, and culturally and spiritually important sites (e.g., ceremonial).	
#26	<b>Section 2.4.2.4</b> “For example, the magnitude (intensity) of the effect may be expressed in absolute (e.g., number of businesses affected, or area (hectares) of archaeological sites associated with Indigenous communities affected) or percentage values above (or below) baseline conditions (e.g. changes to crime rates). Additionally, the definition of effect levels may vary from one valued component or criterion to another, recognizing that the units	<b>Section 21</b> “The Impact Statement must: <ul style="list-style-type: none"> <li>• characterize the residual effects using criteria most appropriate for the effect;</li> <li>• characterize residual effects for human health using human health-related criteria most appropriate for the carcinogenic and non-carcinogenic health effects of non-threshold contaminants;...</li> <li>• provide the rationale for the choice of criteria used to</li> </ul>	The study plan does not describe how the proposed judgement criteria (e.g., percentage deviation from the baseline condition) are developed and will be applied, or whether they are adequate to protect human health.	Describe how the magnitude criteria for residual effects will be developed and used to meet the requirements of Section 21 of the TISG.  Clarify how the proposed criteria definitions are relevant to the protection of the biophysical aspects of human health.	This comment has not been addressed.  Provide a fulsome response to comment 26.	Section 2.4.2.4 of the study plan is intended to provide an example of how the magnitude (intensity) of an effect may be expressed for valued components. The magnitude criteria for the health human assessment may be expressed as a quantitative (e.g., %) deviation from baseline conditions to characterize residual effects. However, we note that the use of the magnitude criteria “must” only be applied to those valued components in sub-sections 14.3, 15.2 and 15.4 as stated in Section 13 of the TISG and is stated as	This item has been addressed.  Please note that the TISG requires use of the pre-determined criteria in Section 13 only for those ecological VCs described in Sections 14.3, 15.2, and 15.4. However, the use of magnitude criteria may also be applied to other health-related VCs.

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	and range of measurement are distinct for each.”	determine the extent to which the predicted effects are adverse. The information provided must be clear and sufficient to enable the Agency, review panel, technical and regulatory agencies, Indigenous groups, and the public to review the proponent's analysis of effects;...”				<p>“where applicable consideration should be given to” in Section 22.</p> <p>As stated in Appendix A of the study plan, for each determinant of health that is selected and taken through to the assessment step following the scoping process, a detailed assessment will be conducted including: “Characterizing the potential health impacts, including criteria such as magnitude and likelihood of impact, type of impact, the geographic and temporal extent of impact, vulnerable populations likely to be disproportionately affected, and overall potential health outcome. Information for this step will be taken mainly from the Impact Statement, and supplemented Indigenous Knowledge, results of the rightsholder/stakeholder engagement and HIA practitioner judgement.” Where magnitude is used to characterize residual effects it may be expressed for measurable parameters as negligible, low, moderate or high with definitions provided for each. For example, potential changes in community well being may have effect pathways such as project-related employment and income; and project-related change in population that could be characterized using the magnitude criteria (e.g. project employment estimates - local and non-local workers). Or changes in physical health conditions (e.g., air, water, sound) by using measurable parameters such as concentrations (µg/m3 in air, µg/L in water) or levels (dBA, % highly annoyed for</p>	

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#28	<p><b>Section 2.4.3 Gender Based Analysis Plus (GBA+)</b></p> <p><b>Section 2.2.3</b> “The Project Team will seek to gather information through engagement with community subgroups (e.g., women, youth, elders) in accordance with the GBA+ framework. The Project Team will work with the Indigenous communities to identify appropriate community members of those subgroups to engage with and gather physical, mental and social well-being information from their perspective.”</p> <p><b>Section 2.2.4</b> “Valued components have been identified in the federal TISG and by the Project Team and are, in part, based on what Indigenous communities and groups, the public and stakeholders identify as valuable to them in the EA process to date.”</p> <p><b>Section 2.3</b> “Indigenous communities and the public will be consulted and will have the opportunity to provide input and feedback to help define the criteria and indicators.”</p> <p><b>Section 2.4.2.4</b></p>	<p><b>Section 5.2</b> “...The impact statement must include, at a minimum:... • a description of efforts to engage diverse populations, including groups identified by gender, age or other community relevant factors (e.g., recreational hunters) to support the collection of information needed to complete the GBA+;...”</p> <p><b>Section 7.3</b> “The list of valued components must be informed, validated and finalized through engagement with the public, Indigenous groups, lifecycle regulators, jurisdictions, federal authorities, and other interested parties...”</p> <p><b>Section 9</b> “...The information provided must:... • conduct intersectional gender analysis to examine differences in the status of diverse subgroups (e.g., women, youth, and elders) and their differential access to resources, opportunities and services; describe any relevant indicators, and how they are reflective of community input; • the baseline information must be sufficiently disaggregated and analyzed</p>	<p>More information is required to demonstrate how GBA+ will be applied to public and Indigenous engagement activities and how diverse subgroups may experience project effects differentially.</p> <p>The study plan does not: - demonstrate how the proponent will make efforts to engage diverse populations and gather information sufficient to complete the Gender Based Analysis Plus. For example, information on how e-learning opportunities may be associated with positive health opportunities; - describe how an intersectional gender analysis has been conducted to examine differences in the status of diverse subgroups and differences in access to resources, opportunities and services; - describe stakeholder mapping used to identify the opportunities and barriers that might affect participation of different subgroups that may be marginalized; and - explain whether the list of indicators were developed based on the input from diverse subgroups.</p>	<p>Provide details to demonstrate where and how the public will be integrated into the assessment and contribute to decisions regarding the Project, as per the requirements in Section 5 of the TISG, including to:</p> <ul style="list-style-type: none"> <li>comment on the list of valued components and indicators;</li> <li>defining spatial boundaries for the project</li> <li>inform the effects assessment and review its conclusions; and</li> <li>inform the development of mitigation measures and follow-up programs</li> </ul> <p>Provide detail on the timeline for public engagement relative to the project workplan, including engagement relative to the schedule for baseline work, and in consideration of the project team’s timeline for the development of the Impact Statement.</p> <p>Update sections 3.1 and 3.2 of the study plan to include a description of how and when diverse populations will be engaged to collect information necessary to support GBA+.</p> <p>Provide details on the approach to assess differential effects that may affect diverse subgroups.</p> <p>Describe how GBA+ has been applied to the consideration of engagement activities. Identify specific methods targeted to specific subgroups.</p> <p>Provide further information on stakeholder mapping to clarify opportunities and barriers that may affect participation of subgroups.</p>	<p>The following elements of the comment have not been addressed:</p> <p>Update sections 3.1 and 3.2 of the study plan to include a description of how and when diverse populations will be engaged to collect information necessary to support GBA+.</p> <p>Describe how GBA+ has been applied to the consideration of engagement activities. Identify specific methods targeted to specific subgroups.</p> <p>Provide further information on stakeholder mapping to clarify opportunities and barriers that may affect participation of subgroups.</p> <p>Provide specific approaches and any examples of resources used for the engagement of diverse subgroups to ensure that these subgroups have the opportunity to obtain the necessary information regarding the issues that could potentially affect them.</p> <p>Provide clarification of where diverse subgroups (i.e. women, youth and Elders) may have provided and did provide input on the preliminary list of indicators, and whether these groups have opportunities to provide further</p>	<p>sound). The detailed approach for characterizing residual health effects will be described in the EAR/IS.</p> <p>How diverse populations will be engaged to collect information has been added to the study plan. The timeframes for this are still fluid and vary for the different types of studies being undertaken, including the health study, given that this depends heavily on community timeframes and openness to engagement. Methods applied to the GBA+ approach include surveys and disaggregation of those surveys by gender and age; focus groups with female and male youth, Elders, land users, and adult women; and interviews with service providers who can speak to the needs and accessibility of services for more vulnerable sub-groups. Examples of opportunities and barriers that may affect participation of subgroups include: · availability of childcare · translation of Project materials · work or school obligations · hunting, fishing, trapping, or gathering activities Engagement activities will include supporting arrangements for childcare, if needed. Project materials, including information sheets and communication materials, will be translated to Ojibway, Cree, or Oji-Cree, and translators will be used to help translate surveys and focus group proceedings, as required. Meetings</p>	<p>This item has been addressed.</p>



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	<p>“Lastly, effects may impact communities, Indigenous groups and stakeholders in different ways, including through a gender-based lens and they may respond differently to them. Therefore, determining and characterizing effects will be based largely on the level of concern expressed through engagement with the Indigenous groups and community members.”</p> <p><b>Section 2.4.3</b> “The potential effects identified will be confirmed and consulted on with Indigenous communities to ensure that the perspective of those subgroups are captured and examined appropriately.”</p> <p><b>Section 3.1 Public Participation</b></p> <p><b>Section 3.2 Indigenous Engagement and Consultation</b></p>	<p>to support the analysis of disproportionate effects as per the GBA+ and consideration of disproportionate effects to surrounding communities (e.g., health disparities), including Indigenous communities...”</p> <p><b>Section 21</b> “...Where appropriate, information regarding residual effects should be disaggregated by sex, gender, age and other community relevant identity factors to identify disproportionate residual effects for diverse subgroups as per the GBA+...”</p>		<p>Provide specific approaches and any examples of resources used for the engagement of diverse subgroups to ensure that these subgroups have the opportunity to obtain the necessary information regarding the issues that could potentially affect them.</p> <p>Provide clarification of where diverse subgroups (i.e. women, youth and Elders) may have provided and did provide input on the preliminary list of indicators, and whether these groups have opportunities to provide further input and feedback on these indicators.</p> <p>To support diverse subgroups, include indicators related to gender-based violence.</p>	<p>input and feedback on these indicators.</p> <p>To support diverse subgroups, include indicators related to gender-based violence.</p>	<p>and focus groups will take place when it is most convenient for the majority of participants, which could be in the evening due to work and school obligations. Meetings with the community and information collection using surveys, focus groups, and interview tools will not be undertaken during hunting seasons, or when individuals are unavailable to participate due to hunting, fishing, trapping, or gathering activities. Schedules will be designed to work around these key periods.</p> <p>Diverse subgroups would have had some opportunities to provide input on some of the preliminary list of indicators through the ToR review period. Further opportunities will be sought through the HIA scoping workshop, which will include representation from diverse subgroups.</p> <p>Please see Response #23 regarding inclusion of indicators related to gender-based violence.</p>	
#29	<b>Section 3.1 Public Participation</b>	<b>Section 5</b>	<p>Although the study plan provides information on engagement methods and activities, it is unclear how public perspectives and input, including community knowledge, will be integrated into or contribute to decisions including:</p> <ul style="list-style-type: none"> <li>scoping, development and collection of baseline information;</li> <li>design of studies conducted as part of the impact statement phase;</li> <li>plans for construction (including location of project components), operation, and maintenance;</li> <li>and follow-up and monitoring.</li> </ul>	<p>Provide details to demonstrate how engagement methods and activities will be accessible and will support the contribution and integration of public perspectives and input, including community knowledge, to decisions regarding the Project, as per the requirements in Section 5 of the TISG.</p> <p>Provide details on the timeline for public engagement relative to the project workplan, including engagement relative to the schedule for baseline work, and in consideration of the project team’s timeline for the development of the Impact Statement.</p>	<p>This comment has not been addressed.</p> <p>Section 3.1 of the study plan mentions open houses in Thunder Bay. It is unclear how two open house sessions in Thunder Bay will be accessible for interested members of the public outside of Thunder Bay.</p> <p>In Section 3.1 the concept of virtual open houses is referenced but little detail is provided on the context, including when the virtual open</p>	<p>The proposed consultation plan for the EA/IA is described in the EA Terms of Reference and Detailed Project Description and notes that Open House type format meetings will be held with government agencies, the public and stakeholders; and off-reserve Indigenous community members in the City of Thunder Bay. No comments from the Agency were received during the planning phase regarding this approach. Consideration will be given to</p>	<p>Section 5 of the TISG outlines the requirements for public participation and views in the preparation of the Impact Statement. Note that the Agency prepared the TISG following the submission of the Detailed Project Description.</p> <p>It is the Agency’s expectation that details on engagement that relate to the preparation of the Impact Statement be included in the study plans rather than directing the Agency and federal authorities to</p>

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			<p>More information is required on timelines for engagement with the public for their perspectives and input, including engagement to support the baseline work and the development of the Impact Statement.</p> <p>It is unclear how two open house sessions in Thunder Bay will be accessible for interested members of the public outside of Thunder Bay.</p>		<p>houses are planned for and who the intended audience is.</p> <p>Provide details to demonstrate how engagement methods and activities, including the proposed virtual open houses, will be accessible and will support the contribution and integration of public perspectives and input, including community knowledge, to decisions regarding the Project, as per the requirements in Section 5 of the TISG.</p> <p>Provide details on the timeline for public engagement relative to the project workplan, including engagement relative to the schedule for baseline work, and in consideration of the project team's timeline for the development of the Impact Statement.</p>	<p>holding additional open house sessions in other communities. The Agency have been provided with the project schedule for engagement and consultation activities, which we note is subject to change based on COVID-19 restrictions and the pending decision on the provincial Terms of Reference. The first open house for the EA/IS phase is expected to be a virtual session in mid-summer 2021, and move to face-to-face meetings in the fall.</p> <p>The virtual open houses will include information on the Project, the EA/IA study process, known existing environmental conditions, the results of studies that have been conducted to date; the development and evaluation of alternatives, including the rationale for use of criteria and indicators; the project schedule; and the results of the consultation program to date. The Webequie Project Team will be available to receive and respond to questions and have an open dialogue regarding the EA/IA process. Written comments may be prepared and sent to the Project Team within a specified period following the event. A full engagement list is available for viewing on the Project Website: <a href="http://www.supplyroad.ca">www.supplyroad.ca</a>.</p> <p>The timelines for these sessions are generally reflected in the project schedule provided to the Agency in February 2021, for which no comments have been received</p>	<p>the TOR, a product that is part of the provincial process. Details regarding engagement activities with the public during the preparation of the Impact Statement should be included in the study plan and, where relevant, should be consistent with the information found in the TOR.</p> <p>The Agency recommends that a meeting on the proponent's workplan/project schedule, including the intended engagement schedule, be planned between the Agency and the proponent.</p>

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						<p>to date. Note: these scheduled sessions are subject to change as noted above. The current milestone information content and schedule are:</p> <p>1. Project and EA/IA process overview; baseline data collection; spatial and temporal boundaries for assessment; criteria and indicators; and identification and preliminary evaluation of alternatives. The content noted would be presented at 2 sessions (i.e., Rounds 1 and 2) as specified in the current schedule – May to July 2021 and September to December 2021. Presentation of the selected preferred alternatives/the Project, including potential effects, mitigation, net effects and their significance and follow-up monitoring would be presented from June to August 2022.</p>	

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#31	Section 4.2 of Appendix A (pg. 5 to 6)	<p><b>Section 16</b></p> <p>“...it is important to include interactions within and across the higher-level health determinations (i.e., Level 2, pertaining to material circumstances/ resources and psychosocial factors, and Level 3, pertaining to structural factors and equity</p>	The proposed plan does not fully align with the TISG requirements (Section 16.2) on the health determinant approach. Health Canada recognizes proximal determinants of health as those factors that directly underlie health outcomes (i.e., health-related behavioural and biological factors). For this reason, proximal	<p>Include the following revisions in Section 4.2 of Appendix A (pg. 5 to 6):</p> <p>a) Move the following factors from Level 1 to Level 2 Determinants of Health:</p> <ul style="list-style-type: none"> <li>• “Physical environment”, since this pertains to environmental conditions, and to housing</li> </ul>	Acknowledged. The required actions identified by the Agency have been incorporated into the updated HIA work plan.	<p>This comment has been partially addressed in the revised Human Health Study Plan.</p> <p>To fully address the comment, further consideration should be given to the following issues:</p>



		<p>factors) in order to identify the pathways of health effects that are most likely to be affected by project-related changes to the determinant(s) of health...”</p> <p><b>Section 16.2</b></p> <p>“...the Impact Statement must:...</p> <ul style="list-style-type: none"> <li>consider adverse and positive effects on health (i.e., overall well-being) based on the social and economic valued components, and their respective indicators, as outlined in Sections 17 and 18...</li> <li>describe effects on the safety of women and girls from project activities including worker accommodation, and as a result of new roads in remote areas;...”</li> </ul>	<p>determinants (i.e., Level 1 Determinants) cover only those factors at the individual level. This aligns with the pathways approach to effects analysis.</p> <p>The Level 1, 2, and 3 Determinants of Health presented in the TISG represent “proximal”, “intermediary” and “distal or structural” Determinants of Health, respectively. Note that pathways of health effects start with Level 3 (distal/structural) factors, which include project activities and components (e.g., policies on the recruitment of migratory temporary workers to be housed at construction camps, policies shaping camp life, work place culture). The Level 2 (intermediary) factors would affect the Level 1 (proximal) behavioural and biological factors (e.g., drug and alcohol abuse; increases in stressful experiences, with biological consequences) underlying physical well-being, which may include physical harm.</p> <p>The following revisions are requested to align with Section 16.2 of the TISG, which supports the determination of evidence-based, cause-and-effect relationships for a well-grounded pathways of effect analysis. The TISG identified Level 1 determinants as behavioural and biological factors, which is based on the description of the established social determinants of health framework found in the Introduction Chapter of PHAC’s report <sup>1</sup>.</p>	<p>access/affordability (economic conditions), and housing quality (social conditions)</p> <ul style="list-style-type: none"> <li>“<i>Employment</i>” and “<i>income</i>”, along with poverty, since this pertains to Level 2 economic conditions</li> <li>“<i>Education</i>”, since this pertains to Level 2 social conditions</li> </ul> <p>b) In “<i>Biological factors</i>” of the “<i>Level 1 Determinants of Health</i>”, replace “<i>mental health</i>” with a new term “<i>mental well-being</i>” as the latter is more encompassing and may be viewed as a proxy indicator for biological factors (biological stress response) by reflecting the extent of stress being experienced, and as an early indicator of physical health; while “<i>mental health</i>” is more representative of a health outcome rather than a health determinant.</p> <p>c) In “<i>Biological factors</i>” of the “<i>Level 1 Determinants of Health</i>”, replace “<i>stress</i>” with “<i>prevalence of depression and anxiety</i>”. Note that sources of ‘stress’ are Level 2 health determinants [i.e. stressful life circumstances], which may increase the ‘risk of anxiety and depression’, which in turn may increase the risk of chronic diseases.</p> <p>d) Replace “<i>physical well-being</i>” with a new term “<i>health-related behaviour</i>” as the former term is not a health determinant, but a health outcome. Include sub-factors as below:</p> <ul style="list-style-type: none"> <li>“<i>Health-related behaviour</i>”: <ul style="list-style-type: none"> <li><i>Level of physical activity</i></li> <li><i>Substance use, including alcohol, smoking, and drugs</i></li> <li><i>Consumption of country food</i></li> </ul> </li> </ul> <p>e) Move the following Level 1 factors to Level 2.</p> <ul style="list-style-type: none"> <li>“<i>Food insecurity, including quality and availability of country foods</i>” as the Level 2 factor that may affect the ability to consume healthy country foods and other food sources at Level 1 (health-related behaviour), along pathways of health effects.</li> </ul>		<p>a) Health Canada recommends that, given that specific examples are listed further in the text, the proponent remove the items ‘employment,’ ‘education,’ and ‘service access’ in the 3<sup>rd</sup> paragraph of Section 4.2 (Appendix A, pdf p.45), in recognition that they are examples of economic and social factors, respectively, which have already been listed in a broad sense.</p> <p>b) Health Canada notes that the “mental well-being” determinant in Section 4.2 (Appendix A) may serve as a proxy measure for biological factors (i.e., the extent of stress being experienced, responsible for the chronic activation of the biological stress response).</p> <p>c) In the list of level 2 health determinants (Appendix A, pdf p.46), ‘housing access’ [in relation to housing markets] should be considered a specific ‘economic factor’ under economic conditions, and placed under the same grouping of economic factors as ‘Employment and income, including, poverty,...’.</p> <p>d) Also in the list of level 2 health determinants (Appendix A, pdf p.46), ‘housing quality’ [in relation to housing standards and level of over- crowdedness] should be considered a specific social factor.</p>
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<sup>1</sup> Source: Public Health Agency of Canada. (2018). Key Health Inequalities in Canada: A National Portrait. Retrieved from [https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key\\_health\\_inequalities\\_full\\_report-eng.pdf](https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key_health_inequalities_full_report-eng.pdf)

				<ul style="list-style-type: none"> <li>• “<i>Childhood development</i>” where parents’ life circumstances, such as their access to food of varying quality and sources of stress, shape the lives of young children, which in turn determines the type of food they consume and the extent of stressful experiences they face [regarding Level 1 behavioural and biological factors], affecting their development with long-term health consequences.</li> </ul> <p>f) While “<i>socioeconomic status</i>” is a useful index of inequity for GBA+, it is not a Level 1 Determinant of Health. It can be applied to disaggregate data by its constituent indicators: income, education, employment status/occupation.</p> <p>g) In Level-3 Determinants of Health, include “<i>worker accommodation</i>” as a critical structural project-related component (in terms of the corporate policy on the requirement to establish construction camps). Additionally, include “<i>safety of women and girls</i>” at Level 2 as migratory camp workers may travel to nearby communities.</p>		
#32	Table 3 (pg.13)	(same as above)	(same as above)	<p>Include the following revisions in Table 3 (pg. 13):</p> <p>Replace “<i>Mental Health</i>” with “<i>Mental Well-Being</i>”<sup>2</sup>. The latter is a broader term related to emotions/feelings, while the former in this context indicates health outcomes, including mental disorders (e.g., depressive and anxiety disorders). Note that feelings of anxiety and depression may be at the beginning stages of becoming a serious disorder, and would serve as early indicators of increased risk of mental and physical health problems.</p> <p>i) Include the following factors under “<i>Social Well-Being</i>”:</p> <ul style="list-style-type: none"> <li>o “<i>Accessibility of drugs and alcohol</i>” in relation to camp workers’ influences and increased disposable income of Indigenous workers.</li> <li>o changes in the “<i>Rate of sexual assaults on/sexual exploitation of women and girls</i>” following the arrival of mobile camp workers as indicators of public safety.</li> </ul>	Acknowledged. The required actions identified by the Agency have been incorporated into Table 3 of the Human Health Study Plan.	<p>This comment is partially addressed in the revised Human Health Study Plan.</p> <p>There continues to be a lack of distinction between ‘determinants of health’ and ‘health outcomes’ in Table 4. Health Canada notes that these are not interchangeable terms or concepts. Health Canada recommends that the proponent distinguish between a health determinant and a health outcome for the following topics:</p> <p>a) Mental Well-Being [as a health area]:</p> <ul style="list-style-type: none"> <li>o It is affected by psychosocial sources of stress and sources of comfort/ stress relief;</li> <li>o It is characterized by the following factors: self-esteem; [<i>feelings of</i>] mild depression or anxiety/worry; grief; etc.</li> <li>o It can be considered a ‘determinant of health’, since it affects mental and physical health status. As such, it</li> </ul>

<sup>2</sup> This clarification is to better distinguish between a health determinant and a health outcome. Mental health is usually considered in terms of a positive health outcome. Well-being can range from low levels (negative) to high levels (positive), with varying intensity. (Source: Government of Canada. (2006). The Human Face of Mental Health and Mental Illness in Canada. Minister of Public Works and Government Services Canada: Ottawa. Retrieved from [https://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](https://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf))

				<p>j) Keep “Physical Well-Being” with its three indicators, recognizing them as <b>health outcome</b> indicators.</p> <p>k) Add another Health Area: “<i>Health-related Behaviour</i>”, and move in this category the following factors currently under “<i>Social Well-Being</i>”:</p> <ul style="list-style-type: none"> <li>o “<i>substance use</i>” (which may be related to consequential coping mechanism at the social level);</li> <li>o “<i>diet</i>”; and</li> <li>o “<i>physical activity</i>.”</li> </ul> <p>l) Place “<i>harm reduction programs</i>”, which is a public health strategy, under “<i>Health Care Services</i>”. This category may be renamed “Health and social services” to encompass community-based programs and services as well.</p>		<p>serves as an early indicator of decreased or increased risk of ‘mental health outcomes’ (e.g., anxiety disorders and major depression) and of ‘physical health outcomes’ (e.g., chronic disease such as diabetes);</p> <p>b) Mental Health Outcomes [as another health area]:</p> <ul style="list-style-type: none"> <li>o It is characterized by the following factors: anxiety disorders or major depression; suicides; positive mental health—please note that these examples are simply given for better understanding of the distinction between the two mental health areas</li> </ul> <p>c) Life changes and community detachments are psychosocial factors contributing to social well-being/community well-being, not mental health.</p> <p>d) The psychosocial condition of ‘remoteness,’ is correctly identified as a factor of Social Well-being. However, its effect (e.g., <i>feelings</i> of isolation) would fall under the health area of Mental Well-Being.</p> <p>e) Intergenerational trauma due to structural historical effects is a cross-cutting factor that may also be linked to other factors under social conditions (e.g., reduced community cohesion, domestic violence), thus contributing adversely to social well-being<sup>3</sup>.</p>
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**New comments based on the May 14, 2021 Updated Human Health Study Plan**

#	Study Plan Section	Tailored Impact Statement Guidelines (TISG) Section	Context	Required Action
#35	Section 2.8.5	Section 16. Effects to valued components – Human health	Health Canada does not support the proposed approach to adjust the target Hazard Quotient (HQ) based on the soil allocation factor (SAF)	Health Canada requests that the risk estimates for the baseline plus project scenario be compared to the threshold HQ of 0.2 unless all background exposures are quantified.

<sup>3</sup> Aguiar, W. & Halseth, R. (2015). *Aboriginal peoples and Historic Trauma: The process of intergenerational transmission*. Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved from <https://www.ccsa-nccah.ca/docs/context/RPT-HistoricTrauma-IntergenTransmission-Aguiar-Halseth-EN.pdf>

	<p>“Note, 0.2 is dependent on the soil allocation factor for a particular chemical/chemical group. As such, the threshold of 0.2 may vary, as applicable.”</p>	<p>“The proponent should provide a detailed rationale/explanation for any deviation from recommended assessment approaches/methods, including Health Canada’s guidance, or when determining such assessment is not warranted.”</p>	<p>(Section 2.8.5, p.24). The concepts of HQ and SAF are independent of each other. Health Canada’s guidance documents<sup>4, 5</sup> describe the methodology for identifying whether an HQ of 0.2 (if background exposures are not quantified) <b>OR</b> 1.0 (if all background exposures are quantified) should be applied in a risk assessment. Background exposures should include all exposure media and pathways not associated with the proposed project (including food, soil, air, water, and consumer products, as applicable). On the other hand, SAF is the relative proportion which it is allowable for soil to constitute in the Residual Tolerable Daily Intake from various environmental pathways (i.e., air, soil, food, water, consumer products) (CCME, 2006)<sup>6</sup>. The factor may be increased from 20% to a value given by: <math>SAF = 100\% / (\text{number of applicable exposure media})</math>.</p>	
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<sup>4</sup> Health Canada. 2019. Guidance for Evaluating Human Health Impacts in Environmental Assessment: HUMAN HEALTH RISK ASSESSMENT. Available at: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-evaluating-human-health-impacts-risk-assessment.html>

<sup>5</sup> Health Canada. 2021. Federal contaminated site risk assessment in Canada: Guidance on human health preliminary quantitative risk assessment (PQRA), version 3.0. Available at: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/contaminated-sites/federal-contaminated-site-risk-assessment-canada-part-guidance-human-health-preliminary-quantitative-risk-assessment-pqra-version-2-0.html>

<sup>6</sup> CCME. 2006. A Protocol for the Derivation of Environmental and Human Health Soil Quality Guidelines. The National Contaminated Sites Remediation Program, Winnipeg. CCME-EPC-101E. Available at: [http://publications.gc.ca/collections/collection\\_2010/ccme/En108-4-8-2006-eng.pdf](http://publications.gc.ca/collections/collection_2010/ccme/En108-4-8-2006-eng.pdf)