

# *Left Behind:* The Systemic Failure of Provincial Services on Lasqueti Island

*A comparative analysis of ferry capacity, healthcare access, and infrastructure equity across BC's Gulf Island communities, and the moral obligation the province is failing to meet.*

ISSUED: 2026-06-05      SCOPE: LASQUETI, THETIS, CORTES, DENMAN & GABRIOLA ISLANDS

DATA: STATISTICS CANADA 2021 CENSUS · BC FERRIES · BC MOH

FOR IMMEDIATE PUBLIC RELEASE

## EXECUTIVE SUMMARY

### **A Province That Charges the Same Taxes Does Not Deliver the Same Services**

*Lasqueti Island's 498 permanent residents pay provincial taxes, hold provincial health cards, and are subject to the same laws as every other British Columbian. They receive a fraction of the services their neighbours on Gabriola and Denman take for granted, and the province has allowed*

*geography, chosen by the community, to become justification for structural neglect.*

This report does not advocate for a car ferry. Lasqueti residents have made a deliberate, democratically expressed choice to forgo a public vehicle ferry and to remain off-grid. Vehicles exist on the island; residents transport them by private barge. That choice deserves respect. But that same choice creates an unambiguous obligation: if the province accepts the community's right to self-determination, it is mathematically and ethically bound to subsidize the services that would otherwise arrive by road. The province has done neither. It has taken the community's choice as permission to do less.

The data presented here is drawn from Statistics Canada's 2021 Census, BC Ferries published schedules and vessel specifications, and BC Ministry of Health regional health authority reporting. Every figure is sourced. Every comparison is direct. The conclusions are not political opinion. They are the logical consequence of the numbers.

**498**

PERMANENT RESIDENTS  
ON LASQUETI ISLAND

2021 CENSUS

**41**

AGE OF MV CENTURION VII  
IN SERVICE YEARS

COMMISSIONED 1985

**3 to 6 hrs**

TIME TO TERTIARY CARE  
IN A MEDICAL EMERGENCY

VS. 1 TO 1.5 HRS FOR NEIGHBOURS

# 0

PHYSICIANS OR NURSE  
PRACTITIONERS ON ISLAND  
WEEKLY NURSE CLINIC ONLY

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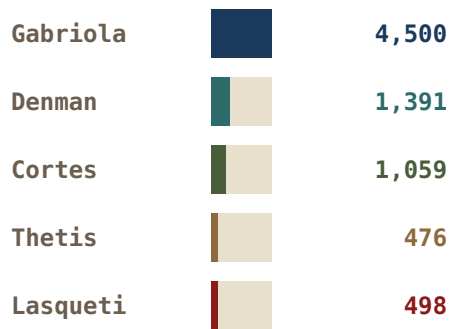
## SECTION 01: DEMOGRAPHICS

### **Who Lives on Lasqueti, and Why Income Matters**

Any honest infrastructure analysis must begin with the people carrying its costs. Lasqueti Island is not the smallest of these communities (Thetis is slightly smaller, at 476 residents to Lasqueti's 498). It is, however, the most economically vulnerable in the cohort, with the lowest median individual and household incomes of the islands examined. When barriers to care cost money (in the form of ferry fares, lost wages, Vancouver Island accommodation, and private transport), the community least equipped to absorb those costs faces the highest barriers.

## Population by Island

Source: Statistics Canada 2021 Census



## Residents Aged 60+

Source: Statistics Canada 2021 Census

### Gabriola



### Denman



### Lasqueti



## Median Income Comparison: Individual and Household

Source: Statistics Canada 2021 Census · Lower income means higher relative cost of every care-access barrier

### Gabriola

|                              |  |          |
|------------------------------|--|----------|
| Median Individual Income     |  | \$34,400 |
| Median Household Income (2+) |  | \$78,000 |

### Denman

|                              |  |          |
|------------------------------|--|----------|
| Median Individual Income     |  | \$31,400 |
| Median Household Income (2+) |  | \$77,500 |

### Thetis

|                              |   |          |
|------------------------------|---|----------|
| Median Individual Income     |   | \$37,600 |
| Median Household Income (2+) |  | \$79,500 |

### Lasqueti

|                              |  |          |
|------------------------------|--|----------|
| Median Individual Income     |  | \$23,200 |
| Median Household Income (2+) |  | \$51,600 |

#### WHY THIS MATTERS

Lasqueti's median individual income of \$23,200 is 33% lower than Gabriola's (\$34,400) and 26% lower than Denman's (\$31,400). A \$200 round-trip ferry and accommodation cost to access specialist care represents a materially larger financial hardship for Lasqueti residents. Economic vulnerability amplifies every structural barrier described in this report.

Lasqueti also has the smallest population. Its share of residents aged 60 and older (41%) is lower than Denman's (52%) and Gabriola's (58%),

but in absolute terms, 205 of its residents fall into the age band most exposed to the emergency transport failures described below. Older populations require more frequent and often more urgent medical intervention.

### Wider Regional Comparator: Five Ferry-Dependent Communities

Sources: Statistics Canada 2021 Census via Islands Trust housing profiles (Lasqueti, Denman, Gabriola, Thetis); Cortes Island Community Foundation 2024 Vital Signs Report and StatCan Strathcona Electoral Area B for Cortes. Cortes income reported as average earnings (not median), as Cortes is not in the Islands Trust system and the Vital Signs Report uses average employment measures.

| ISLAND          | POPULATION (2021) | AGED 60+         | MEDIAN INDIVIDUAL INCOME                     | MEDIAN HOUSEHOLD INCOME (2+) |
|-----------------|-------------------|------------------|--|------------------------------|
| GABRIOLA        | 4,500             | 2,590 (58%)      | \$34,400                                     | \$78,000                     |
| DENMAN          | 1,391             | 720 (52%)        | \$31,400                                     | \$77,500                     |
| CORTES          | 1,059             | ~485 (46%)       | \$34,432 average earnings (2020, not median) | Not directly comparable      |
| THETIS          | 476               | 255 (54%)        | \$37,600                                     | \$79,500                     |
| <b>LASQUETI</b> | <b>498</b>        | <b>205 (41%)</b> | <b>\$23,200</b>                              | <b>\$51,600</b>              |

Lasqueti has the lowest individual median income of any community in the comparator group for which directly comparable Census data exists. Of the five communities, Lasqueti is the only one without scheduled dangerous goods sailings, without a vehicle-capable ferry, and without an announced fleet replacement plan.

Thetis Island provides the most controlled comparison. Its 2021 population (476 per Statistics Canada) is virtually identical to Lasqueti's (498). Both communities are small. Both rely on a single ferry route. Both are served by vessels commissioned in 1985: the Pune'luxutth on Route 20 and the Centurion VII on Route 55. The differences are infrastructure-driven, not demographic. The Pune'luxutth carries 26 vehicles and 269 passengers; the Centurion VII carries zero vehicles and 59 passengers. Thetis has scheduled dangerous goods sailings on Thursdays; Lasqueti has none. Thetis's median individual income is \$37,600; Lasqueti's is \$23,200. The structural disparity between these similarly sized communities cannot be explained by population, geography, or community preference. It is a policy choice.

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## SECTION 02: FERRY SERVICES

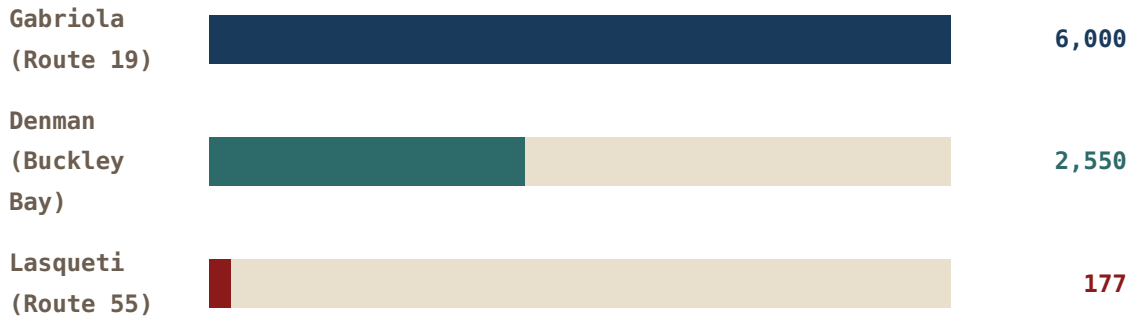
### **Not a Different Ferry. A Different Class of Service Entirely.**

The comparison between Route 55 and the ferries serving Gabriola and Denman is not a matter of degree; it is a structural difference in kind. Gabriola and Denman operate vehicle-capable vessels with operating windows that span early morning to late evening. Lasqueti's MV

Centurion VII carries zero vehicles, a strict maximum of 59 passengers, operates on a constrained window, and was commissioned in 1985.

### Maximum Daily Passenger Capacity

Assumes full utilization of all scheduled sailings. Lasqueti's 59-passenger hard limit per sailing reflects Transport Canada vessel certification limits



| METRIC             | GABRIOLA ISLAND (ROUTE 19)               | DENMAN ISLAND (BUCKLEY BAY)              | LASQUETI ISLAND (ROUTE 55)                      |
|--------------------|--|--|---|
| CAPACITY / SAILING | <b>47 vehicles, up to 300 passengers</b> | <b>45 vehicles, up to 150 passengers</b> | <b>Zero vehicles; strict 59-passenger limit</b> |
| OPERATING WINDOW   | <b>06:15 to 22:30</b>                    | <b>06:15 to 22:00</b>                    | <b>08:00 to 18:30</b>                           |
| VEHICLE TRANSPORT  | <b>Full vehicle deck</b>                 | <b>Full vehicle deck</b>                 | <b>None</b>                                     |
| MAX DAILY CAPACITY | <b>6,000+ passengers</b>                 | <b>~2,550 passengers</b>                 | <b>177 passengers</b>                           |
| VESSEL AGE         | Modern fleet, regularly updated          | Modern fleet, regularly updated          | <b>41 years (commissioned 1985)</b>             |

| METRIC                | GABRIOLA ISLAND<br>(ROUTE 19)                                     | DENMAN ISLAND<br>(BUCKLEY BAY)               | LASQUETI ISLAND<br>(ROUTE 55)  |
|-----------------------|---|--|--|
| ACCESSIBLE SALON      | <b>Full accessibility, elevators</b>                              | <b>Level boarding, accessible facilities</b> | <b>No handicap access to salon; passengers ride outside with freight</b> |
| WEATHER VULNERABILITY | <b>Low</b>  | <b>Low</b>                                   | <b>Grounded at 35-knot winds; extreme vulnerability</b>                  |
| TERMINAL SHELTER      | <b>Multi-lane holding, accessible washrooms, enclosed waiting</b> | <b>Vehicle staging, accessible washrooms</b> | <b>Limited pay-parking only; no enclosed shelter</b>                     |

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*Lasqueti Island's entire permitted daily passenger capacity (177 people) is exceeded by a single sailing on the Gabriola route. This is not a scheduling quirk. It is the compounded result of decades in which the province has treated this community as too small and too isolated to warrant comparable infrastructure.*

COMPARATIVE CAPACITY ANALYSIS BASED ON BC FERRIES PUBLISHED SCHEDULE DATA

The operating window deserves particular scrutiny. The last sailing from Lasqueti (4:00 PM) arrives in French Creek in the late afternoon (5:00 PM). The last sailing from French Creek (5:30 PM) arrives on Lasqueti in the early evening (6:30 PM). Any resident requiring same-

day travel for a medical appointment, specialist consultation, or urgent personal matter who misses that window faces an overnight stay on Vancouver Island at their own expense, or the decision not to go at all. It is well established in health services research that deferred care correlates directly with worse outcomes and higher system costs downstream.

The disparity in service frequency is also measurable. Lasqueti operates 14 round-trip sailings per week in the non-peak season and 17 per week during a 10-week peak period from late June through Labour Day. Tuesdays have no service at all. Wednesdays have no service for 42 weeks of the year. Gabriola operates over 20 sailings per day. The accessible window for a same-day round trip on Lasqueti is therefore not just narrow within a given day; it is unavailable for two days out of every seven.

The Centurion VII was commissioned in 1985, making it 41 years old. The Pune'luxutth (formerly MV Kuper), which serves Thetis Island, was built the same year. The MV Tachek on the Quadra to Cortes route was built in 1969, making it 57 years old. The Tachek is being replaced this summer by the Island Nagalis, a 47-vehicle Island Class vessel redeployed from the Campbell River to Quadra route. The Centurion VII is the only vessel in its age cohort on BC Ferries' minor routes that lacks vehicle capability and has no announced replacement plan.

The vulnerability of the False Bay terminal itself is not theoretical. On July 17, 2025, a Telus-chartered floatplane crashed in False Bay. The Coast Guard closed the bay for spill response, the scheduled ferry sailings were cancelled, and the only ferry-capable public dock on Lasqueti was rendered unusable. Between 60 and 70 residents were stranded in French Creek. They were returned to the island by private citizens using private boats and barges, offloading at a privately owned dock in Scottie Bay because the public ferry landing was the only sanctioned alternative and it was closed.



*False Bay is the only public dock on Lasqueti capable of receiving the ferry. When it closes, the island becomes inaccessible by sanctioned public infrastructure. There is no backup. The province has not funded a second ferry-capable berth, an alternative egress point, or any contingency arrangement for events that close False Bay. The community had to improvise on its own in July 2025.*

COAST REPORTER, POWELL RIVER PEAK, NORTH SHORE NEWS, AND VANCOUVER IS AWESOME (JULY 31, 2025)

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## SECTION 03: DANGEROUS GOODS AND FREIGHT LOGISTICS

### **What Lasqueti Cannot Ship**

Any off-grid community depends on the ability to receive bulk fuel, propane, and heavier freight at a reasonable cost. BC Ferries operates dedicated dangerous goods (DG) sailings for the minor routes serving Gulf Islands and Discovery Islands communities. The published schedule covers Gabriola, Thetis, Denman, Hornby, Cortes, Quadra, and Cormorant Island routes, among others. Lasqueti is not on the list. The Centurion VII is a passenger-only vessel under Transport Canada certification, and Western Pacific Marine and the Lasqueti Community Association both state plainly that no dangerous cargo is permitted.

## Dangerous Goods Sailings: Who Gets Them

Source: BC Ferries published Dangerous Goods Sailings schedule

| ROUTE  | DEDICATED DG SAILING | DAY               |
|--|----------------------|-------------------|
| NANAIMO HARBOUR TO GABRIOLA (DESCANSO BAY)             | Yes                  | Select Wednesdays |
| CHEMAINUS TO THETIS ISLAND (PREEDY HARBOUR)            | Yes                  | Select Thursdays  |
| BUCKLEY BAY TO DENMAN ISLAND WEST                      | Yes                  | Select Thursdays  |
| DENMAN EAST (GRAVELLY BAY) TO HORNBY (SHINGLE SPIT)    | Yes                  | Select Thursdays  |
| QUADRA (HERIOT BAY) TO CORTES (WHALETOWN)              | Yes                  | Select Tuesdays   |
| CAMPBELL RIVER TO QUADRA (QUATHIASKI COVE)             | Yes                  | Select Tuesdays   |
| <b>FRENCH CREEK TO LASQUETI (FALSE BAY) [ROUTE 55]</b> | <b>None</b>          | Not scheduled     |

The practical consequence is that all bulk fuel, propane, and heavier freight bound for Lasqueti must be moved by private barge. There is one active local privately operated service, M.V. Poor Man's Rock. For larger bulk fuel deliveries (propane, gasoline, diesel), residents contract larger and more expensive off-island commercial barge

operators. There is no provincial subsidy attached to any of this. The cost of moving fuel onto the island is borne by the household, not by the system that has refused to provide a comparable service.



*For comparable Gulf Island and Discovery Island communities, BC Ferries has built dangerous goods transport into the published sailing schedule. For Lasqueti, the same need is treated as a private problem to be solved at the household's expense, layered on top of the lowest median income in the comparative group.*

COMPARATIVE ANALYSIS BASED ON BC FERRIES' PUBLISHED DANGEROUS GOODS SAILINGS SCHEDULE AND WESTERN PACIFIC MARINE'S LASQUETI ISLAND ROUTE PAGE

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SECTION 04: HEALTHCARE & EMERGENCY RESPONSE

## **The Geography Tax: What It Costs to Be Sick on Lasqueti**

Emergency medical response time is a measurable, quantifiable proxy for health equity. When a cardiac event occurs on Gabriola Island, the chain of response (local EMS, ambulance with priority boarding, hospital) takes one to 1.5 hours. On Lasqueti, the same event triggers a multi-agency handoff that, under normal conditions, takes three to six

hours. Under adverse weather, the island may be completely inaccessible.

The emergency response system itself is structured differently from every comparator. Lasqueti does not have provincial 911 dispatch. The community arranged its own substitute: through the qathet Regional District, residents contracted Northern 911 to provide live operator dispatch, in service since June 8, 2021. Residents call 1-855-871-1175 or 250-954-4432; the dispatcher then activates responders on the island. Every other comparator community has provincial 911 dispatch as a baseline service. Lasqueti decided to organize and fund its own.

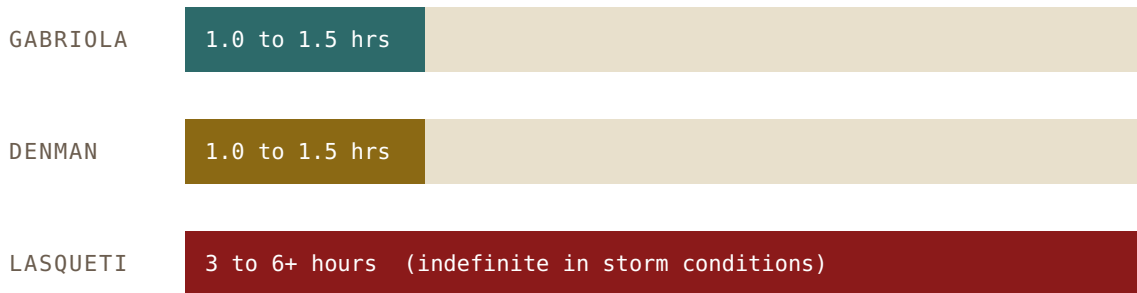
Once an emergency is dispatched, the response itself is delivered by volunteers. The Lasqueti Island Volunteer Fire Department (LIVFD), staffed entirely by unpaid volunteers serving as first responders, firefighters, and emergency response coordinators, is the only on-island emergency capability. BC Ambulance does not station crews or vehicles on Lasqueti; the nearest BC Ambulance and RCMP units are in Parksville on Vancouver Island, and the nearest hospital is in Nanaimo. Volunteer first responders practise monthly; volunteer firefighters practise bi-weekly. The reliability of the emergency response in any given hour depends on which volunteers are available, trained, and on-island that day.

This pattern is measurable against a federal benchmark. The Canadian Institute for Health Information (CIHI) maintains a five-point scale for travel burden to hospital care. In its December 2024 national analysis, one in four hospitalizations for Canadians living in rural and remote areas were classified as high or very high travel burden. Lasqueti residents, coordinating a passenger-only ferry crossing, a ground transfer on Vancouver Island, and onward travel to a tertiary centre, sit at the extreme end of that distribution. Travel burden is not an abstraction. CIHI has measured it nationally, and Lasqueti exceeds the

threshold the federal data agency uses to flag a community as bearing high travel burden.

### Time to Tertiary Care in a Medical Emergency

Estimated range based on BC Emergency Health Services multi-agency handoff protocols. Lasqueti range assumes flyable conditions



\* Bar lengths are proportional to worst-case response time. Red bar represents conditions with flyable weather; actual delays may be indefinite during 35+ knot wind events.

| METRIC             | GABRIOLA ISLAND  | DENMAN ISLAND   | LASQUETI ISLAND   |
|--------------------|--|---|---|
| PHYSICIAN PRESENCE | <b>Multiple physicians and nurses; staffed Monday to Friday with urgent coverage</b> | <b>Permanent doctor and allied health; scheduled Monday to Friday clinics</b> | <b>No physician. No nurse practitioner. Weekly nurse clinic only.</b>     |
| AMBULANCE ACCESS   | <b>Ground ambulance with priority ferry boarding</b>                                 | <b>Ground ambulance with priority ferry boarding</b>                          | <b>No ground ambulance. Medevac by air or private marine vessel only.</b> |

| METRIC                  | GABRIOLA ISLAND   | DENMAN ISLAND  | LASQUETI ISLAND  |
|-------------------------|---|--|--|
| TIME TO TERTIARY CARE   | <b>1 to 1.5 hours</b>   | <b>1 to 1.5 hours</b>                                      | <b>3 to 6 hours (flyable); indefinite (storm conditions)</b>                             |
| WEATHER VULNERABILITY   | <b>Low. Ambulance can board the ferry</b>                               | <b>Low. Ambulance can board the ferry</b>                  | <b>Extreme. Grounded above 35 knots; ambulance cannot board the passenger-only ferry</b> |
| ON-ISLAND STABILIZATION | <b>Multi-physician capability; patients stabilized before transport</b> | <b>Physician-directed stabilization prior to transport</b> | <b>First-responder volunteers only; no physician-directed stabilization</b>              |

**4x**

Minimum increase in emergency response time vs. neighbouring islands under ideal conditions

**∞**

Effective response time during severe weather events. The island is medically unreachable by surface

**0**

Dedicated all-weather marine medevac vessels committed to Lasqueti Island

#### CLINICAL SIGNIFICANCE OF RESPONSE TIME

In cardiac arrest, survival probability decreases by approximately 10% for every minute without defibrillation. The time-sensitive treatment window for stroke (typically within 4.5 hours for IV thrombolytics) renders Lasqueti's best-case response time clinically marginal. For trauma patients, the gap between Lasqueti's response window and its neighbours' is the difference between survival and preventable death: measurable, documented, and unaddressed.

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#### SECTION 05: HEALTH EQUITY ANALYSIS

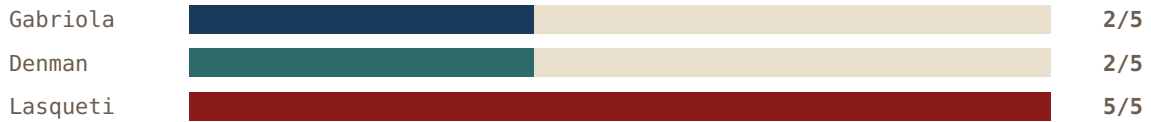
## **The Province's Arithmetic Is Broken**

Health equity is not the aspiration that everyone receives identical resources. It is the principle that outcomes should not be determined by factors outside an individual's control, including where they live, how much they earn, or what infrastructure their community has chosen. By this standard, Lasqueti Island fails on every axis simultaneously.

## Multi-Axis Vulnerability Index: Compounding Risk Factors

Comparative rating across five structural determinants of health access. Scale of 1 (low vulnerability) to 5 (extreme vulnerability)

### Economic Vulnerability



### Ferry Access Limits



### Emergency Response Risk



### Healthcare Absence



### Weather Exposure



The compounding nature of these disadvantages is the key point the province has failed to reckon with. Each factor, taken alone, might be manageable. A low income community with excellent ferry service and a resident physician is not in crisis. A remote island with good emergency response infrastructure can absorb its geographic isolation.

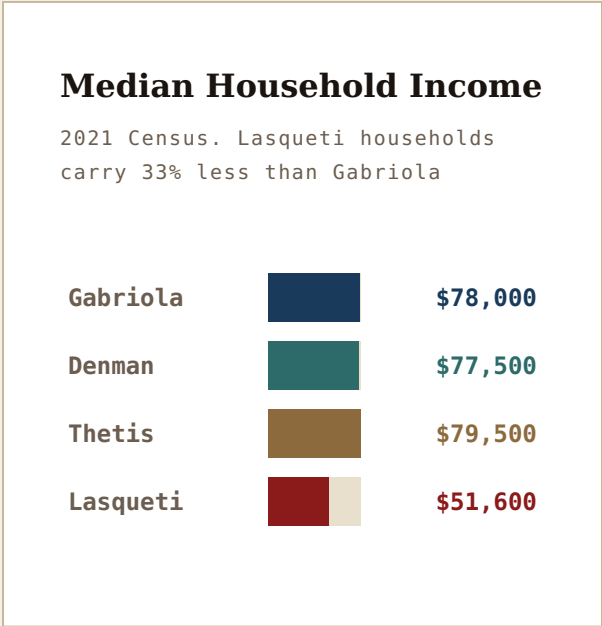
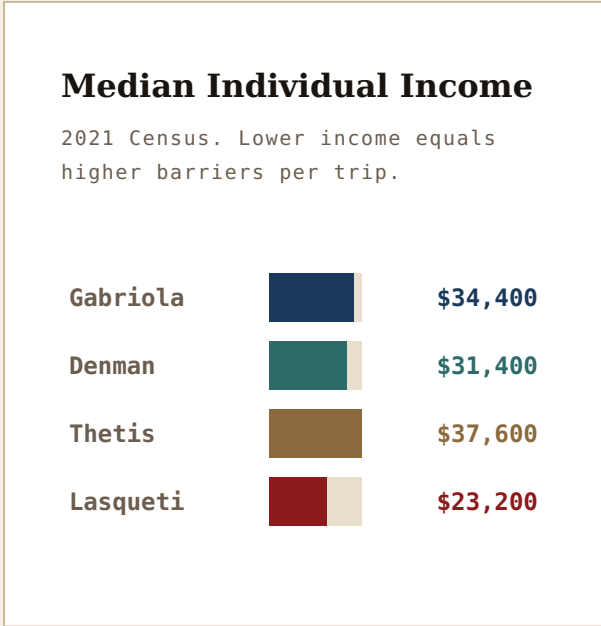
Lasqueti has none of these mitigations. Every vulnerability stacks on every other.

## Per-Capita Vessel Capital Allocation: Recent BC Ferries Investment

Methodological note: This table allocates the full procurement cost of a fleet vessel to the route it primarily serves. Vessels are fleet assets, so this attribution is illustrative rather than strict cost accounting. Costs from BC Ferries news releases; populations from 2021 Census.

| ROUTE / ISLAND                                | RECENT VESSEL CAPITAL   | POPULATION | ALLOCATED PER CAPITA                   |
|---|---|------------|--|
| GABRIOLA (ROUTE 19, TWO ISLAND CLASS VESSELS) | ~\$100M (2 of 4 vessels in the \$200M 2019 Damen contract)                              | 4,500      | ~\$22,000                              |
| DENMAN (BAYNES SOUND CONNECTOR)               | \$15M (BC Ferries / Seaspan, 2015-2016)   | 1,391      | ~\$10,800                              |
| CORTES (ISLAND NAGALIS, REDEPLOYED 2026)      | ~\$50M vessel value (1 of 4 in the \$200M 2019 contract)                                | 1,059      | ~\$47,000 (notional; redeployed asset) |
| THETIS (PUNE' LUXUTTH, FORMERLY MV KUPER)     | No recent new-build allocation. Vessel built 1985, renamed 2023.                        | 475        | Low (mature asset)                     |
| <b>LASQUETI (ROUTE 55, CENTURION VII)</b>     | <b>No BC Ferries new-build allocation. Vessel built 1985. No replacement announced.</b> | <b>498</b> | <b>\$0</b>                             |

The figures invite skepticism, and properly so. Attributing the full procurement cost of a multi-use fleet asset to a single route is a simplification; the Island Class vessels are designed for redeployment across routes, and the Island Nagalis is a redeployed asset rather than a fresh Cortes-specific outlay. Even after accounting for those caveats, however, the directional pattern holds. Comparable communities receive recent new-build capital. Lasqueti does not.



*“The province currently permits systemic barriers (an off-grid community serviced by a passenger-only ferry) to justify a reduction in the baseline level of care provided. This is not a neutral policy outcome. It is a deliberate choice to allow geography to function as a rationing mechanism for publicly funded health services.”*

CORE FINDING OF THIS REPORT

## The Logical Obligation the Province Is Ignoring

The argument is straightforward. The province has two coherent positions available to it:

**Position A:** The province requires vehicle ferry infrastructure before it will deliver equivalent health services. In that case, it must fund a vehicle ferry for Lasqueti, regardless of community preference, and override the democratically expressed wishes of the residents.

**Position B:** The province respects Lasqueti's right to self-determination and the community's decision to forgo a public vehicle ferry. In that case, it is obligated to fund the alternative infrastructure (permanent physician care, all-weather marine medevac, upgraded vessel accessibility, and expanded operating windows), that makes equivalent outcomes achievable without a road connection.

The province has chosen neither. It has taken the community's choice as permission to do less, while collecting the same taxes and maintaining the same obligations on paper. This is the systemic failure this report names directly.

The community has not been silent. The Lasqueti Community Association's Ferry Committee submitted a formal letter to BC Ferries on September 1, 2023, addressed to Brian Anderson, Vice President of Strategy and Community Engagement. The letter documented declining service, raised the Transport Canada weather restrictions on the Centurion VII, and asked BC Ferries to open competitive bidding when the Western Pacific Marine contract expired on March 31, 2024. A community petition seeking the same outcome was filed in 2023. The Lasqueti Community Association Ferry Committee corresponds with BC Ferries on an ad-hoc basis. The committee reaches out; responses from BC Ferries are inconsistent. Active dialogue, where it exists, is with the contract operator Western Pacific Marine, not with BC Ferries. BC Ferries' spokesperson Karen Johnston publicly stated in September

2023 that the corporation is "very aware" of the community's concerns. The contract was extended. The same vessel continues in service. No replacement has been announced. The community has been heard. The province has chosen not to act.

The inattention is visible even in routine operational matters. Western Pacific Marine's website announced an online ferry reservation system for the Lasqueti route as "coming soon" and has not delivered it. The same page continues to list contacts and services that have not been updated, including a private barge contact that is no longer current. These are small operational details on their own. Together they indicate the priority assigned to Lasqueti by the contract operator BC Ferries has selected to serve it.

The Canadian Institute for Health Information publishes two federal frameworks directly relevant to Route 55: the Rural Health Systems Model and the Rural Health Service Decision Guide. Both are designed to help health authorities allocate services to rural communities and identify meaningful peer communities for planning and benchmarking. The province of British Columbia has not publicly applied either framework to Lasqueti. Doing so would not require new data collection. CIHI has published the methodology, the worksheet, and the decision process. The province has chosen not to apply them.

## When the System Makes You Sick Before You Ever See a Doctor

Social medicine examines how poverty, geographic isolation, and systemic barriers act as primary determinants of health, not just access to care, but the conditions that make illness more likely and recovery harder. Lasqueti Island represents a near-textbook case of compounding structural risk.

Consider a 70-year-old Lasqueti resident with limited mobility, a fixed income of \$23,000 per year, and a cardiac condition requiring quarterly specialist review in Nanaimo. That resident must:

- Arrange transport to False Bay dock with no enclosed shelter and no accessible facilities
- Board a 41-year-old vessel with no accessible salon, riding outside with freight in any weather
- Arrange a vehicle on Vancouver Island, with no vehicle of their own
- Plan around an operating window that ends in the afternoon, making same-day return uncertain
- Cover any overnight accommodation costs from an income 33% below the regional median
- Repeat this process four times a year, or defer the appointment and accept the clinical risk

#### THE DEFERRED-CARE CASCADE

When access costs are high enough, patients defer appointments. Deferred preventive care leads to later-stage diagnoses. Later diagnoses require more intensive, more expensive interventions. The downstream system cost of the province's underinvestment in Lasqueti access infrastructure is not zero. It is higher than the cost of the investment itself, absorbed invisibly by the acute care system on Vancouver Island.

The physical hardship of riding outside in winter conditions is not a minor inconvenience. For patients with cardiovascular disease, respiratory conditions, or mobility impairments, cold exposure and physical strain during transit are direct health risks. The vessel's failure to provide accessible, enclosed passenger accommodation is not a design limitation to be tolerated. It is a contraindication to the use of the service by the patients who most need it.

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#### SECTION 07: WHAT THE PROVINCE MUST DO

## **Specific, Measurable, Non-Optional Obligations**

Advocacy that identifies problems without specifying solutions is incomplete. The following demands are grounded directly in the analysis above. Each addresses a specific, documented failure. None requires overriding the community's decision to forgo a public vehicle

ferry. All are consistent with the province's stated commitments to health equity and remote community access.

## **01 Permanent Physician or Nurse Practitioner Placement**

Island Health must fund and sustain a permanent primary care provider on Lasqueti Island. The current weekly nurse clinic is not equivalent to the physician-led medical centres on Gabriola and Denman. Comparable outcomes require comparable clinical presence. Remote consultation technology may supplement but cannot substitute for on-island diagnostic and stabilization capacity.

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## **02 Dedicated All-Weather Marine Medevac Capacity**

The province must commit a dedicated, all-weather marine medevac asset with direct Lasqueti Island coverage during periods when air medevac is weather-grounded. The current dependence on ad hoc arrangements during 35-knot storm events is not a contingency plan. It is an absence of one. Coordination between BC Emergency Health Services, the Coast Guard, and Island Health must be formalized and funded.

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## **03 Accessible Vessel Replacement or Retrofit**

The MV Centurion VII must be replaced or retrofitted to provide an accessible, enclosed passenger salon. Requiring passengers with mobility impairments to ride outside with freight on a vessel serving a community with a 41% senior population rate is an accessibility rights violation, not an acceptable service condition. A firm replacement timeline must be publicly committed and provincially funded.

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## **04 Extended Operating Window and Increased Sailing Frequency**

The current operating window (first sailing at 08:00 AM, last sailing returning to Lasqueti arrives in the early evening at 6:30 PM) prevents same-day Vancouver Island medical appointments from being reliably

completed. The schedule must be extended to match the operating windows of comparable routes, and additional sailings must be funded to address the chronic capacity shortfall (177 passengers per day maximum versus 2,550 and 6,000+ for neighbouring islands).

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## **05 Terminal Infrastructure at False Bay**

The False Bay terminal must receive enclosed waiting facilities, accessible washrooms, and basic shelter infrastructure. Few, if any, other ferry terminals in BC require passengers to wait for a government-operated vessel without shelter. This is a minimum standard that the province has failed to meet for decades.

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## **06 Formal Health Equity Audit by Island Health**

Island Health must commission and publicly release a formal health equity audit of Lasqueti Island that documents current outcomes, identifies the gap relative to comparable communities, and produces a funded, time-bound remediation plan. The absence of this audit is itself evidence of institutional indifference to the problem.

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### CONCLUSION

## **This Is Not Complicated. It Is a Choice.**

Lasqueti Island is not difficult to understand as a policy problem. A small community, low incomes, no physician, a 41-year-old boat, and a province that has found it easier to look away than to act. The community's decision to forgo a public vehicle ferry has been treated as

an excuse rather than an obligation. The residents' choice has been used against them.

The province of British Columbia has the resources, the legislative authority, and the constitutional obligation to provide equivalent health outcomes to all its residents. It is not doing so on Lasqueti Island. This report makes that failure specific, measurable, and public.

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*Every year the province delays is another year a Lasqueti resident rides outside in February with a heart condition. Another year a stroke patient waits three to six hours for transport to care that their neighbour on Gabriola receives in 75 minutes. These are not abstract inequities. They are happening now, to real people, in a province that can afford to stop them.*

CONCLUSION. LEFT BEHIND: THE SYSTEMIC FAILURE OF PROVINCIAL SERVICES ON LASQUETI ISLAND, JUNE 2026

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# Left Behind: Lasqueti Island Infrastructure & Health Equity Report

Data sources: Statistics Canada 2021 Census · BC Ferries Schedule and Vessel Registry · BC Ministry of Health Regional Health Authority Reporting · BC Emergency Health Services Protocol Documentation

All figures are drawn from publicly available sources. This report does not contain partisan political content. It contains facts and their logical consequences.

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