

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

DATE: April 1, 2026

PREPARED FOR: Honourable Josie Osborne, Minister – FOR INFORMATION

SUBJECT: The "Divine Diversity" Healthcare Expansion Framework

1. Executive Summary

Following the successful integration of restrictive religious mandates within Providence Health Care and the placement of Fraser Health services within unregulated pregnancy centres, the Province is well-positioned to solve the current health capacity crisis. To eliminate waitlists, ER closures and staffing shortages, we propose the **Divine Diversity Framework (DDF)**. By partnering with specialized religious groups, we can offload the burden of providing controversial or expensive medical procedures to organizations that, as a matter of deep-seated conscience, simply refuse to perform them.

2. Strategic "Conscience-Based" Partnerships

We have identified the following "Preferred Partners" for immediate expansion:

- **The Hematology-Free Acute Care Initiative:** In partnership with the Watch Tower Bible and Tract Society of Canada (commonly known as the Jehovah's Witnesses), three regional hospitals will be converted to a "No-Transfusion Model," saving millions in blood bank logistics.
- **The "Metaphysical Wellness" Mental Health Network:** Partnering with the Church of Scientology to replace "evidence-based" psychiatry with "Audit-Based" spiritual clearing, removing pharmaceuticals from the provincial balance sheet.
- **The "Natural Immunity" Pediatric Clinics:** Offering a proprietary "Vibe-Check" instead of traditional vaccines to respect "parental rights" while significantly reducing long-term geriatric costs by lowering average life expectancy.

3. "Faith-Based Essential Services" (FBES)

To address chronic ER closures in rural BC, the Ministry will move away from the "Doctor-on-Call" model and implement the FBES system:

- **Divine On-Call Rotation:** In communities where no physician can be found, ERs will remain open but unstaffed, replaced by "Prayer Kiosks." This shifts the burden of urgent care from the taxpayer to the Infinite.
- **The "Miracle-Based" Metric:** Success is measured by "Acts of God." If a patient recovers, it is a success; if they do not, it is a "Theological Non-Intervention," removing the incident from the health authority's liability ledger.
- **Rural Religious Franchising:** We will offer "Sole-Provider Status" to any religious group willing to keep a light on in a rural clinic.
 - Example: A remote village ER run by Christian Scientists would technically never "close" because they don't require surgical staff or pharmacies—only quiet rooms for focused contemplation of the "unreality" of disease.
- **The "Distance-as-Penance" Policy:** For rural patients requiring "prohibited" services (such as MAiD, contraception), travel grants are replaced by "Pilgrimage Vouchers" for a 12-hour bus ride, framing the lack of access as a "spiritual journey."

4. The Office of Ecclesiastical Adjudication (OEA)

To manage these partnerships, we are establishing the OEA, a 400-person department tasked with:

- Adjudicating the correct doctrinal differences between denominations such as the Free Methodists, United Methodists and the Methodist and Wesleyan Churches.
- Determining which patients' rights can be ignored by which hospital.
- Ensuring that "religious neutrality zones" (where patients can access abortion or MAiD) are remote enough to avoid offending any possible religious sensibilities, such as on a barge in the Salish Sea.

5. Recommendation

The Province should cease attempting to provide "universal" healthcare and instead provide "bespoke, opt-in" healthcare. If a citizen requires a service prohibited by a facility's Conscience Covenant, they are encouraged to seek care elsewhere, like Alberta.

Conclusion: Why fix the system when we can simply pray for a miracle?

"Providing the care you deserve—subject to our partners' theological approval."

PREPARED BY: Office of Faith-Based Integration & Pluralistic Procurement