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**Premier David Eby**

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**Re: Urgent Concerns Regarding the Apprehension of My Medically Vulnerable Son, Bennett**

Dear Premier Eby,

I am writing to you not only as a citizen of this province, but as a mother whose six-year-old son has just been through something no child should ever endure.

My son, Bennett, is six years old. He is medically fragile and lives every day with complex developmental challenges that make his world very different from that of most children his age. He depends on a G-tube for all of his nutrition and hydration because of ARFID, a feeding disorder where his body and brain respond with extreme avoidance to eating and drinking by mouth. He battles severe gastrointestinal instability and lives with multiple diagnoses, including Autism with associated language impairment, ADHD, anxiety, and a rare ANKRD17 genetic disorder. His safety depends on being surrounded by the people who know him best—skilled and familiar caregivers who understand his scripts, sensory routines, bowel care, and the individualized behavioural supports that keep him regulated and safe.

I have been Bennett's primary caregiver for his entire life. For nearly five years, I have also been his sole guardian and decision-maker under a Final Court Order from May 2020. In that time, I have built a circle of care around him—a team of Behaviour Interventionists, a Board-Certified Behaviour Analyst, dietitians, counsellors, and the

specialists at BC Children's Hospital—who together form the foundation of his safety and stability.

With the support of his home-based team, Bennett has been able to get through medical procedures that would otherwise overwhelm and terrify him. Every professional who knows Bennett has said the same thing: if he is suddenly placed with strangers, it will traumatize him, set back his progress, and put his health at serious risk.

On July 26, 2025, I was hospitalized with gallbladder complications and a flare of chronic illnesses (EDS and POTS). Because there was no one medically trained who could safely manage his medical needs in my absence, Bennett had to be admitted to BC Children's Hospital too. His trusted Behaviour Intervention team stepped in right away, providing 24-hour support at the hospital and working side by side with Pediatrics, Gastroenterology, Psychiatry, Dietetics, and Nursing to keep him safe and regulated. They carried him through two emergency G-tube reinsertion procedures on August 27 and 28—moments that would have been impossible for him to face without the steady presence of the people he trusts at his side.

In early August, while I remained hospitalized, MCFD presented me with a plan to discharge Bennett in government-arranged Special Needs Agreement (SNA) care. I formally declined because the proposed resource was not medically ready: there was no confirmed nursing oversight, no delegation for G-tube or medication tasks, and no staff training in his medical needs, sensory needs, or behavioural safety plans. Communication with both MCFD and the intended placement also broke down, despite repeated assurances that this would be a collaborative process. The placement itself had first been identified back in May 2025, and I declined it at the beginning of August after carefully considering the risks. Instead, I worked with Bennett's doctors and clinicians to finalize a family-led discharge plan that was safe, immediate, and already supported by his entire professional team.

That plan was simple and clear:

- My brother Dylan, who Bennett adores and trusts, would step in as interim guardian. I legally appointed him on August 27 under the Family Law Act.
- His Behaviour Intervention team, already trained and hospital-tested, would continue 24/7 coverage at home.
- Nursing oversight would be arranged through a private RN to meet provincial standards for G-tube care.

Bennett's pediatrician, psychiatrist, BCBA, and counsellor all gave their full support to our plan. Each one of them warned in writing that moving him into the care of strangers would not just be difficult for him—it would be traumatic, set back his progress, and put his health at real risk.

And yet, on August 28, everything we had carefully built and agreed on was thrown aside. Without warning, MCFD suspended my guardianship and decision making abilities for Bennett, told my brother Dylan he could not step in—even though I had legally appointed him the day before—and ordered Bennett's trusted team out of the hospital. My son watched the people he depends on simply disappear.

They told Dylan he wasn't "a legal guardian," despite the signed Standby Guardian form in their hands. Instead, they moved forward with an emergency placement with complete strangers, in the very resource I had already declined because it was not medically safe or ready for him.

In that moment, my son lost the only people who made him feel safe. Crystal, his BCBA, described being escorted out of the hospital mid-shift. Bennett was left bewildered and terrified. He couldn't understand why the people who had been holding his hand through every day of the past month had now suddenly vanished. All he knew was that once again, his world had changed without warning.

Premier, I cannot describe the heartbreak of watching a child who has endured so much be put through avoidable trauma. What happened to Bennett was not only unnecessary, it was dangerous. It disregarded medical advice, legal safeguards, and the very principle of least-intrusive care that is supposed to guide child protection.

I am asking for your urgent attention and action:

1. Please review Bennett's case and the decision made on August 28 to apprehend him.
2. Hold those involved accountable for choosing to override medical evidence and a carefully built family plan.
3. Put in place a clear policy that requires nursing oversight, clinician input, and serious exploration of family-led options before any medically complex child is removed from their home.
4. Make a real commitment to kinship care—not as a phrase in policy documents, but as a practice that families like mine can actually count on.

Families like mine are not adversaries. We are trying to keep our children alive. Bennett deserves to grow up surrounded by love, stability, and familiar hands—not shuttled into trauma by a system that should protect him.

I would welcome the chance to meet with you, together with my advocates, to share my affidavit and the letters from Bennett's professionals who know him best.

Thank you for listening—not only to me as his mother, but also to the voices of the doctors, counsellors, and behaviourists who have stood by Bennett and know what keeps him safe.

Sincerely,

**Darian Thomas**

Mother and Sole Guardian of Bennett

