HOUSE OF COMMONS
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CANADA

DECLARATION OF HEALTH EMERGENCY BY FIRST NATIONS COMMUNITIES IN NORTHERN ONTARIO

Report of the Standing Committee on Indigenous and Northern Affairs

Andy Fillmore
Chair

MAY 2016

42nd PARLIAMENT, 1st SESSION

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THE STANDING COMMITTEE ON INDIGENOUS AND NORTHERN AFFAIRS

has the honour to present its

THIRD REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied the Declaration of Health Emergency By First Nations Communities In Northern Ontario and has agreed to report the following:

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DRAFT REPORT – DECLARATION OF HEALTH EMERGENCY BY FIRST NATIONS COMMUNITIES IN NORTHERN ONTARIO

INTRODUCTION

In recent months, several isolated and remote First Nations communities have expressed their deep and ongoing frustration with the level and quality of federal health care services provided to their citizens. For 17 days during the winter of 2016, Norman Shewaybick of Webequie First Nation in northern Ontario, walked more than 1,000 kilometres of icy roads carrying the oxygen tank that would have saved his wife's life when the nursing station in their community ran out of oxygen. The walk, which was completed by Mr. Shewaybick in the company of his four sons, hoped to bring awareness to the quality of health care services provided to northern Ontario First Nations communities. The story of Mr. Shewaybick and his family is not unique.[1]

On 24 February 2016, Grand Chief of the Nishnawbe Aski Nation (NAN), Alvin Fiddler, along with representatives of the Sioux Lookout Area Chiefs Committee on Health, declared that "the remote First Nation communities in northern Ontario and the broader NAN Territory are in a state of Health and Public Health Emergency."[2] Following this declaration, members of the House of Commons Standing Committee on Indigenous and Northern Affairs (the Committee), adopted a motion to examine "the state of the health emergency declared in communities of the Nishnawbe Aski Nation and the Mushkegowuk Council regions."[3] On 14 April 2016, the Committee convened a meeting with First Nations leadership and now reports its findings to the House of Commons.[4]

BACKGROUND

The Declaration of Health and Public Health Emergency in Nishnawbe Aski Nation (NAN) Territory and the Sioux Lookout Region is the latest of many similar resolutions that

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1 Standing Committee on Indigenous and Northern (INAN), *Evidence*, 1st Session, 42nd Parliament, 14 April 2016, 1555 (John Cutfeet, Board Chair, Sioux Lookout First Nations Health Authority). See also "Going the Distance: Why this man walked 1,000 kilometres of icy roads, dragging an oxygen tank," *The Globe and Mail*, 4 March 2016; and Colin Perkel, "First Nations in 'state of shock' as they declare public-health emergency," *The Canadian Press*, 24 February 2016.

2 Nishnawbe Aski Nation and Chiefs Committee on Health, *Declaration of a Health and Public Health Emergency in Nishnawbe Aski Nation (NAN) Territory and the Sioux Lookout Region*, 24 February 2016.

Established in 1973, NAN is a political territorial organization, which represents 49 First Nation communities within northern Ontario and approximately 45,000 people living both on and off reserve. Most of these communities are grouped by Tribal Council according to region. Mushkegowuk Council is one of NAN's seven Tribal Councils. NAN encompasses *James Bay Treaty No. 9* and Ontario's portion of *Treaty No. 5*, spanning across two-thirds of the province of Ontario. For additional information, please refer to Nishnawbe Aski Nation, *About Us*.

3 INAN, *Minutes of Proceedings*, 1st Session, 42nd Parliament, 8 March 2016.

4 INAN, *Evidence*, 1st Session, 42nd Parliament, 14 April 2016.

have been issued over the past several years in relation to health matters.[5] Like the other resolutions, the declaration highlights concerns with the state of the health care services provided to First Nations peoples, noting in particular that many do not receive adequate medical diagnosis and treatment for preventable diseases such as diabetes, hepatitis C, rheumatic fever, as well as bacterial diseases. The declaration also highlights the troubling social conditions in many remote First Nations communities, including the suicide epidemic and the high rates of prescription drug abuse.[6]

In response to these conditions, the NAN declaration calls upon the federal and provincial governments to undertake prompt and sustained action to address health care challenges on reserves. Nine actions to be carried out within the 90 days following the issuing of this declaration are identified, including: the need for investment and intervention plans; access to safe, clean and reliable drinking water; implementation of the recommendations in the Spring 2015 Auditor General's report; the need to assess health system deficiencies; the establishment of a long-term care facility for the Sioux Lookout Regions; compliance with Jordan's principle; the allocation of resources for the development of long-term strategies to crisis situations; as well as the need to address the discriminatory and unethical policies and practices associated with the Non-Insured Health Benefits program.[7]

The concerns identified in the declaration are not new. Numerous reports from governmental, Indigenous and other sources have likewise identified gaps in health outcomes between Indigenous and non-Indigenous communities in Canada, and have called for concerted measures to address these gaps.[8] Most recently, in 2015, the Office of the Auditor General of Canada found that First Nations peoples living in northern Ontario and Manitoba did not have comparable access to clinical and client care services as other provincial residents living in similar geographic locations. Notably, the audit found that the vast majority of the nurses surveyed had not completed Health Canada's mandatory training courses, and that nurses often worked outside their legislated scope of practice in order to provide essential health services.

In addition to the nursing station deficiencies, the audit also found that many First Nations individuals were being denied access to medical transportation benefits because they were not properly registered in the "Indian Registration System." Under Health Canada's medical transportation benefits, the transportation costs of eligible

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5 Grand Chief Alvin Fiddler, *Submission to the Standing Committee on Aboriginal Affairs and Northern Development For the Committee's Study on the Nishnawbe Aski Nation Declaration of a Health and Public Health Emergency*, Nishnawbe Aski Nation, 14 April 2016.

6 Nishnawbe Aski Nation and Chiefs Committee on Health, *Declaration of a Health and Public Health Emergency in Nishnawbe Aski Nation (NAN) Territory and the Sioux Lookout Region*, 24 February 2016.

7 Ibid.

8 Mushkegowuk Council, *Nobody Wants to Die. They Want the Pain to Stop: The People's Inquiry into Our Suicide Pandemic*, January 2016; Truth and Reconciliation Commission of Canada, *Final Report: Honouring the Truth, Reconciling for the Future* and *Calls to Action*, December 2015; James Anaya, *The situation of indigenous peoples in Canada*, Report of the Special Rapporteur on the rights of Indigenous peoples, 4 July 2014; and Rene Dussault and Georges Erasmus, *Report of the Royal Commission on Aboriginal Peoples*, October 1996.

First Nations individuals are covered in order to ensure access to medically-required health services. Those benefits consist of ground, air and water travel; living expenses; transportation costs for health professionals; emergency transportation; transportation and living expenses for an escort; as well as transportation to addictions treatment and traditional healers. Of significant concern, the audit also found that Health Canada had not taken into account the health needs of remote First Nations communities when allocating its support.[9]

HEALTH CARE SYSTEM IN FIRST NATIONS COMMUNITIES: WHAT THE COMMITTEE HEARD

Witnesses appearing before this Committee identified a number of broadly shared concerns with respect to the provision of health care services for northern Ontario First Nations communities. In identifying the challenges many communities experience in accessing appropriate medical and clinical care services, they emphasized the need to "return the humanity"[10] to the health care system, a system they described as "broken,"[11] "discriminatory" and "dysfunctional."[12]

Speaking to the deficiencies of the current health care system, witnesses highlighted the often irreversible negative impacts that the Non-Insured Health Benefits (NIHB) program can have on First Nations individuals. Designed as a national program to provide coverage to registered First Nations for a limited range of medically necessary items and services not covered under other plans or programs, witnesses suggested that the NIHB program aggravates the suffering of patients more often than it relieves it. The Committee was told, for example, that the *NIHB Medical Transportation Policy Framework* excludes certain types of travel, benefits and services from coverage under the program, such as travel for compassionate reasons, and provides no mechanism to appeal a decision made under the policy. In addition, witnesses indicated that the practice of having to notify NIHB program officials seven days before a medical appointment, often results in people missing appointments that may have taken months to secure.[13]

Dr. Michael Kirlew, of the Sioux Lookout First Nations Health Authority, described the daily challenges of patients subject to the NIHB program. He explained, for example, that children who are not registered as Status Indians under the *Indian Act* may be denied transportation benefits, even in circumstances where the nursing stations or local health authority may not be properly equipped to deal with the particular medical issue at hand.

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9 Office of the Auditor General of Canada, *Report 4 – Access to Health Services for Remote First Nations Communities*, April 2015. For additional information about Health Canada's medical transportation benefits, please refer to Health Canada, *Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework*.

10 INAN, *Evidence*, 1st Session, 42nd Parliament, 14 April 2016, 1555 (Dr. Michael Kirlew, Doctor, Sioux Lookout First Nations Health Authority).

11 Ibid., 1530 (Grand Chief Jonathan Solomon, Mushkegowuk Council).

12 Ibid., 1600 (John Cutfeet, Board Chair, Sioux Lookout First Nations Health Authority).

13 For further information about the NIHB program, please refer to Government of Canada, *Non-insured health benefits for First Nations and Inuit*; and Health Canada, *Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework*.

Dr. Kirlew suggested that, without this transportation subsidy, some children are not able to access the essential health services they need in order to recover and, as a result, may see their condition aggravate.

Dr. Kirlew also spoke to Committee members about children suffering from developmental difficulties, who may need special services such as speech language pathology or occupational therapy, but who face barriers to obtaining transportation out of their communities. Further, he described how some pregnant women are denied escorts and may have to give birth under very difficult circumstances, while patients in palliative care often struggle with the fear that they may die alone.

In his testimony, Dr. Kirlew also raised issues regarding the timely access to medication and the delays associated with Health Canada's medication approval process. He described instances where nursing stations have run out of oxygen or rationed what remained; he told the Committee about children suffering from asthma and gasping for breath while they wait for the medication to arrive. Similarly, he spoke of individuals suffering from pneumonia, or fractured bones, often having to endure extreme pain while they wait for the arrival of the plane carrying the pain medication.

Witnesses highlighted the mental health aspects that emanate from, or are exacerbated by, the deficiencies in the health care system and the NIHB program. Ontario Regional Chief Isadore Day, for example, spoke about a ten-year old boy who took his own life after travel barriers prevented him from accessing much-needed mental health services. Making reference to multiple suicide epidemics plaguing First Nations communities and involving many Indigenous children, witnesses noted that the story of the ten-year old boy who committed suicide is but one example. Grand Chief Alvin Fiddler and Sioux Lookout First Nations Health Authority representative, John Cutfeet, spoke of the importance of ensuring appropriate access to mental health services and programs, suggesting that many communities, such as the one Chief Day spoke of, suffer from what they describe as collective post-traumatic stress disorder consistent with what is seen in war zones.

Reflecting upon the nature of the health care system in place for First Nations communities on reserve and the need for change, witnesses reasoned First Nations health can no longer be dealt with in isolation. Factors such as developing community infrastructure, ensuring that individuals have access to clean drinking water and sufficient energy resources, as well as allowing First Nations communities to share in resource development, are essential to healthy communities, as they contribute to a person's physical and mental well-being. Grand Chief Jonathan Solomon of the Mushkegowuk Council, for example, stressed the importance of developing infrastructure to improving health outcomes given overcrowding issues facing First Nations communities. Stressing that a social determinants of health approach is necessary, Dr. Kirlew did caution against using technological innovations – such as tele-health – as a replacement for on-site medical resources.

Concerned that the approach of conducting studies and program evaluations has for too long failed to address the growing health care needs of First Nations communities,

Grand Chief Alvin Fiddler recommended that the Government of Canada take the following actions to address the health needs of First Nations communities. These recommendations, which are summarized below, were broadly endorsed by the other witnesses.

- That Health Canada, NAN and Manitoba Keewatinowi Okimakanak (MKO) jointly develop a course of action to fully implement the recommendations in the Auditor General's report of 2015;

- That Health Canada acknowledge that the present policies, services delivery and funding models are failing First Nations; that an overall health system transformation is required; and that Health Canada along with the Ontario Ministry of Health and Long-term Care work collaboratively with NAN towards solutions that address urgent, intermediate and long-term health and infrastructure needs.

- That the Minister of Indigenous and Northern Affairs participate, along with NAN and Health Canada, in an ongoing political oversight body established to monitor progress;

- That NAN and the Mushkegowuk Council leadership work in collaboration with Health Canada, Indigenous and Northern Affairs Canada (INAC) and other departments to establish a Special Emergency Suicide Task Force to address the growing suicide epidemic in NAN territory; and

- That NAN leads a collaborative process with Health Canada and Ontario that will redefine Jordan's Principle, and that the result of this work form a basis from which Canada will create legislation that will compel other jurisdictions to a uniform implementation process.[14]

Finally, witnesses called for immediate and strategic investments that respond to the specific needs of First Nations communities and that are done in full partnership with First Nations. While acknowledging the fact that a full health economic assessment has not been yet conducted, Chief Isadore Day called for an immediate adjustment to the federal 2016 Budget. Specifically, he asked that 80 mental wellness teams and 80 community health teams, estimated at a cost of $500,000 per team, be supported, noting that the "cost of doing nothing is huge."[15]

SUMMARY

Access to adequate, appropriate and timely health care is essential to improving the health outcomes of Indigenous people and communities. As documented by the Auditor General, Health Canada has not taken into account community health needs when

14 Grand Chief Alvin Fiddler, *Submission to the Standing Committee on Aboriginal Affairs and Northern Development For the Committee's Study on the Nishnawbe Aski Nation Declaration of a Health and Public Health Emergency*, Nishnawbe Aski Nation, 14 April 2016, p. 9.

15 INAN, *Evidence*, 1st Session, 42nd Parliament, 14 April 2016, 1650 (Isadore Day, Ontario Regional Chief).

allocating its support to remote First Nations communities. The result is that far too many First Nations individuals are denied access to essential medical services.

Having considered the testimony before us, the Committee is profoundly concerned that the provision of health services to First Nations communities, particularly in northern Ontario and Manitoba has, in too many instances, failed to meet the most basic health needs of individuals and that the current system is in need of meaningful reform. Committee members recognize that these issues are complex and that effective solutions will involve the coordinated efforts of federal, provincial and First Nations governments, working together toward a renewed patient-centred approach to the delivery of on-reserve health care.

While an exhaustive study of the on-reserve health care system was beyond the scope of the present motion, the Committee was seized with the testimony that the NIHB program is not meeting the health needs of on-reserve First Nations residents. Members agree with those who appeared before the Committee that no woman should be forced to give birth alone, hundreds of miles away from home, because she may not be able to have an escort travel with her under the policy. We agree that no child should have to wait for medicine to relieve their suffering, and that no Canadian should have to watch their spouse die because of a lack of oxygen. In a country as rich and compassionate as ours, these stories should not have to be told.

The Committee is aware that Health Canada has developed an action plan to implement the findings of the Auditor General's 2015 audit.[16] Given the importance of the Auditor General's findings and the need for immediate resolution of the matters raised in his audit, the Committee recommends:

Recommendation

That, as part of the Government's comprehensive response to this report, Health Canada include a progress report on steps taken to address the findings of the Spring 2015 audit of the Auditor General of Canada on access to health services for remote Indigenous communities.

Committee members are also aware that Health Canada and the Assembly of First Nations are conducting a joint review of the NIHB program and that a report is expected to be tabled in March 2017.[17] Nevertheless, the needs of First Nations people are immediate and the gaps in benefits are reasonably well-understood and documented. Pending a full review of the NIHB, the Committee believes that immediate action must be taken to ensure access to essential medical services and accordingly recommends as follows:

16 *Health Canada's response to Spring 2015 Auditor General's Report*.

17 Assembly of First Nations, *AFN Bulletin – Non-Insured Health Benefits Joint Review*.

Recommendation

That Health Canada immediately ensure that all nursing stations are capable of providing essential health services to remote Indigenous communities.

Recommendation

That Health Canada take immediate steps to ensure that medical transportation benefits are available to all residents of remote Indigenous communities and, where appropriate, that residents be entitled to bring an escort.

Finally, witnesses appearing before the Committee provided us with a number of well-prepared and thoughtful recommendations for moving forward on improving the on-reserve system of health care and delivery of services. These recommended actions and observations are appended to the Committee's report. The Committee believes that these proposals merit serious consideration and therefore recommends as follows:

Recommendation

That Health Canada take note of the recommendations provided to this Committee by witnesses, as appended to this report, and respond to them in the Government’s comprehensive response to this report.

APPENDIX A – LIST OF WITNESS RECOMMENDATIONS

Witness	Recommendation
Mushkegowuk Council: Jonathan Solomon, Grand Chief	The health system is broken. … We must begin a plan that is sustainable and viable. The policies and legislation have only marginalized the First Nations of this country, which includes Mushkegowuk.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief (written submission)	We strongly recommend the following actions be taken immediately by the Government of Canada: • Health Canada, NAN and MKO jointly develop a course of action to fully implement the recommendations made by The Auditor General of Canada outlined in the 2015 Spring report *Access to Health Services for Remote First Nations Communities*. This work will consider the relationship to any process arising from the NAN and Health Canada and MOHLTC ministers meeting in March 31, 2016. • Health Canada to acknowledge that the present policies, services delivery and funding models are failing First Nations. The Auditor General of Canada supports that Health Canada does not consider the health needs of the community. An overall health system transformation is required. As per the March 31, 2016 meeting, Health Canada and MOHLTC must work collaboratively with NAN on a long term process towards solutions beginning with urgent priorities that need expedient solutions, and intermediate and long term health and infrastructure needs in a framework to be designed and implemented along NAN and various First Nation health organizations within NAN territory. This collaborative framework will include a health transformation system component and will consider models envisioned by Weeneebayko Area Health Authority, Sioux Lookout First Nations Health Authority and other First Nation health entities. • The Minister of Indian Affairs Canada participates along with NAN and Health Canada in an ongoing political oversight body to the process as proposed by NAN at the

Witness	Recommendation
	March 31, 2016 meeting. It is imperative that INAC be part of this process as water and housing situations in the NAN communities are detrimental to the health of our people. • NAN and Mushkegowuk Council leadership work in collaboration with Health Canada, INAC and other departments to establish a Special Emergency Suicide Task Force to address the growing suicide epidemic in NAN territory. Health Canada and INAC must provide the resources to support this process. • NAN leads a collaborative process with Health Canada and Ontario that will redefine Jordan's Principle. The result of this work will form a basis for which Canada will create legislation that will compel other jurisdictions to a uniform implementation process. Health Canada and MOHLTC must provide the resources to support this process.
Neskatanga First Nation: Wayne Moonias, Chief (written submission)	As members of Parliament you can advocate for the creation of a federal assistance program, a social emergency program, designed to help First Nation communities get immediate support when they declare a social emergency and to be back on their feet after the crisis. The program would be intended to provide the supports necessary for returning the community to a pre-crisis condition. Members can advocate for investments in strengthening the ability of first responders, their organizations, and local institutions to help First Nation communities prepare for and cope with future crises. … The current policies under Non-Insured Health Benefits are a barrier to prevention. A new financial regime is equally needed for First Nations. Communities like Neskantaga, many who are in some form of financial intervention, do not have the tools to address these crises and it is only getting worse – more social deficits are creating more fiscal deficits. Finally, there has to be recognition of the principle of First Nation consent. We need legislation, policy development and economic development that respects First Nation jurisdiction over their traditional territories. This policy will require work with the

Witness	Recommendation
	provinces.
Sioux Lookout First Nations Health Authority: Dr. Michael Kirlew	Section 12 of the non-insured health benefits policy states that non-insured will not cover certain types of travel. … There needs to be drastic change quickly.
Sioux Lookout First Nations Health Authority: John Cutfeet, Board Chair	We need to change the way health care is delivered at the community level to the Indigenous peoples. This requires a substantial transformation of the health care system. … One of the first places to start would be to take a good hard look at the non-insured health benefits policy. Every day that this policy is in place is another day that people are being discriminated against and another day that it lives on in this nation's conscience. … We call on you to drive the legislative and policy changes that will immediately end these discriminatory practices and that will build the foundation for a reformed health care system and a new relationship.
Chiefs of Ontario: Isadore Day, Ontario Regional Chief	Here are some of the supporting recommendations to further strengthen the Nishnawbe Aski Nation's proposals. The first one that I'd like to offer the Committee is immediate funding flow to areas in most need. … This means equitable health care access at the community level and where it's most needed. The second recommendation is that a social determinants framework be the basis for comprehensive health action plan that includes all relevant line ministries and government mandates, which means that we are calling for an immediate adjustment to the federal 2016 Budget under the social development of health federal framework. Third is that the Truth and Reconciliation Commission's 94 calls for action related to health be the foundation for a successful and immediate implementation plan. This would require a formal mechanism, which wasn't part of the federal budget. The fourth one, longer-term solutions can only be realized through full engagement, with a seat at the table in the current health accord negotiations with the provinces and territories. This participation must be based on the nation-to-nation relationship. Finally, and most vital, this set of recommendations will come in the

Witness	Recommendation
	form of a memorandum to Cabinet that will call for a binding partnership on dealing with the First Nations health crisis that is currently responsible for the high mortality rates of First Nations across this country. I want to underscore that last recommendation. Since last fall the Chiefs of Ontario have presented five key areas that must be immediately addressed by the federal government. The first one is ending the First Nations health crisis, which can only be addressed by fixing the water crisis, ensuring access to health services, and fixing health benefits for First Nations, as my esteemed colleague had just mentioned; two, eliminating abject poverty through investments in housing, healthy and affordable food, infrastructure, education, and training; three, immediately implementing mental health and addictions services to address the youth suicide crisis, prescription drug abuse, and mental wellness; four, recognizing First Nations authority over land and resources, as recognized within our territories; and five, access to new technologies such as broadband Internet and green energy in order to eliminate the reliance on diesel-powered electricity. Last month's federal budget is a good start on two fronts: addressing the water crisis and beginning to inject necessary funding for our children's education. … My point is this: we must look at this year's budget and concentrate on health. If we didn't see the investments there, we must move.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief	I want to ask this Committee to work with Minister Philpott and Health Canada on some of the policies we referenced in our presentation, for example, to lift the travel restrictions on non-insured, especially when it comes to children. This speaks to Jordan's principle. That was a private member's bill that Parliament adopted, which is great, but we need to make that into law.
Sioux Lookout First Nations Health Authority: Dr. Michael Kirlew	We have Jordan's Principle, but the problem is we don't have Jordan's practice. We need Jordan's practice. I would think a first step would be that we not put any barriers for children to access care. … There's another practice that happens routinely, and it's children who are unregistered are denied their transportation out. That practice needs to stop immediately. Let's worry about the registration and the paperwork when we get the

Witness	Recommendation
	child, and get the child care first. … Those are just a couple examples of policy changes that would at least help start pointing us in the right direction. I think the practice of denying pregnant women escorts needs to stop immediately.
Chiefs of Ontario: Isadore Day, Ontario Regional Chief	Just as we've seen here days ago, with the investment made by the provincial government, we need those immediate, on-the-ground investments. What we're asking for here is that the Committee support 80 mental wellness teams, 80 community health teams on the ground, today, at a cost of $500,000 per team. That's what can be done today.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief	What we're saying is that we need to transform the health care system, and it has to be a collaborative effort where First Nations sit with the appropriate federal officials, and also the appropriate provincial officials, for us to design the system that will finally work for our communities.
Sioux Lookout First Nations Health Authority: Dr. Michael Kirlew	I think that could be part of a solution for sure, with being able to implement high-quality telehealth. We have to understand that telehealth is meant as a plus. … I look at it in terms of telehealth being something that can help me as a clinician to provide A-plus care and to help give my patients more access to a physician or more access to a health care provider. I've surveyed a number of my colleagues and they described often times the relationship with non-insured health benefits as adversarial. … The problem is that non-insured is trying to insert itself in the doctor–patient relationship inappropriately and that needs to stop. It needs to stop inserting itself in that doctor–patient relationship.
Chiefs of Ontario: Isadore Day, Ontario Regional Chief	We've not done a full health economic assessment in terms of what's needed. That's clearly an area that this Committee can help with and endorse and move forward because you will find that it's not only the systemic pieces, but there are some glaring areas that need immediate funding, as my colleague suggests. Through the *Honouring Our Strengths Framework* that looked at

Witness	Recommendation
	addictions and mental health, there's been some good work done with nothing, but now we need the investment. In AFN's budget submission on mental wellness, it included mental wellness teams to reach all communities; new funding for 80 new teams, at $500,000 each; crisis response teams via the expansion of a National Aboriginal Youth Prevention Strategy; capital to ensure safety and maintenance of national native drug and alcohol programs and treatment centres; and capital for five new treatment centres, healing centres, as per the TRC *Calls for Action*; extension of the Indian Residential Schools' resolution health support programs, also to be utilized during the missing and murdered Indigenous women inquiry process.
Mushkegowuk Council: Jonathan Solomon, Grand Chief	We need to start investing in infrastructure, because the home environment impacts the well-being of an individual, or even an institution like a school, or even a health centre. These are the centre of the communities. If you are sharing a room with 14 or 15 other people, and you are going to school and if you have homework, and don't have time to do that homework, it is going to impact you mentally. We need to start investing in infrastructure and also in the mental aspect of it. We need to start investing in mental health, not only for adults. We have to have a mental health program for the children, because right now there's nothing for them. The only thing that's available for them is the child protection agency that's in our region and once you mention child protection agency, the first thing that comes into their mind is they are going to lose their children. That's the first thing that enters their mind. We have to invest in the young people to have a brighter future, so they have hope and certainty, and the family circle will grow to a better future.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief	I think that's one reason we're here today, to appeal to you, the Committee, to work with us in implementing these reports, like the one I referenced. This came out last year, April 25. It's almost a year. There's so very little follow-up to that. I think we need to agree on certain things. One of them could be that we immediately agree on how we will implement these recommendations that are a continuous report. That's just one report. There are others.

Chiefs of Ontario: Isadore Day, Ontario Regional Chief	We need to transition into a transformative health framework in this country. We need to recognize that First Nations need to be part of the health accord process. We need to recognize that there's a very broken system we need to mitigate now. I think we need to get a commitment to augment the 2016 Budget, and we need to put a price tag on those very big, damaged, broken areas that need mitigation funding. Let's begin to do the assessment in terms of what are the financial and fiscal resources needed to do that over the next three years.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief	When it comes to talking about issues that impact our communities, whether it's climate change, whether it's education, health care, we need to be there. We need to be involved. We need to be meaningfully engaged in the process because what you develop in Ottawa, whether it's policy, legislation, law, it impacts us in ways that sometimes put lives at risk, or sometimes we lose people. I think it's important that we have a dialogue like this, but we need to carry that forward in a meaningful way. We need to go further and collaborate on a framework, a process, that we can use moving forward, which includes us. We need to be in whatever process it is. Whatever table is developed, we need to be there.
Mushkegowuk Council: Jonathan Solomon, Grand Chief	My colleague here said we need to fix the system first. That's what needs to happen. We need to fix the oppression, the policies and legislation that have been oppressing our people from the start. That's what needs to happen. Then we can sit around like this and start prioritizing what do we do with infrastructure, what do we do with health, what do we do with the social aspect of it.
Nishnawbe Aski Nation: Alvin Fiddler, Grand Chief	If we're going to be talking about investing in our communities and infrastructure for our communities, we need that power. We need a power source that will be able to accommodate and support that expansion and investment.
Sioux Lookout First Nations Health Authority: John Cutfeet, Board Chair	One of the important things I want to point out here is that we need a funding framework from both levels of government to connect remote communities to the grid and get them off diesel. A funding framework with the support of both levels of government is very important.

APPENDIX B
LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
Chiefs of Ontario	2016/04/14	8
Isadore Day, Ontario Regional Chief		
Mushkegowuk Council		
Jonathan Solomon, Grand Chief		
Nishnawbe Aski Nation		
Alvin Fiddler, Grand Chief		
Sioux Lookout First Nations Health Authority		
John Cutfeet, Board Chair		
Dr. Michael Kirlew, Physician		

APPENDIX C
LIST OF BRIEFS

Organizations and Individuals

Nishnawbe Aski Nation

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant Minutes of Proceedings (Meetings Nos. 8, 13 and 14) is tabled.

Respectfully submitted,

Andy Fillmore
Chair

NDP Supplementary Report for the Declaration of Health Emergency by First Nations Communities in Northern Ontario

Although healthcare is a basic right for all Canadians, Indigenous people do not have access to the same quality of care as non-Indigenous people. This is unacceptable and is putting Indigenous lives at risk each and every day. While we support the overall conclusions and recommendations of the Committee report, the New Democratic Party believes that the government has failed to address key aspects of the health crisis in First Nation communities, and specifically in Treaty 9 territory.

The New Democratic Party (NDP) is extremely concerned by the severe deficiencies on the ground in health care systems in Indigenous communities. Based on the shocking testimony that this committee heard, Health Canada must be held accountable to end the systemic, inequitable delivery of health services in Indigenous communities. Therefore, the NDP makes the following additional recommendations:

Supplementary recommendation 1: The NDP urges the government, in collaboration with communities and the province to implement immediate changes to the glaring deficiencies of health delivery and non-insured benefits (NIHB) on Indigenous reserves while undertaking a comprehensive review and overhaul of these systems.

The NDP fully supports NAN's declaration of emergency and its call upon the federal and provincial governments to undertake prompt and sustained action to address health care challenges on reserves. We support the nine actions identified by NAN, which the government did not carry out within the ninety days that it was urged to do so, following the declaration. Specifically, the NDP urges the government to assess health system deficiencies in Treaty 9, as well as the need to address the discriminatory and unethical policies and practices associated with the NIHB program in order to ensure sufficient basic medical supplies in all communities.

All of the witnesses before the committee agreed on the discriminatory nature of health care services in Indigenous communities, and particularly noted the irrevocable damage done by the NIHB program, which denies patients essential prescriptive drugs, health care services and excludes certain types of travel. The NDP fully supports Doctor Kirlew and Mr. Cutfeet's recommendations that such policies are immediately reversed and that the government implement legislative changes that will build the foundation for a reformed, equitable health care system.

The NDP urges the government that pressing transformational change is necessary, but that it is also imperative that Health Canada does not wait for transformational change to take the immediate steps available to them to mitigate the systemic harms from the

health care system that put lives at risk. Both transformational and immediate actions are required to tackle to the health crisis in Indigenous communities effectively.

Supplementary recommendation 2: The NDP urges the government to immediately augment regional health and wellness teams to service the regional and national needs of Indigenous communities.

Quality health care is out of reach for many Indigenous Communities because regional health and wellness teams are lacking in Indigenous reserves. Indigenous communities are in dire need of investment for new treatment centres, healing centres, as well as health support programs. The NDP urges the government to commit to fully funding regional health and wellness teams for Indigenous communities.

Supplementary recommendation 3: The NDP urges the government to fully and immediately implement Jordan's Principle with matching funding to do so.

Since the House of Commons unanimously passed Jordan's Principle in 2007, neither the federal nor provincial governments have implemented it. The NDP fully supports the Canadian Human Rights Tribunal's recent ruling in January 2016 that legally mandates the government to implement Jordan's Principle immediately.

Since the court ruled, the government has failed to set aside additional funding for Jordan's Principle in both the budget and the supplementary estimates. The government has also provided vague wording that fails to prove the immediate and adequate implementation of Jordan's Principle.

The NDP calls for the immediate and comprehensive implementation of Jordan's Principle with matching additional funding for its implementation. These additional investments must not be drawn from other budget lines because every dollar counts and these health care services are badly needed. We must stop shifting the chairs on the deck of the Titanic.

Supplementary recommendation 4: The NDP recommends that issues concerning health card registration do not obstruct health care service.

Indigenous peoples should not be denied necessary health care solely on the reason that they do not possess health cards. The NDP strongly agrees with witness Dr. Michael Kirlew and his recommendation that health care institutions and services in reserves must treat children promptly and worry about their registration and paperwork after the safety and health of the child are guaranteed.

Supplementary recommendation 5: The NDP recommends that the Government of Canada commit to a holistic review of infrastructure, education, food, and water issues in collaboration with communities and the province.

The NDP fully supports Isadore Day, Ontario Regional Chief of Ontario in his recommendation that the government address the health crisis holistically. Currently, communities are still facing a shortage of clean drinking water, as well as overcrowded and substandard housing, which greatly impact health outcomes in Indigenous communities. Developing infrastructure, ensuring access to food and clean water, as well as offering equitable healthcare will ensure positive and sustainable transformations in health in First Nation communities.

Supplementary recommendation 6: The NDP recommends that the Government of Canada establish the ability to immediately and flexibly respond to crises in First Nation communities on the ground.

Recent health and mental health emergencies have shown the government's inability to immediately and flexibly respond to these crises. In addition to solving the long-term issues, the NDP urges the government to increase its capacity to respond to urgent issues as they arise.

Supplementary recommendation 7: The NDP recommends that the government meaningfully include national Indigenous leadership as equal partners in the Health Accord Negotiations.

Having Indigenous leadership present at the table in the current health accord negotiations is very important to foster continued cooperation, partnership and transparency between the Canadian government and Indigenous people. The NDP is of the belief that involving Indigenous leadership is a requirement to negotiating the health accord and to make positive change in relation to the health crisis in Indigenous communities.

Supplementary recommendation 8: The NDP recommends increased funding for health care for Indigenous People.

Budget 2016 provides zero additional dollars for health care services for Indigenous peoples. The gaps in health care services and outcomes when paired with the shocking testimony in relation to the severe deficiencies in the system illustrate the need for immediate added investments in health care for Indigenous Peoples. The NDP is calling for these immediate additional investments to health care for Indigenous people that were missing from budget 2016.

Supplementary recommendation 9: The NDP recommends that Health Canada periodically update the committee on its progress.

The NDP believes that Health Canada should provide this Committee with regular progress reports on steps taken to address the shortfalls in the health care system for Indigenous People, as well as on the findings of the Spring 2015 audit of the Auditor

General of Canada concerning access to health services for remote First Nations communities. Health Canada must be transparent and accountable for its measurement of success in addressing severe deficiencies in health care for Indigenous peoples.