Canadian First Nations Health

Presentation to the United Nations Permanent Forum on Indigenous Issues

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Greetings

The health of Canada's Aboriginal people is now in a crisis situation and falls far below that of the rest of Canadian society. Canada's First Nations are ranked 63rd on the United Nations Human Development Index compared to Canada as a whole at 8th in the world. We are, essentially a third world society living in one of the top 10 countries in the world.

Examples of First Nations poor health status include:

- First Nations people have a suicide rate that is 5 to 8 times higher than the rest of Canadian society.

- The incidence of diabetes in First Nations is 5 times more prevalent than the rest of the Canadian population. One of the highest rates of type 2 diabetes in the world occur in the First Nations population in Canada.
• The communicable disease rate in First Nations is 10 to 12 times higher than the Canadian average.

• The First Nation infant mortality rate is 1.5 times higher than the Canadian rate.


These statistics reflect a general national situation. There are communities which plunge far below these figures.

1. We recommend that the Permanent Forum call upon Canada to meet their treaty obligations for First Nations health care.

2. Urge Canada to remove the existing freeze on the First Nations health budget and Implement a budget which will meet the health needs in our communities.

3. It should be recommended that Canada make budget adjustments to meet the needs of our growing population and accommodate the reinstatement of our people under its 1985 Bill C-31 legislation.
4. The evidence derived from the Canada's own statistics show that our health situation is in a crisis. Our treaty right to health needs to be included as a priority within the recommendation for further study by the UN on treaties, agreements and constructive arrangements between states and Indigenous Peoples.

5. We want the Permanent Forum to support the recommendation that Canada take a new approach to improving the health of First Nations people and that this approach be inclusive of First Nations input, design and control. This new approach should be resourced appropriately, and be based on client and community need, not on cost containment.

While the Canadian government paints a picture of change and improvement for First Nations to the Canadian public, the reality behind the "official line" is that over the past two years we have suffered significant funding cuts to essential community programs to alleviate the deficit in Canada's health budget.

Thank you for your time and the opportunity to present this information.

Grand Chief Chris McCormick
Association of Iroquois and Allied Indians