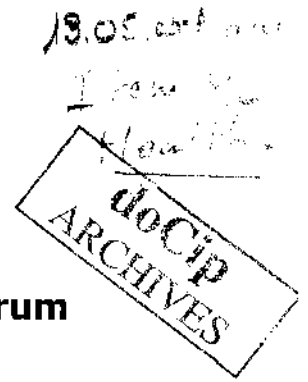


Canadian First Nations Health

Presentation to the United Nations Permanent Forum on Indigenous Issues



Presenter: Mr. Chris McCormick, Grand Chief of the Association of

Iroquois and Allied Indians

Samson Cree Nation
Ermineskin

Greetings

Buffalo River Dene Nation
IIORD

I would like to thank the chair, committee members and delegates of the Permanent Forum on Indigenous Issues for this opportunity to speak to you regarding the current state of First Nation Health in Canada. I would also like to acknowledge the work of this committee in the advancement of Indigenous issues globally.

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.

Evidence of First Nations poor health status is as follows:

- 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.
- 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.
- The First Nations population is growing at over 2 times the rate as the rest of Canada (Stats Canada- quarterly demographic stats- 91-002) and that 40% of this population is under the age of 19 years.
- Alcohol, drug and solvent abuse remains a major concern for Aboriginal communities in Canada.
- First Nations oral health is comparable to that of developing countries such as Costa Rica, the Ukraine and Latvia (Canadian Dental Association).

These statistics are only a brief overview of the state of health for First Nation peoples in Canada. More statistical data is available in our main document. These statistics reflect a general national situation, there are communities which plunge far below these figures.

"Canadian Aboriginal people die earlier than their fellow Canadians, on average, and sustain a disproportionate share of the burden of physical disease and mental illness. This burden is associated with unfavourable economic and social conditions that are inextricably linked to Native people's history of oppression. Improving the health of Canada's Native people will depend on improving their economic and social conditions as well as assisting Native people to identify and address their own health needs."

(Canadian Medical Association Journal 1996; Article titled: "Aboriginal Health" by Dr. Harriet MacMillan, Associate Professor, Departments of Psychiatry and Behavioural Neurosciences and Pediatrics, Offord Centre for Child Studies, McMaster University)

The Prime Minister of Canada, Hon. Paul Martin stated in the 2004 Throne Speech to Canada "that conditions within Native communities are shameful." Mr. Martin and his government pledged to improve these conditions, but there was no mention of any new funding for First Nations

in his 2004 Budget. Yet again the Canadian government has used First Nation issues as a public relations scheme for re-election. Empty words will not improve the health status of First Nations.

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 we suffer funding cuts to essential community programs. Just this previous fiscal year children's programming that provided breakfast programs, library and homework clubs and cultural programs was slated to be eliminated in order to pay down First Nation and Inuit Health Branch's regional (Ontario) \$ 11 million deficit. After major opposition by First Nation Leaders this decision was reversed. First Nation and Inuit Health Branch (FNIHB) has stated in a letter (April 2, 2004) that " even though children's programs will be reinstated, this does not relieve the obligation to find a way to balance planned expenditures to the budget available". This falls on the heels of program funding cuts to balance a deficit of approximately 9.7 million for the previous year. This is an example of the Canadian governments agenda, cost containment, not improved health for First Nations.

It is also critical that First Nations and the Canadian government break this cycle of ill health by addressing the detriments of health. Key detriments that impact First Nation peoples health statuses are, education, employment, housing, water and sewage and cultural integrity. Canada's

First Nations fall far behind in these areas. *The Kirby Report (2003) on the Federal Role in Health Care points out that 75% of our health is determined by physical, social and economic environments.*

Health care and services are delivered by the federal government through the First Nation and Inuit Health Branch. First Nations have very little, if any input into the design and delivery of First Nations health services. This paternalistic approach by the Canadian government has made little impact on the health status of First Nations.

Canada's First Nations need to have more control and input into health care and services and be allowed to determine the directions of these services based on community need and not be hampered by funding restrictions.

It has been proven in the past that when First Nation communities take control of services and programs and are provided adequate funding to do so, dramatic change can occur. For example, in 1987/88 the grade twelve (12) graduation rate for First Nations was at 37 per cent. During the next ten-year period community controlled schools increased by 54 per cent, federal funding for post secondary education rose from \$109 million to \$280 million and Aboriginal studies programs expanded to more than 13 Canadian Universities. The grade twelve completion rate in 1997/98 was

74 per cent, a very dramatic increase from 37 per cent. (MacMillan et al., 2001).

As Canada's First Peoples we have had health systems and regimes that have been in place for thousands of years before settler contact. These systems and regimes did not just involve the western concept of treating the physical aspect of disease but used a holistic approach, giving care to a person's complete being, the physical, mental, emotional and spiritual.

We are recommending 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 cost containment.

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

Grand Chief Chris McCormick

Association of Iroquois and Allied Indians

Ontario Deficit

appendix "A"

Head Start (enhancement dollars)	Ontario Allocation \$3.5M	\$3M will go to deficit
FAS(E) Community Program Dollars	\$1.7M	\$1.6M will go to deficit
Risk Assessment (Security for Nursing Stations)	\$600,000	\$600,000 will go to the deficit
Tobacco Strategy	Ontario Allocation \$646,000	\$200,000 will go to the deficit
Home and Community Care		\$174,000 will to the deficit communities entering implementations/development phases. Will remain at existing level for the balance of the Fiscal year.
NIHB - O&M Chiropractic	Ontario Allocation \$350,000	\$100,000 will go to the deficit by not being expended and discontinued for the balance of this fiscal year.
Nursing - Regional Operations Southern Ontario Foot Care	Allocation \$200,000	Allocation has been spent. FNHB will not allocate additional resources as it historically has done.
Staffing Measures Operational & Program Cuts and External Source Offsets		Allocation encompasses \$4,747.1M. These cuts are internal spending, but will impact Nursing (\$1.3M), staffing that provides services directly to the First Nation communities (EHO, environmental research projects)
Contribution Surpluses		Approximately \$500,000 each year is not spent by First Nation communities in their CA's, therefore, instead of going to regional projects, the resources will go to the deficit. These resources are made up of \$\$ the community has not spent or did not identify as being allocated within other community projects

HEALTH CANADA - ONTARIO REGION
DEFICIT RECOVERY STRATEGY 2004-05

FNHBB Office - Ottawa, Ontario
February 16, 2004 - 9:00 am

<u>FUNDING SERVICE CUTS</u>	<u>(\$ MILLIONS)</u>
Collective Agreement Reserve	1.7
One-time Reserve - Band Proposals, emergencies Ie. Summer Beaver	0.5
NIHB	1.5
Nursing - Northern Region	2.5
Brighter Futures - Only first quarter will be provided Of 2.1 million in 2004-05	2.1
Aboriginal Headstart - will build fewer sites	1.0
Fetal Alcohol Syndrome	0.7
Water Testing - Regional Budget 2.4 m	0.5
5% of Regional Office Salaries	0.5
<hr/>	
Total Ontario Region Deficit Reduction	11.0



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Hiawatha First Nation
Mississaugus of New Credit
Mohawks of the Bay of Quinte
Oneida Nation of the Thames
Wahia Mohawks

March 08, 2004

Hon. Pierre Pettigrew
Minister of Health
Privy Council Office, 8th Floor
66 Slater St.
Ottawa, Ontario
K1A 0A3

Dear Mr. Pettigrew,

Firstly Mr. Minister, let me congratulate you on behalf of the Association of Iroquois and Allied Indians, on taking the post of Minister of Health for Canada.

The Association has grave concerns regarding deficit recovery by Health Canada, First Nation and Inuit Health Branch. During the fiscal year 2003-2004 Ontario Region has forecasted a deficit of approximately \$9.7 million and to cover off this deficit, the Regional Director has diverted community based program resources to accomplish this, specifically Aboriginal Head Start (\$3M) and FAS(E) community programming (\$1.6M). Mr. Garman, Ontario Regional Director has indicated that the primary cause for this deficit is due to the shortage of nursing resources in the North.

Again, for the upcoming fiscal year 2004 - 2005, Mr. Garman is forecasting an even larger deficit for First Nation and Inuit Health Branch, Ontario Region of approximately \$11 million and once again, we are advised that the main cause of the deficit is the under resourcing of Government Nurses who work in First Nation Communities in the North. The Regional Director has developed a Regional Deficit Recovery Strategy for Ontario in order to offset this deficit and once again community programs are targeted with funding cuts (see attachment).

Mr. Garman plans to cut Aboriginal Headstart, FAS(E) community programming, and Brighter Futures for the fiscal year 2004- 2005. These cuts will have a direct and detrimental impact on the health of our children as these specific programs are targeted at improving the quality of life and ensuring First Nation children get a better start in life. The 2003-2004 Throne Speech states that, "*We must ensure that every child gets the best possible start in life; that all of Canada's children enter into school ready to learn; that we protect their health, their happiness, and their freedom to grow in mind and in body without fear.*" Aboriginal Headstart, FAS(E) and Brighter Futures relate directly to the commitments in the Throne Speech, and by making funding cuts to these essential childhood programs, FNIHB, Ontario Region will be in direct conflict of the Prime Ministers mandate for his government.

As we understand, Treasury Board allocates specific resources for specific program areas for First Nation and Inuit Health Branch. As First Nations we are constantly reminded by FNIHB staff that we use resources for the exact purposes that they are allocated for. If we do not we are then considered in breach of our contribution agreement and these resources will then be recovered by Health Canada. If we as First Nations must follow stringent guidelines when spending funding, why then does the Canadian government, more specifically Health Canada, First Nation and Inuit

Health Branch not have to follow these same guidelines. Under what authority can Health Canada, First Nation and Inuit Health Branch deviate from a Treasury Board directive to spend dollars on a specific program and reallocate to pay down a deficit ?

This funding was intended to improve the health status of First Nations children in Ontario, but by using it to pay down a deficit , First Nations children are suffering as a result.

Health Canada, First Nation and Inuit Health Branch seems to be more concerned with balancing budgets and program cost containment than it is in fulfilling it's goal of reducing health disparities for First Nations people.

The Association of Iroquois and Allied Indians mandate is to raise First Nation's third world health status to at least the same level as the rest of the Canadian population. To that end we oppose any type of financial cuts to community programs, Non Insured Health Benefits and the nursing budget. It is the federal government's fiduciary responsibility to ensure the provision of adequate health services for First Nations and by cutting these programs we feel that the federal government will be and is renegeing on this responsibility.

The obvious solution to FNIHB deficit concerns is to open the funding envelope and base funding on First Nation health needs and priorities rather than financial containment.

Health Canada, FNIHB needs to recognize the valuable service that nurses provide to not only our communities in the north but all First Nations communities in Ontario. Nursing services must be funded adequately in order to achieve optimum health outcomes for First Nations people.

We also request an immediate meeting between yourself and the Ontario First Nations leadership to rectify this urgent situation.

The Association looks forward to your timely response to our concerns.

Yours truly,



Chris McCormick
Grand Chief

cc: Prime Minister, Paul Martin
AIAI Chiefs Council
COO Health Coordination Unit
Pat Martin, Indian Affairs Critic
AIAI Health Social Advisory Board
Phil Fontaine, National Chief

Charles Fox, Ontario Regional Chief
Yvan Loubiere, Indian Affairs Critic
Reg Alcock, President of Treasury



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Your file Votre référence

Our file Notre référence

April 2, 2004

To: All Ontario Chiefs

In response to the many comments I have received to date from Chiefs across the region I have decided to change an earlier decision I had made concerning the Brighter Futures program.

As you are likely aware, as part of this region's strategy to balance planned expenditures with the funds available, I had decided in February to reinvest a major portion of Brighter Futures program funds to other more pressing priorities. Having heard from the Chiefs in recent weeks it is clear that Brighter Futures itself is considered to be a pressing priority and therefore its funding should not be reallocated. For this reason I am changing this decision and will be reinstating Brighter Futures funding to all contribution agreements.

This, however, does not relieve the Region of the obligation to find a way to balance planned expenditures to the budget available. As I have said on many occasions my preferred way of doing this would be to work collaboratively with the First Nation leadership. This option will continue to remain available. In the interim I and my managers will be looking at new ways to continue to provide the best possible health services while at the same time meeting the region's financial objectives.

Yours truly,

Al Garman
Regional Director
Ontario Region
First Nations & Inuit Health Branch

Copy to: Chiefs of Ontario
PTOS/PTO Health Directors
Tracy Antone

Canada

FIRST NATIONS HEALTH - FACT SHEET

As a result of centuries of oppression, colonialism and indifferent government policy Canadian First Nations health status is one of the poorest in the Americas and comparable to developing countries.

Suicide

- ▶ According to Health Canada the leading cause of death for First Nations in the 10yrs to 44yrs age group is suicide
- ▶ The suicide rate for aboriginal youth is 5 to 8 times higher than the Canadian average
- ▶ The leading cause of death for children aged 10yrs to 19 yrs is suicide (Health Canada - Statistical Profile on the Health of First Nations)

Diabetes

- ▶ The incidence of diabetes in the Native population is 5 times more prevalent than the rest of the Canadian population (Health Canada - A Statistical Profile on the Health of First Nations)
- ▶ One of the highest rates of type 2 diabetes in the world occur in the First Nations population (Journal of the Canadian Pediatric Society, volume 6, Dec 2001)
- ▶ One in four individuals in First Nations communities, who are over the age of 45yrs have diabetes (Health Canada - Diabetes Among Aboriginal People in Canada - March 2000)

Diabetes (con't)

- ▶ From 1995 to 1998, diabetic drug claims through the First Nation and Inuit Health Branch, Non Insured Health Benefits Program, have increased by 78% (FNIHB-NIHB)

- ▶ It is projected that in twenty years, more than 25% of the Aboriginal population will be diagnosed with diabetes (Health Canada - Diabetes Among Aboriginal People in Canada - March 2000)

Infectious Diseases

- ▶ Tuberculosis (TB) rates in First Nations are 8 to 10 times higher than the rest of the Canadian population (TB risk factors include overcrowded housing, poverty, substance abuse, remoteness and various medical conditions)(Health Canada - A Statistical Profile on the Health of First Nations)
- ▶ The proportion of AIDS cases among First Nations climbed from 1% of all cases in Canada before 1990 to 7.2% in 2001 (Health Canada - A Statistical Profile on the Health of First Nations)
- ▶ Hepatitis A among First Nation Children (0-14yrs) is 12 times higher than in the Canadian population (risk factors include overcrowded housing, inadequate sewage disposal and lack of running water)(Health Canada - A Statistical Profile on the Health of First Nations)
- ▶ The 1999 reported rate of shigellosis among First Nations communities was 20 times higher than in the Canadian population (risk factors include overcrowded housing, inadequate sewage disposal, substandard water delivery systems) (Health Canada - A Statistical Profile on the Health of First Nations)

Dental

- ▶ 91% of First Nation and Inuit children affected by dental decay (1991 - MSB Children's Oral Survey)
- ▶ First Nations oral health is comparable to that of developing countries such as Costa Rica, the Ukraine and Latvia (Canadian Dental Association)
- ▶ The decayed, missing, filled teeth rate (DMFT) for First Nation children aged 5 and 6 yrs is 6.5 compared to the same age group in the rest of the Canadian population at 1.2 .

Birth rate and Infant Mortality

- ▶ 58% of the First Nations women who gave birth in 1999 were under the age of 25 (Health Canada - Statistical profile)

- ▶ First Nation females aged 10 to 14 yrs have an age specific pregnancy rate 9 times higher than the Canadian rate for this group (Health Canada - Statistical profile)
- ▶ The First Nation infant mortality rate is 1.5 times higher than that of the rest of Canada (Health Canada - Statistical profile)

First Nation Population

- ▶ The First Nations population is growing at over 2 times the rate as the rest of Canada (Stats Can - quarterly demographic stats - 91-002)
- ▶ 40% of the First Nations population is under the age of 19 years (Stats Can)

Physical Illness

- ▶ 23% of First Nation peoples suffer from hyper tension compared to 10% of the rest of the Canadian population (1998 - Regional Health Survey)
- ▶ Almost 10% of the Native population suffer from heart problems as compared to 4 % of the Canadian population (1998 - Regional Health Survey)
- ▶ 31% of all Aboriginal People in Canada have been diagnosed with some type of chronic illness (1998 - Regional Health Survey)

Substance Abuse

- ▶ Alcohol and substance abuse remain a major problem within Aboriginal Communities. Studies show that alcohol plays a precipitating factor in the First Nation poisoning and mortality rate. Ie. In Saskatchewan between 1985 and 1987 alcohol was a factor in 92% of motor vehicle accidents involving First Nations.
- ▶ Use of Drug and Alcohol treatment centers in Ontario was six times higher than the rest of the Ontario population (Adrian 1989 - Health Canada - A Statistical Profile on the Health Of First Nations)

Substance Abuse (con't)

- ▶ The 1991 Aboriginal Peoples survey reported that 73% of respondents indicated that alcohol was a problem in their communities and that 59% said that drug abuse was a problem (Stats Can 1993)

- ▶ One in five Aboriginal youth have reported that they have used solvents. One in three solvent users is under the age of fifteen, and over half of these youth began to use solvents before the age of 11yrs (Scott 1997 - Health Canada - A Statistical Profile on the Health Of First Nations)
- ▶ Admission to treatment centers for the abuse of alcohol by First Nations is on the decrease but admission for the abuse of narcotic and hallucinogenic drugs is increasing (Health Canada, FNIHB - In house statistics)

Tobacco Use - Smoking

- ▶ First Nations people's smoking and smokeless tobacco use is significantly higher than the Canadian general population
- ▶ 62% of First Nation peoples smoke or use smokeless tobacco products (1997 First Nation and Inuit Regional Health Survey) as compared to 23% of the Canadian population (Health Canada/Stats Canada - 2000)
- ▶ Men and women on reserve have a 40% higher rate of stroke and a 60% higher rate of heart disease than the Canadian population. (Statistical Profile on the Health of First Nations in Canada)

Life Span

- ▶ First Nations people and Inuit , on average, live 5 to 10 years less than the Canadian population (CIHI - Improving the Health of Canadians - 2004)

Non Medical Determinants of Health

The health of an individual is not only impacted by ones physical health but also by the environment that surrounds them. The following are things that have an effect on First Nations people's health and health outcomes.

Residential School

- ▶ Canada's first residential school opened in the 1870's and the last one closed in 1996.
- ▶ Native children were forced to attend these schools and even kidnaped from their communities
- ▶ Children suffered physical, emotional, spiritual, and sexual abuse in these schools
- ▶ Inter generational effects of this abuse directly effect our health status today
- ▶ Approximately 12 000 outstanding lawsuits against Canada for residential school abuse (Indian Residential School Resolution Canada - 2004)
- ▶ Most researchers found that residential schools were places of physical, emotional, and intellectual deprivation. (CIHI - Improving the Health of Canadians - 2004)

Housing

- ▶ In 1990-2000 only 56.9 % of the homes in First Nations communities were considered adequate (INAC 2002)
- ▶ Overcrowding is also and issue in homes for First Nation communities - 19% of dwellings on reserve have more than one person per room, compared with 2% of dwellings for Canada as a whole (INAC 2000)
- ▶ Overcrowding greatly increases the risk of transmitting communicable diseases. As the average number of persons per room increases, so does the rate of Tuberculosis (Health Canada - Statistical profile - 2003)
- ▶ The presence of mold in houses has been identified as a problem in First Nation communities. (Boles 1998). Inadequate housing can lead to mold growth, which leads to a number of health problems.

Water and Sewage Disposal

- ▶ Only 41.4% of Inuit and First Nation communities have an adequate water system with piping to a centralized water treatment plant (Health Canada 2000)
- ▶ Only 33.6 % of homes in First Nation and Inuit communities are hooked into an adequate community sewage disposal system. (Rosenburg *et al.* 1997)
- ▶ First Nation communities lacking a sewage disposal system have 2 to 20 times the risk of contracting a communicable disease, depending on factors such as number of persons per room, adequate water etc. (Health Canada 2000)

Employment and Education

- ▶ In 1997-98 more First Nations children remained in school until grade 12, than in the years 1987-88 (74% vs. 37%) During this same 10 yr period band operated schools increased by 54%, federal funding (INAC) for post secondary education rose from \$ 109 million (1987-88) to \$ 280 million in 2000-01 and Aboriginal studies programs expanded to more than 13 Canadian Universities. The conclusion here could be that if Native students and communities are given the opportunities in education then success will follow.
- ▶ 63% of First Nation persons have completed secondary school as compared to almost 80% of the Canadian population (INAC).
- ▶ Only 3% of the First Nation population have attained a university degree as compared to 14% of the Canadian population (INAC).
- ▶ The 1996 First Nations unemployment rate was three times higher than the Canadian rate (Stats Can 1996 Census)
- ▶ According to the 1996 census income levels for First Nations were 50% lower than that of the average Canadian income.
- ▶ The average income on reserve is \$ 14 433.00. (1996 Census)

Language and Culture

- ▶ Culture, language and ceremonies are an integral part of a holistic view of health and wellbeing. This encompasses the physical, mental, emotional and spiritual wellbeing of an individual.
- ▶ As a result of residential school and indifferent government policy and legislation that sought to assimilate First Nations into a foreign society, our language and culture have suffered as a result
- ▶ 80% of First Nations people believe that a return to traditional ways is a good idea to promote community wellness (1997 First Nations Regional Health Survey)