UN Expert Mechanism on the Rights of Indigenous Peoples (EMRIP)
11-15 July 2016
Intervention on Agenda Item 5, Read by Larron Northwest
Thank you Mr. Chair and Members of the EMRIP
[Cree Opening] I greet you in my Indigenous language of Cree. I would first like to thank the people of Geneva for welcoming us on to their beautiful lands. I take the floor as a representative of the Maskwacis Cree from Alberta, Canada. We provided a submission to the Expert Mechanism on the Treaty Right to Health, which will be available on the EMRIP website which included extensive remarks about children and youth, and the issues of suicide, self harm and mental health.

Mr. Chair, Maskwacis Cree applauds the inclusion in the draft Study of treaty rights **as aspects of international law** and as mechanisms of rights to health and self-determination. We noted that Advice No. 9 calls on states to implement relevant treaty commitments where they exist, and to provide redress and remedy for treaty rights violations.

We also see that the Expert Mechanism included the example of Treaty No. 6 in paragraph 19 of the draft Study. We sincerely appreciate this reference Mr. Chair. We recommend that in addition to referencing the "medicine chest clause", that the Expert Mechanism also include a reference to the "famine and pestilence clause" of the same treaty, as it would more accurately define the broad spectrum of health rights provided for pursuant to Treaty No. 6. When our peoples entered into the sacred treaty, they did so in the understanding that our health and wellness was also tied to the implementation of the rest of Treaty, including lands, territories, waters, resources and continuing our way of life.

Where Indigenous Peoples have treaties, we urge the Expert Mechanism to consider strengthening advice to states to take a treaty-based approach to health care service and delivery that includes rights to health. It isn't just about "implementation" or "infringements" of treaty – it is also about understanding the treaty context for all aspects of health care frameworks and service delivery that impact Indigenous peoples.

However, Mr. Chair, Treaty does not contain all of our rights and obligations – prior to Treaty, Indigenous Peoples existed and continue to exist within a framework of natural laws, custom laws, Indigenous knowledge systems and with our own languages. We continue to speak our language, practice our traditions and implement these within the context of the modern world.

Our laws operate in equal weight with Treaty, Canadian and International laws and standards. Entering into Treaty with the British Crown did not destroy those principles, natural laws or knowledge systems. In fact, these understandings formed the basis for our negotiation of Treaty and the subsequent interpretation of the true spirit and intent of Treaty – as long as the grass grows, the sun shines and the water flows. The principles we utilize in our approach to Health are as follows:

Kisêwâtisowin *– 'absolute compassion'*
Kitimâkêyimsowin *– 'the kind of compassion that you would have for an infant child – applied to yourself'*
Kitimâkêyhtowin *– 'the kind of compassion that you would have for an infant child and having the ability to apply to everyone else'*
Sakaskêyhtowin *– 'a bonding compassion'*
Sâkihtowin *– 'Love one another'*
Sitoskohtatowin *– 'supporting each other'*
Manâcihtowin *– 'having respect for each other'*
Miyo Wîcêhtowin *– 'getting along with each other'*
Wîcihtowin *– 'helping one another'*
Ohtatapêk'sinowin *– 'Our Sacred Clan System of Kinship'* [1]

Mr. Chair, while we support the call for Indigenous language interpretation services in the delivery of health care under Advice No. 9, we urge the Expert Mechanism to also cite **the important role Indigenous languages play in the healing process**, not just as obstacles to achieving better health outcomes.

With regard to Advice No. 9, paragraph 29, we have an example of how an Indigenous community-controlled healthcare facility can ensure better health outcomes. However Mr. Chair, our Maskwacis Health authority **is not funded equitably** to other provincial or territorial mainstream health authorities. There can be Indigenous controlled entities but if they have little to no funding equitable to the mainstream health care system, then their impact on the lives of Indigenous peoples will also be limited and sub-standard.

We know that Canada is currently undertaking a process towards a new federal Health Accord, which may have the kind of effect that you refer to in your draft Study under the name "national action plan" or "national strategy". Under Advice No. 9, paragraph 7 you say that "states should implement national action plans for Indigenous Peoples' health **in consultation** with Indigenous Peoples." Mr. Chair, we urge you to change this language to be more consistent with the minimum

1 List of Principles derived from the Confederacy of Treaty Six First Nations draft Health Law, 2014

standards set out in the UN Declaration and require instead the full participation and free, prior and informed consent of Indigenous Peoples. These types of national processes have the potential to significantly change the lived experience of Indigenous Peoples in national healthcare systems, especially when it comes to what they call “discretionary policies and funding” of health care services and delivery for First Nations in Canada.

Thank you very much Mr. Chair and Members of the EMRIP for your valuable time.

Hai Hai