



Nishnawbe Aski Nation  
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Sioux Lookout  
First Nations  
Health Authority

## BACKGROUND

### HEALTH AND PUBLIC HEALTH EMERGENCY

Nishnawbe Aski Nation (NAN) is a political territorial organization representing 49 First Nation communities located across the whole of northern Ontario with the total estimated population of 45,000 people.

The Sioux Lookout region is comprised of 33 remote and isolated First Nations communities in northwestern Ontario with a population of approximately 30,000 First Nations people. Of these communities, 25 are accessible only by air.

The health system for First Nations in northern Ontario has been in crisis for decades. The consequences of these health effects are well-documented in several reports with recommendations for action, including:

- The United Nations Special Rapporteur on the Rights of Indigenous Peoples confirmed there is a health crisis affecting Indigenous people in Canada and that significant improvements in funding and policy change are desperately needed.
- The Final Report of the Truth and Reconciliation Commission calls for Canadians and governments to play a role in healing and reconciliation in order to close the gaps in the quality of life between Aboriginal People and other Canadians.
- The Auditor General of Canada Spring 2015 Report found that First Nations living in remote communities in northern Ontario and northern Manitoba did not have comparable access to clinical and client care services as other provincial residents living in similar geographic locations. It was also concluded that Health Canada had not assessed whether each nursing station was capable of providing essential health services and also that Health Canada did not take into account community health needs when allocating its support.
- NAN and Manitoba Keewatinowi Okimakanak urged the federal Health Minister to engage with First Nations on a course of action to address the issues identified in the Auditor General's report but no serious commitment has been received.
- In September 2015, the Sioux Lookout First Nations Health Authority (SLFNHA) Chiefs passed a resolution calling for a declaration of a public health emergency. In January 2016, the NAN Chiefs-in-Assembly passed a similar resolution.

The serious health challenges faced by the First Nations in the Sioux Lookout region and across NAN territory include:

- **Trauma and Suicide:** The legacy of Residential Schools and intergenerational trauma has resulted in devastating rates of suicide. Since 1986, there have been over 430 suicides in the First Nations in the Sioux Lookout region, and 500 across NAN. Few communities have access to mental health services.
- **Opioid Addiction:** Prescription drug abuse is rampant and First Nations are unequipped to deal with the epidemic of opioid addiction.<sup>1</sup> Injection drug use is alarmingly high and has led to increasing rates of Hepatitis C. Resources are minimal and communities have to scramble to fund addiction counsellors and opioid substitution programs. Rates of addiction have been as high as 80% of the population in some communities with users as young as 11 years old.
- **Chronic Disease Complications:** Complications related to chronic diseases like diabetes have taken a significant toll on our communities. Our communities have the highest amputation rate in Ontario due to diabetes complications.
- **Child Development Services:** There are significant gaps in child developmental services. Families face many barriers in accessing screening for hearing, vision and multidisciplinary assessments for conditions such as FASD. Once diagnosed, it is difficult to access treatment. Jordan's Principle has been so narrowly defined by the governments that it has become an access barrier for children who need services.
- **Infrastructure and medical supplies:** Many First Nations lack the necessary infrastructure to support the delivery of health services. In addition to buildings, many communities lack basic diagnostic equipment and x-ray machines remain in disrepair for years. Basic medications are sometimes not stocked leading to complications or death, as has been the case with a few children.
- **Human Resources:** Despite the complex needs in the communities, community-based workers and health staff are unsupported and lack basic training and resources. As a result, turnover is high and workers struggle with wage parity issues.
- **Service Delivery Gaps:** Jurisdictional barriers and gaps in service delivery lead to untreated illnesses and injuries and avoidable deaths. Two young children died tragically in 2014 from cases of rheumatic fever that went undetected by community primary care providers. Considered a third world disease, rheumatic fever is still present in many First Nations due to poor living conditions, overcrowding and lack of sanitization.<sup>2</sup>
- **Cultural Safety:** Colonization has resulted in ongoing and entrenched racism in policy and treatment against Indigenous peoples and is manifested in hospitals by staff. Racist ideologies continue to significantly affect the health and wellbeing of Indigenous people.<sup>3</sup>

On February 19 2016, SLFNHA and NAN leadership met with representatives from First Nations & Inuit Health Branch and Ministry of Health & Long Term Care to discuss a provincial and federal public health emergency declaration on behalf of the communities. The response was that neither could declare an emergency for SLFNHA and NAN. Intentions were expressed by the governments to work on the health deficits with SLFNHA and NAN and to begin the health transformation process.

<sup>1</sup> In 2012, some communities estimated greater than 50% of their adult population was addicted to opioids.

<sup>2</sup> In an 18-month period there were 8 cases of rheumatic fever detected in the Sioux Lookout region.

<sup>3</sup> First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples of Canada, Wellsley Institute, 2005.