DECLARATION OF A HEALTH AND PUBLIC HEALTH EMERGENCY IN NISHNAWBE ASKI NATION (NAN) TERRITORY and THE SIOUX LOOKOUT REGION

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ORDER

WE

The Sioux Lookout Area Chiefs Committee on Health (CCOH) and Nishnawbe Aski Nation (NAN),

In accordance with the following directives:

Sioux Lookout First Nations Health Authority Chiefs Resolution #15-23 Call for Declaration of Public Health Emergency.

Nishnawbe Aski Nation Chiefs Resolution #16-04 Call for Declaration of Public Health Emergency.

Hereby declare

That effective, this 24th day of February 2016, the remote First Nation Communities in northern Ontario and the broader NAN Territory are in a state of Health and Public Health Emergency.

There are needless deaths and suffering caused by profoundly poor determinants of health. The people have experienced poor health outcomes and a substandard state of health and well-being as a result of inadequate medical diagnosis and treatment of preventable diseases, including:

- Diabetes
- Hepatitis C
- Rheumatic fever and
- Invasive bacterial diseases (group A strep and methicillin resistant staphylococcus aureus (MRSA))

Communities suffer multigenerational trauma from residential schools, social conditions including the suicide epidemic and high rates of prescription drug abuse.

Health Canada has failed to adequately respond to the Spring 2015 Auditor General’s Report on Access to Health Services for Remote First Nation Communities.

People continually encounter the effects of federal and provincial jurisdictional squabbling leading to inequitable access to health care. The First Nations people experience a level of health care that would be intolerable to the mainstream population of Ontario.
ORDER: It is hereby ordered that provincial and federal governments commence prompt and sustained action, with immediate, intermediate and long term strategies. The Chiefs order immediate actions to be completed in the next 90 days to include, but not limited to, the following:

a) Meet with provincial and federal Health Ministers to commence an investment and intervention plan on an urgent basis.
b) Indigenous and Northern Affairs Canada to provide detailed plans and timelines indicating how First Nations communities will be provided with safe, clean and reliable drinking water.
c) Health Canada to provide detailed plans and timelines on how they will follow all the recommendations in the Spring 2015 Auditor General Report including:
   a. addressing deficiencies in the Health Canada nursing stations infrastructure,
   b. ensuring all necessary supplies and equipment are available,
   c. ensuring that Health Canada nursing stations are capable of providing Health Canada’s essential health services,
   d. ensuring that allocation of resources is based on community needs.
d) Federal and provincial governments to conduct an assessment of health system deficiencies and associated health liabilities.
e) Ministry of Health and Long Term Care (MOHLTC) to approve the proposal for a Long Term Care facility for the Sioux Lookout Region and that all existing beds at the Sioux Lookout Meno Ya Win Health Centre are in operation.
f) The governments shall comply with Jordan’s Principle and that all children receive the health and developmental services that they require. This shall include the provision of specialists in the communities to conduct community-wide assessments and referrals.
g) Provincial and Federal governments to commit resources for the development of long term strategies to crisis situations including suicide prevention, mental health services, counselling, addiction treatment and after care.
h) Provincial and Federal governments to commit to and support SLFNHA’s Approaches to Community Wellbeing (public health) model to address health inequity, determinants of health and prevention of infectious and chronic diseases.
i) Address the discriminatory and unethical policies and practices under Non Insured Health Benefits.

NEW GOVERNMENT TO GOVERNMENT RELATIONSHIP

We recognize that there are processes in place to address various aspects of health care; however, the urgency of the critical situation requires an immediate, stronger response and acceptable commitment. The Anishinabe Health Care System must be transformed to prevent further harm or damage to the safety, health and wellbeing of First Nations people.