



Summary of CFNU's MP Breakfast on Closing the Aboriginal Health Gap

The topic of the tenth Canadian Federation of Nurses Unions Breakfast for MPs was "Closing the Aboriginal Health Gap". Over 100 guests, including Members of Parliament from all parties, Senators and healthcare stakeholders came to hear Assembly of First Nations National Chief, Phil Fontaine, speak on this issue on March 24th, 2009.

National Chief Fontaine began by emphasizing that his remarks should be taken in the spirit of non-partisanship, and by stressing the need for all-party dialogue and action on First Nations health and poverty.

International Context

National Chief Fontaine first placed the issues facing First Nations health and well-being in an international context. Canada is a country that is considered "developed" but the reality facing so many First Nations citizens is far from any accepted standards of human rights-based development. He noted that the *UN Declaration on the Rights of Indigenous Peoples*, specifically articles 21, 23 and 24, serve as best practices to which the Government of Canada should aspire. He also referenced a 2008 report by the World Health Organization, entitled "Closing the gap in a generation: Health equity through action on the social determinants of health", noting that the three main recommendations of the report are particularly applicable for First Nations in Canada.

Poverty and Health – the Situation in Canada

- First Nations have tuberculosis infection rates 29 times higher than others born in Canada.
- Many new cases of HIV/AIDS are reported among First Nations.
- The lack of birthing centres in First Nations communities means that pregnant women, to great disruption to themselves, their families and the community have to be flown into a city from a northern community.
- Over 100 First Nations communities live under boil-water advisories.
- There is rampant overcrowding in First Nations homes. Many are unsuitable for habitation. Many families live in single-family dwellings which require people to sleep in shifts so that their children would be able to sleep at night and be well-rested to attend school in the morning.
- Across Canada there is an urgent need for 87,000 new housing units on-reserve. Overcrowding allows air-borne diseases like tuberculosis to spread. Overcrowding also contributes to the growth of mould in First Nations homes – mould is present in an estimated 44 percent of homes. This leads to lung problems like asthma, allergies, and chronic bronchitis – all of which are noticeably higher among First Nations children than in non-Aboriginal peers.
- 27,000 First Nations children are in state care. This is three times the number of children taken away from families than during the height of the residential school experience.
- Rates of diabetes, obesity, and incidences of fetal alcohol syndrome are soaring.
- Families are suffering from "residential school syndrome" - which results in over-medication and mental health problems.
- There are high poverty-exacerbated mortality rates through suicide. Children as young as 8 years old believe that the only way out of the darkness and despair of poverty is by taking their own lives.
- Currently one in four First Nations children are born into poverty.
- Chances are that one, or both, of their parents never finished high school – about 50 percent of First Nations adults do not have diplomas.

But if education is seen as a means to escape poverty, for First Nations children this is difficult since many communities either do not have schools or their schools are in a terrible state of disrepair.

- Over 40 First Nations communities are without schools and another 80 communities have schools in gross states of disrepair.
- First Nations schools receive on average \$2000 less per student than in provincial schools. This means many schools can't afford books, special needs teachers, basic school supplies, art and music supplies, computers or gyms.

Lack of Access to Health Care

(a) Lack of Aboriginal health professionals

The 1996 Royal Commission on Aboriginal Peoples report stated that 10,000 Aboriginal health professionals were needed by 2006. While we have made inroads into recruiting health professionals through the Aboriginal Health and Human Resources Initiative, we are far short of RCAP's goal.

(b) Jurisdictional barriers

National Chief Fontaine talked about Jordan's Principle. Jordan was a First Nations child who spent his whole life in a hospital, not because he was too sick to go home, but because the federal and provincial governments could not agree who would pay for his care if he returned to his community. Yet, in 2005, a national research study, the Wen:de Report, examined only 12 of the 105 First Nations Child and Family Service Agencies yet found nearly 400 children caught in jurisdictional disputes just like Jordan. National Chief Fontaine argued passionately that First Nations children and people can not be trapped in the jurisdictional wrangling between provinces and the federal government. All First Nation children should have the right to the same health services afforded every other child in Canada. National Chief Fontaine also asked: Shouldn't equal access to health care continue after our children turn 18?

(c) Investments are needed

Access to health care is also impacted by a lack of investment in First Nations health. The provincial and territorial governments receive an escalator for Health and Social Transfers at a rate of 7 to 9 percent each year, as compared to First Nations funding, which has been capped at 3 percent since 1996. While the First Nations and Inuit Health Branch received an extra \$305M in the recent federal budget, it is still far below what is equitable and what is needed. If First Nations had received an equitable escalator clause, \$14.5 billion in additional revenue would come to cover real cost-of-living increases.

(d) Building on First Nations innovation

National Chief Fontaine talked about the efforts of First Nations to close these gaps through innovation and partnerships. He gave examples such as the Bigstone Cree First Nation in Alberta, which secured three doctors through a solid health business plan that uses profits from an on-reserve pharmacy to subsidize their doctors' administrative overhead. He noted that First Nations need support to continue to spark success.

Solutions

Early in his speech, National Chief Fontaine emphasized that any solutions affecting First Nations should include First Nations at the table at first instance. First Nations voices are integral as a matter of principle, as a matter of right and as a matter of good governance and good policy-making.

He finished his speech by noting that sustainable solutions must address all the social determinants of health. He discussed that this is what First Nations had hoped to accomplish with the Kelowna Accord. It set out clear and measurable targets to close the gaps between First Nations and non-natives. He noted that the best way forward is to strengthen our partnerships in health. Provinces and territories have continued to express their desire to work with us at 2008 National Aboriginal Health Working Summit which was held last March. But without support from our federal partners, the best laid plans to address these jurisdictional problems will not work.

He ended on a note of hope, reminding us all that June 11th will be the first anniversary of our country's apology to residential school survivors by Parliament. With the apology there was a promise of reconciliation – a new era in the relationship between First Nations and Canadian parliamentarians and Canadian government.

For copies of the National Chief Phil Fontaine's speech, please visit www.cfnu.ca.

We all have a responsibility to close the gap.



Linda Silas, CFNU President