



First Nations are not sitting on their hands and expecting the federal government to solve the tragedies of their communities. But, we have been legislated into a position where our power is to make proposals and seek program dollars from your bureaucracy. When we are then ignored, our hands are tied and our children continue to needlessly die.

### **Opportunities Lost/Lives Lost**

It has almost been one year since NAN declared a Public Health Emergency (February 24, 2016). During that time, we continued our work to address this crisis, and to keep our children with us. While we worked with what we had, we submitted various NAN proposals and community proposals to your government that have been ignored. Of course, there were many reports and initiatives created prior to your term as Prime Minister, but I set out below various NAN and community proposals, inquest, inquiry, and court orders, ignored by your government during your tenure in office.

Ignoring proposals and terminating successful community led programming is the starkest example of the problems within the INAC and Ministry of Health bureaucracies.

In the last year alone, specific concrete solutions from Wapekeka have been ignored.

### **Wapekeka Suicide Prevention Strategy Ignored**

To remind you, in July 2016, the leadership of Wapekeka First Nation filed a mental health proposal expressly directed at suicide prevention and the increasing risk of loss of their youth.

The proposal states in part that Wapekeka First Nation would like to create a mental health team that would provide the necessary services to reduce the high rate of suicide attempts, to create a healthy well being community environment, and reduce the alcohol and non prescription rate among the youth.

In their detailed submission, Wapekeka sought \$376,706 to hire four workers to implement land based activities and deliver prevention and intervention programs. Unfortunately, there has been no uptake. There was acknowledgement by INAC that the proposal was submitted but then it was shelved, and six months later it remains outstanding.

Tragically, this is not the first time for Wapekeka First Nation that their detailed and formal cries for help have been ignored. Survivors of Suicide (SOS), a suicide prevention model and a successful annual gathering which has been held for 22 years, lost its funding in 2014 without explanation and has now not been held for the last two years.

Wapekeka brought this reality to your attention in a tragically prescient manner:

“The leadership in the community is very concerned about this program not continuing in the future as they have already identified many negative experiences since its sudden end.

There has been a substantial increase in oxycotin and non-prescription drug abuse in the community. As well there have been many suicide attempts by youth in the past year and it is believed that there is a suicide pact with a group of young females” (see pg. 1, Wapekeka First Nation, Youth Mental Health Program, submitted July 2016).

### **Health Transformation Submission**

An indigenous partnership of NAN, the Federation of Sovereign Indian Nations, and Manitoba Keewaytinowi Okimamak submitted a detailed health proposal on October 7, 2016 through me as Grand Chief of NAN. I submitted the 33-page plan for Health Transformation to the Minister of INAC and MOH. This strategic plan sets out a detailed road-map and budget for Indigenous-led Health Transformation. As explained in the proposal:

We have created a strategy to identify, redesign and measure health system processes to address Indigenous health disparities.

The community will lead the new process, the community will align through the new process and will define the problems, solutions and how to implement the strategies. (pg. 4 “Time for an Indigenous Health Revolution: and Indigenous-led, Data-driven, Collaborative Strategy for Health Transformation”)

The Health Transformation proposal describes precisely what is contemplated:

“We are creating three levels of alignment, mapping existing processes, identifying new processes, measurements to track outcomes to change, redesigning process collaboratively among Indigenous and non-Indigenous stakeholders, and creating community capacity for implementation strategies.

The Alignment Process includes the following components:

- establish mandate to determine oversight
- 9 Steps to measure progress
- charting to summarize issues/concerns/solutions and inter-relationships
- validation so stakeholders understand their part of the ‘big picture’
- prioritization to quantify “Alignment Gap”
- collaborative teams for advisory support, coordination and implementation
- result measurement to close feedback loops on whether we achieved an outcome” (see pg. six of “Time for an Indigenous Health Revolution: and Indigenous-led, Data-driven, Collaborative Strategy for Health Transformation”)

Leading up to the Wapekeka deaths, this proposal suffered the same fate as the other initiatives, silence.

### **Inquests, Inquiries, Court Orders: Ignored**

Further to the solutions that have been proposed by our communities to you and your bureaucracy, there is a failure of INAC to comply with court orders, inquests, and inquiry recommendations. There were significant investments in these processes in the hopes of finding solutions. They all represent opportunities for change, time, and community members that are now lost to us.

#### **The Orders of the Canadian Humans Rights Tribunal from the Caring Society Case**

There has been an abject failure of INAC to comply with the Orders of the Canadian Human Rights Tribunal (CHRT). Despite clear findings that the failure to include funding for mental health services discriminates against Indigenous children in need, Canada has yet to create such funding. In particular, the CHRT's January 26, 2016 decision found that INAC was discriminating against First Nations children by not funding the full range of provincial services that are provided for under the *Child and Family Services Act*, R.S.O. 1990, c. C.11 which includes mental health services.

“INAC is ordered to provide its rationale, data and other relevant information to assist this Panel in understanding INAC's Budget 2016 investments and how they are responsive to the needs of the First Nations children and how it addresses the findings in the Decision, in the short term, especially in terms of mental health services and Band Representatives.”  
(see para. 73, 2016 CHRT 16)

In September 2016, a further decision by the CHRT sought further information from INAC regarding recent funding announcements and how they would address the needs of First Nations children, in particular with regard to mental health services.

In its October 2016 compliance report, INAC failed to identify any immediate actions it is taking with regard to mental health services.

#### **Mushkegowuk Council Releases Findings from “The People's Inquiry into our Suicide Pandemic”**

In January 2016, the Mushkegowuk Council called on all levels of government, First Nations, community members, and agencies to implement recommendations identified in the above report. This report followed two years of public hearings and the documentation of personal stories and identifying possible solutions to address the suicide pandemic crippling the region. A response to these recommendations is still pending.

#### **State of Emergency Declaration**

Following on the heels of the Mushkegowuk Council's Peoples Inquiry, we declared a state of emergency on February 24, 2016 with immediate actions to be completed within 90 days. Several were directed specifically at needs associated with mental health services.

### **First Nation Youth Inquest Recommendation**

The Coroner's Inquest into the death of Seven First Nation Youth released 145 recommendations on June 28, 2017. The recommendations present a recipe for healthy First Nations Youth. In particular, I would highlight the following, where there have been no action taken.

- **Recommendation 37** was directed at Canada and Ontario, recommending that both levels of government assist NAN First Nation communities in the development of a comprehensive Mental Health program for children, youth and adults. This program should consider the need for integrated mental health services including models which incorporate traditional practices as defined by the individual First Nation.
- **Recommendation 38** was directed at Ontario, recommending that the Provincial government work with the Federal government and First Nations to improve consistency, enhance coordination, and increase resources to support mental health and wellness, including programs on-reserve.

### **Charter of Relationship Principles**

In September 2016 work had already commenced on establishing a Charter of Relationship Principles between Canada, Ontario and NAN. Five months have passed and progress remains pending.

### **A Culture that is the Problem and Not Part of the Solution**

You are in possession of visions for change. We have generated these visions by empowering communities to initiate change at the community level. Each solution presented remains pending or shelved and each is an opportunity where your government has failed.

NAN has experienced first hand the ongoing resistance to change exhibited by ministry personnel at both INAC and the Ministry of Health. Accepting that you and your ministers have truly issued directions for change, these directions are not being followed at the bureaucratic level.

The experience of NAN and the other parties in the Human Rights Caring Society Tribunal proceedings in which there has been a blatant disregard for Tribunal findings and orders is the starkest example of this resistant culture.

Political leadership must be accountable for the performance of its ministries and so I write to you and your political colleagues and urge you to implement real and impactful change in your respective bureaucracies.

In the short term, we ask that you immediately provide Wapekeka First Nation funding for their mental health team proposal in 2017 dollars. We also ask that you reinstate funding for the

Wapekeka Survivors of Suicide initiative. These two actions would show the good faith of your government to move forward with us to substantively address and take action on the other efforts outlined above.

I look also look forward to immediate action on those broader systemic remedies that have been presented.

Quite simply, Canada has run out of excuses for these tragedies. As the 150<sup>th</sup> anniversary ceremonies approach for Canada, it is difficult to envisage honouring this milestone while our children continue to needlessly perish.

Sincerely,

**NISHNAWBE ASKI NATION**



Grand Chief Alvin Fiddler

cc. NAN Chiefs  
NAN Executive  
National Chief Perry Bellegarde  
Regional Chief Isadore Day  
Cindy Blackstock  
Hon. Carolyn Bennett, Minister of Indigenous and Northern Affairs Canada  
Hon. Jane Philpott, Minister of Health  
Adam Vaughan, MP, Parliamentary Secretary to the PM