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Ministers weigh in on NAN transformation

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Jane Philpott, Minister of Indigenous Services, speaks with a delegate at the Nishnawbe Aski Nation health summit in Timmins at the Senator Hotel on Friday. NAN is working towards self-governance of its health delivery system.

TIMMINS - Indigenous leaders had a chance to raise concerns and ask questions when federal Indigenous services minister Jane Philpott ar provincial health and long-term care minister Eric Hoskins attended a health summit in Timmins on Friday.

The summit, focused on transformational change in the health system within the Nishnawbe Aski Nation, drew attention to issues and crises communities like Kashechewan First Nation.

Chief Leo Friday said kids with sore teeth are out of luck due to problems with the delivery of dental care.

"They have to wait months and months before they can go to the dentist. The appointments are really all filled up. We have to wait sometimes three, four months before we can get to the dentist," said Friday.

The chief said dental equipment should be delivered north this winter, but it isn't clear whether a dentist will make the trip to Kashechewan more often.

Friday attended the health summit alongside dozens of other Indigenous representatives from across NAN territory.

"I'm looking to see some progress happen, especially with the problems we're facing now," he said. "We'd like to get those addressed as sooi as possible."

Patricia Faries, chief of Moose Cree First Nation, is optimistic about change.

"For me as a chief, I always have to have hope," she said. "I don't like just talking and talking and talking, I want to see action. I want to see results, and that's what the people want as well. They've been very patient and very understanding."

Faries' community is in a unique situation, as she didn't sign on to the integration process in 2007 that saw the transfer of some health care responsibilities offloaded to the province from the federal government.

"I didn't agree with that as a chief, so therefore I did not sign. We felt that strongly, very strongly, as a table that it was a nation to nation," said Faries, who wanted to always have Canada at the treaty table with Moose Cree.

"We didn't want to let one of those strong pillars leave our table," she said.

Faries was recently re-elected and has started discussions with Health Canada, but has concerns about the health care provider currently making decisions for her community – Weneebayko Area Health Authority.

She said Moose Cree First Nation has an observer status within the board, and hasn't had a voice or control over the delivery of its health services.

"That's why we're at the table (with Health Canada), because Moose Cree has been ignored ever since they signed it in 2007," said Faries.

The chief also raised the point, when speaking to Philpott and Hoskins, that as negotiations proceed over health self-governance, Indigenous people need to be at the table.

"We are demanding, insisting that the government negotiator is an Indigenous person with authority to negotiate," she said.

"(Non-Indigenous people) don't understand our communities, they weren't born and raised in our communities," Faries said. "They already hat this wall up and they really didn't have the same understanding."

Philpott acknowledged the government's role in the poor state of health delivery in Indigenous communities.

"The fact is that the circumstances that your communities are facing today didn't happen out of nowhere and we know that it's not always bee that way in your territories. The circumstances that you're facing today are a result of colonialism. They are a result of bad government policie of the past."

The federal minister said self-government can help improve health outcomes, and NAN communities have to be at the centre of the transformation process.

"I think we're at a different stage than the work that was done in the past. In the 1990s even, work was done to transfer some of the delivery of health services to, for instance, nursing stations and health centres on reserve in a number of communities. That has been largely successfu but this is actually a much deeper level of transformation where the entire control, design, management, delivery of health systems for First Nations would be done by First Nations. It's addressing issues of jurisdiction, it's addressing the leadership at a much higher level than what's been done in the past."

Philpott was absent for a portion of the hour-long open forum, but returned later in the day to speak again with Indigenous leaders after sever chiefs raised concerns that the minister wasn't hearing their questions and concerns.

Hoskins made time to note new initiatives in Indigenous health care delivery that have worked, including a partnership between the Northern Ontario School of Medicine and Matawa First Nations.

"The focus of this new partnership is to recruit and train family medicine residents to work in remote First Nations communities, and hopefully...remain in those communities for years to come.

We hope to build up that trust and prepare doctors with the skills and knowledge they need to provide appropriate care in remote First Nation communities."

The move to self-governance of health delivery is expected to take years. Minister Philpott said she will continue to work with NAN and the province as the transformation takes shape.

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