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Dr. Renée Arnold
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Dear Dr. Arnold

Thank you for the opportunity to discuss briefly my concerns about the desperate conditions on many of our First Nations reserves in the Province of Ontario on Friday, November 16, 2007. I also appreciate your invitation to put my concerns in writing. After our conversation I spoke with Dr. Claudette Chase, a Past President of the Ontario College of Family Physicians, practicing in Sioux Lookout. She asked to be a co-signatory of this letter as we both agree on the issues of concern and hope that the College will take a leadership role in driving an agenda for change with the Government of the Province of Ontario

Few individuals have good insight into the plight of native people in this province. As physicians we are privileged in this respect. We work with First Nations communities at every level. We are there when their children are born. We are with them in sickness and health. We witness their deaths, too many of which are premature. We are coroners trying to understand their excessive mortality and morbidity. We see their endless suffering.

As physicians we have the opportunity to interact at four levels. As neophytes we often pass through native communities as mere "medical voyeurs". We are typically students, residents or locums coming north for the "native experience". We see the "interesting cases", take some photos, collect some handicrafts and move on.

Others decide to spend more time in a native community. They interact primarily at the doctor/patient interface. They are shocked at the severe morbidity and mortality. They hone skills quickly. With few resources, they

dig deep to cope with the demands of rural and northern medicine. For some the challenge is daunting. For others it becomes medically satisfying. But for many, this is the limit of their northern experience. They never travel beyond the interface.

The third group takes the next step and becomes involved in the community at large. These physicians go beyond their patient's pain and suffering and experience the quiet resilience of a people who have survived the ravages of poverty, disease and systemic inequality for hundreds of years. They understand the issues, but are overwhelmed by their enormity. They, like most Canadians, feel incapable of changing these intolerable circumstances.

The fourth group analyzes the problems further and pushes for change. They see a solution and attempt to make it happen. Until the Kashechewan crisis, most physicians were mired in the third group. But, with Kashechewan, it became obvious that we have the power to inform the Canadian public and enlist their support as agents of reform.

This letter is an appeal to you, as the President of the Ontario College of Family Physicians, from we, the physicians of the Mushkegowuk Territory and the Soix Lookout Zone, who collectively represent the thirty-four northern and remote First Nations communities of LIHN 13 and 14 which together constitute 85% of the total land mass of the Province of Ontario. Our request is for the College to adopt a formal advocacy role in an effort to address the following issues:

1. Access to Provincial Public Health Services

Natives living on reserves in the Province of Ontario are the only Ontario citizens, except prisoners and the military, who cannot access provincial public health services. For instance, a local Medical Officer of Health is needed by all aboriginal communities. Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to change this inequality and make provincial public health services available to **all** Ontario citizens including those living on First Nations reserves.

2. Access to Provincial Housing Standards

Most Ontarians live in housing that meets the Ontario Building Code standard. It ensures the proper and safe construction of the home to meet the needs of the owners and the financiers of residential property. However, the Ontario Building code does not apply to housing on reserves. Instead the National Building Code (a lower standard) is the applicable standard.

Mushkegowuk Territory means "swamp land". We live in a maritime climate along the coast of James and Hudson Bay. In addition to an

overabundance of ground water, the coastal conditions also provide high levels of humidity and rainfall. In addition, the community of Kashechewan is built on a flood plain. Much of their housing has been subject to repeated spring floods. Despite this formidable water challenge, housing has been built and continues to be built with plywood basements with no ventilation. Within months of construction, these homes become contaminated with mould. Many homes have leaking roofs, no weeping tiles and no eaves troughs. According to the Assembly of First Nations website, 50% of on-reserve housing is contaminated with mould.

In contrast, my house, in the same territory, was constructed by Public Works Canada to the Ontario Building Code standard. It has a concrete basement which is fully ducted and ventilated. Our house is dry and mould free.

Indian Affairs and Northern Development itself reports that 44.2% of on-reserve housing is inadequate, 15.7% is in need of major repairs and 5.3% is no longer habitable or has been declared unsafe or unfit for human habitation.

Our first housing request is that the Ontario Building Code be the standard for **all** buildings in Ontario including those constructed on First Nations reserves.

Secondly, there is extensive overcrowding on reserves. In some of our communities there are more than 25 people living in three bedroom houses with one bathroom and one toilet. Many people sleep in shifts because of the lack of bedrooms. Bands have inadequate funds to build new homes. They also have inadequate funds to maintain their housing stocks. On remote reserves there are no building materials available for purchase, so residents have no way of properly maintaining their homes. In some communities, such as Fort Albany, because of the poor quality of the homes that have been built many must be replaced after five to ten years.

In addition it should be pointed out that most Canadians' personal wealth resides in home ownership. But, for most people living on reserves, home equity is not possible. Reserve land is controlled by the federal government and individual home/land ownership is generally not permitted. We think there may be a solution to this issue. Please see Appendix A.

Our second housing request is to provide the land and access to funds that would allow every native family the resources to own their own home, on their own land and to enjoy the security and pride of home ownership. This would reduce overcrowding and improve both the mental and physical health status of citizens living on reserves. But most

importantly, it would allow native people the same rights and privileges of home ownership enjoyed by **all** other Ontarians and Canadians.

Our request to the College is to formally petition the Premier, the Minister of Municipal Affairs and Housing, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to change these inequalities in housing experienced by those living on First Nations reserves.

3. Access to Provincial Water Standards

In October, 2005, the Canadian public was made aware of the terrible water problems plaguing native people living on reserves. One hundred reserves were under boil water advisories and fifty of those communities were in the Province of Ontario. Kashechewan is an example of how the current system has fails people living on reserves, as provincial water treatment standards do not apply to them. Again native people are the only civilian group to whom this exception applies.

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to change this inequality and make provincial water treatment standards applicable to **all** Ontario citizens including those living on First Nations reserves and that the Province of Ontario monitor all agencies, including the federal government providing water treatment services, to ensure full compliance with provincial standards.

4. Access to Provincial Policing Standards

In the spring of 2006, two prisoners were burned to death in a frame jail in Kashechewan. Their doors were chained shut. At that time, there were two Nishnabe-Aski Police Services (NAPS) police officers on duty in this community of 1,900 people. The typical complement for native communities of this size in our area is four officers. This means that most of the time one officer is on duty and a second is on-call. In the Kashechewan case, the two NAPS officers were expected to police the community and care for the prisoners in custody. According to the Regional Supervising Coroner, this tragedy will be the subject of the largest coroner's inquest in the history of the Province of Ontario. It has yet to be held.

In addition to the obvious building code issues previously covered, the fundamental issue is the under-resourcing of police services. All other communities in Ontario receive the services of the Ontario Provincial Police. Moosonee, a nearby community of 2,500 people, has a twelve officer OPP detachment and a properly constructed jail.

Our request to the College is to formally petition the Premier, the Attorney General, the Minister of Community Safety and Correctional Services and the Minister of Aboriginal Affairs to change this inequality and make OPP provincial policing standards applicable to **all** Ontario citizens including those living on First Nations reserves. In addition, that the Province of Ontario ensures that native police services receive the same resources available to all OPP detachments.

5. Access to Provincial Education Standards

Many native people living on reserves in Northern Ontario are functionally illiterate. Unemployment rates in some communities are 90-95%, the highest in the country. 70% of native children in Canada do not complete high school. The level of education is deteriorating at a rapid rate with many native children not attending school. In Kashechewan, one school was contaminated with mould, abandoned and subsequently burned. The children from the public and high schools are now using one school and attending in shifts. In addition, with the serious overcrowding, homework is not possible in most homes.

The curriculum offered is truncated on many reserves with limited courses available. Expensive offerings such as music and industrial arts are often not provided which is tragic given their usefulness in northern communities where music abounds and building and mechanical skills are essential.

Most native children do not attend post-secondary school educational institutions. Those that do have the opportunity often cannot gain admittance because of stringent admission requirements and the challenges faced because of the poor quality of the education afforded them by the current system. A case in point is Elaine (Wabano) Innes, nurse practitioner, Moose Factory. Her reference letter is attached as Appendix B. It was written by me on her behalf as she applied twice to the Northern Ontario School of Medicine and was subsequently refused admission on both applications. The admission process included ten interviews which she found daunting. We feel that a more culturally sensitive process should be used.

When I asked a young native woman why there were so many suicides amongst young people on her reserve, she said "It is simple, no jobs, no future and no hope". Until we address education adequately, there will be no jobs, no future and no hope and this tragic saga will continue.

Suicide and self-injury are the leading causes of death for native youth and adults. In 2000, suicide accounted for 22% of all deaths in native youth (aged 10 to 19 years).

Our request to the College is to formally petition the Premier, the Minister of Education, the Minister of Training, Colleges and Universities and the Minister of Aboriginal Affairs to change this inequality and make provincial educational standards applicable to **all** Ontario citizens including those living on First Nations reserves and that the resources available to other schools in Ontario, be provided to those on reserves and be adjusted to compensate for the remote locations involved. And finally, that school systems, especially in Northern Ontario, be much more culturally accommodating.

6. Access to Infrastructure

Unlike most Ontario communities, reserves have no property tax base. The reason is simple. People are not allowed to own property. In addition, they are severely impoverished. Thus there are few funds available for roads, drainage systems, walkways, recreational areas, garbage disposal and recycling programs. The result in Ontario is dusty, potholed roads in the summer and mud during the spring and fall.

This has a major negative impact on asthma rates, sinusitis, pulmonary fibrosis and COPD. In addition, it makes it extremely difficult to walk around the community resulting in a more sedentary lifestyle and higher rates of obesity and diabetes. Disabled people such as amputees and those with muscular dystrophy are unable to leave their homes. They are imprisoned in wheelchairs at home because of the lack of a place to safely run a wheelchair.

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Municipal Affairs and Housing, the Minister of Public Infrastructure Renewal and the Minister of Aboriginal Affairs to change this inequality and make proper municipal services available to **all** those living on First Nations reserves including the paving of roads and walkways.

7. Access to Alcohol and Drug Prevention Funding

The most profitable business in our communities is the LCBO store in Moosonee. Yet, despite its large revenues, it contributes zero municipal tax dollars to Moosonee. Alcohol brings us nothing but grief, death and destruction. Similarly, because of the inability of the justice system to adequately deal with the drug problem and our aforementioned inadequate policing resources we are now being over-run with cocaine and other illegal drugs.

Fetal alcohol spectrum disorder is now estimated to affect 20-25% of Canada's native children. These children in turn cannot learn properly and compound the epidemic of under-educated and unemployable

aboriginal youth. The cost of this to the province and the nation is horrendous. In addition, it completely incapacitates whole families.

This is an emergency that needs a comprehensive strategy. As a medical community we were quick to complain to governments about the cigarette industry. They were constrained, taxed, sued, campaigned against and regulated to the full extent of the law. This has actually had some very positive effects. The impact on physicians' smoking habits is a good example.

Why have we, as physicians, not pushed a similar strategy with alcohol? Worse still, why is the Province of Ontario in the business of marketing and selling alcohol? Why is the LCBO not obligated to fund some of the resources required to clean up the terrible problems created by alcohol in our communities? Why does the LCBO contribute nothing to our needy municipal tax base?

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Finance, the Minister of Revenue and the Minister of Aboriginal Affairs to change the province's policy with respect to alcohol and bring its fundamental goals in line with policies being applied to the cigarette industry. The principal objective being to reduce alcohol and drug consumption by all legal means available in First Nations communities.

8. Access to Family Health Teams (FHTs)

Family Health Teams would work exceptionally well in northern locations where the availability of physicians is often limited. Another fifty such teams are being contemplated for the province. At the present time, because of our funding structure, we are not in a position to apply.

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to ensure that the Mushkegowuk Territory and the Sioux lookout Zone be allocated two of the fifty FHTs on the rollout. And that these FHTs be given adequate additional funding to compensate for the huge geographical challenges inherent in the areas they serve.

9. Access to Electronic Medical Records (EMRs)

For the past three years, the physicians of the Mushkegowuk Territory have been unable to procure the funding required to purchase and implement an electronic medical record. Without an electronic medical record, it is impossible to function as an effective family physician. Canada is known world-wide as a laggard in the adoption of EMRs. To its credit, the province is diligently trying to rectify this situation. However, the funding for EMRs comes through OntarioMD. To qualify for funding,

the physicians must own the patient data and the software. As we are hospital based and our records are also those of the hospital, we are disqualified for funding because under the Public Hospitals Act of Ontario the hospital, not the physician, must own the hospital patient data and the software upon which it resides. Similarly hospitals don't fund physician office systems either. So we are caught between the cracks with no funding, no EMR, a defined need for an EMR and no evidence that this situation will change despite our petition to OntarioMD (Appendix C).

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to provide hospital based physicians serving northern aboriginal communities with EMR sustainable funding so that they can properly serve their patients.

10. Access to the Chief Medical Officer of Health for Ontario

In the past, it has been impossible to communicate with the Chief Medical Officer of Health for Ontario. This is totally unsatisfactory and has impeded our ability to serve our native population. Appendix D is a series of letters sent to the Chief Medical Officer of Health for Ontario with no replies.

Our request to the College is to formally petition the Premier, the Minister of Health, the Minister of Health Promotion and the Minister of Aboriginal Affairs to rectify this communication problem in accordance with item number 1 in this letter requesting equal access to Provincial Public Health Services for all native peoples in Ontario living on reserves.

The thrust of this series of requests is fundamentally one of **equality**. The late Dr. Harold Cardinal played a pivotal role in drafting "Citizens Plus" (1970) – the "Red Paper" – in response to Indian Affairs Minister, Jean Chretien's 1969 "White Paper" proposing to do away with the Indian Act and native land claims in Canada under a government policy of assimilation. (Appendix D)

"Citizens Plus" described the need for native Canadians to be treated in a manner equal to all other Canadians plus the need to ensure their distinct rights under their specific treaties with Canada and the provinces. The problem with the present systems that have been in place since the Indian Act, is that they ignore native peoples fundamental rights as citizens of provinces. This is inherently wrong. These rights to provincial services and resources cannot be taken away just because they signed a treaty with the federal government.

Secondly, it must be remembered that Treaty 9 (the James Bay Treaty) was signed by both the Government of Canada and the Government of Ontario making it absolutely clear that the Province of Ontario and the

Government of Canada bear dual responsibility for the rights of native peoples.

Finally, this is not an issue of jurisdiction, this is an issue of rights as citizens of the Province of Ontario. We all have a right to equal treatment including aboriginal men, women and children living on reserves. Most of these people have little political voice. Almost fifty percent of them are children.

So we wish to thank you for your interest in these serious issues affecting our native patients who are the primary occupants of such a large portion of the Province of Ontario. We sincerely wish to facilitate making the changes necessary to provide them with **equal access** to these essential services and resources and are willing to assist the College in any way possible in order to make it happen.

Thank you.

Best personal regards,

Murray Trusler, BA, MD, MBA, CCFP, FCFP
Chief of Staff
Weeneebayko Health Ahtuskaywin and James Bay General Hospitals

c.c.

Rt. Hon. Dalton McGuinty, Premier, Minister of Intergovernmental Affairs
Rt. Hon. Chris Bentley, Attorney General
Rt. Hon. Margaret Best, Minister of Health Promotion
Rt. Hon. Michael Bryant, Minister of Aboriginal Affairs
Rt. Hon. David Caplan, Minister of Public Infrastructure Renewal
Rt. Hon. Dwight Duncan, Minister of Finance
Rt. Hon. Deb Matthews, Minister of Children and Youth Services
Rt. Hon. John Milloy, Minister of Training, Colleges and Universities
Rt. Hon. Monique Smith, Minister of Revenue
Rt. Hon. George Smitherman, Minister of Health
Rt. Hon. Jim Watson, Minister of Municipal Affairs and Housing
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