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SD	0619161 Aug 7	85.8.8	EJ	14/8/85			
SD2	Request	85-9-20		20/9/85			
RDI	076172	85-11-22		25/11/85			
SD	076172	26/11/85		26/11/85			
SD	76172	26/11/85		2/12/85			
SD1	Request	86.4.8		08/04/86			
SD1	08550	86.4.8		8/04/86			
SD2	Request	86/10/28		28/10/86			
LI	001843	88.4.13		28/4/88		LI3	
SD2	022646	88.5.3		8/4/88			
SD	048733	88.12.29		1/3/89			
SD	008907	89.5.9		7/12/89			

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File Number – Dossier numéro

6585-1

Volume No. – Volume nº 3

From – De 11/03/85

To – A 11/89/16

Subject – Sujet

HEALTH SERVICES

GENERAL

IAND 10-350A (8-82) 7690-21-023-9347

000271

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Subject – Sujet: HEALTH SERVICES
General

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

November 16, 1989

Your file / Votre référence

041004

Our file / Notre référence

89 NOV 17 09 55

6585-1 (SD) (SD)

Medical Branch
100 Park Street
KENORA, ONTARIO
P9N 1Y6

RE: DALLES BAND COUNCIL RESOLUTION # 213
SUBJECT - HEALTH CARE SERVICES

Please find attached the original copy of the Dalles Band Council Resolution # 213.

This original copy was forwarded to your office, however the subject deals with Health and therefore being forwarded for your review and action.

A copy has been placed on our files for information purposes only.

If further information is required, please do not hesitate to contact our office.

Yours truly,

Ralph Davis

Ralph Davis
Dist. Supt. Social Development
Western District

905 E. Victoria Avenue
THUNDER BAY, ONTARIO
P7C 1B3

c.c. Chief and Council, Dalles Band
Tom Goff, Ontario Region

Canada

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada
Indian and Inuit Affairs / Affaires indiennes et inuit

Chronological No. – *Numéro consécutif*: BCR #213

File Reference – *N° de réf. du dossier*: 6585-1 / 4215-4-147

9829 '89 OCT 30 A11:12

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds

NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

THE COUNCIL OF THE
LE CONSEIL DE LA BANDE INDIENNE: DALLES BAND

AGENCY
DISTRICT: TREATY NO. 3

PROVINCE: ONTARIO

PLACE
NOM DE L'ENDROIT: P.O. Box 1770, KENORA, ON P9N 3X7

DATE: 25 (DAY – *JOUR*) October (MONTH – *MOIS*) AD 19 89 (YEAR – *ANNEE*)

Current Capital Balance
Solde de capital $

Committed – *Engagé* $

Current Revenue balance
Solde de revenu $

Committed – *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

WHEREAS the Dalles First Nation of the Kenora Tribal area has identified the need for a Community Health Representative (C.H.R.); and

WHEREAS Medical Services Branch has repeatedly denied health care services to the smaller Treaty 3 First Nations except through the Kenora Medical Services Branch Office; and

WHEREAS the Dalles First Nation people have utilized the health care services of the local health clinics and Lake of the Woods District Hospital Emergency services continuously for minor injuries and other medical illness; and

WHEREAS the Community Health Representative (C.H.R.) would administer to the immediate health care needs of the Dalles First Nation residents and therefore alleviate an astronomical cost for ambulance services and taxis;

BE IT THEREFORE RESOLVED that the Dalles Council hereby requests that the Medical Services Branch, Health and Welfare Canada make available resources for the Dalles First Nation to acquire a health care services provider (C.H.R.);

BE IT FURTHER RESOLVED that the Dalles First Nation Chief and Council reserve the right to select a health care services provider from their membership to function in this (C.H.R.) capacity.

A quorum for this Bande
Pour cette bande le quorum est

consists of
fixé à 2

Council Members
Membres du Conseil

(Chief – Chef)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTERE*

Code du compte de bande	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue – *Revenu* $	3. Expenditure *Dépenses* $	4. Authority – *Autorité* Indian Act Sec *Art. de la Loi sur les Indiens*	5. Source of Funds *Source des fonds* ☐ Capital ☐ Revenue *Revenu*

6. Recommended – *Recommandable*

Date ..... Recommending Officer – *Recommandé par* .....

Approved – *Approuvable*

Date ..... Approving Officer – *Approuvé par* .....

IA 135 (5-79) 7530-21-854-4662

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Akwesasne Wolf Belt

Box 579, Cornwall, Ontario K6H 5T3

OCT 2 3 1989

MOHAWK COUNCIL OF AKWESASNE

P/A 6585-1

MOHAWK COUNCIL OF AKWESASNE

HEALTH CARE FACILITIES DEVELOPMENT

STATUS REPORT - OCTOBER 12, 1989

Gail Mc Donald
Coordinator
Social Development
and Health

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Health Care Facilities Development for Akwesasne

The Mohawk Council of Akwesasne has held numerous discussions with the Federal and Provincial Governments of Quebec and Ontario regardng the Health Care Facilities required in Akwesasne.

At present, there are three major health care facilities under various stages of development in Akwesasne; they are:

SWEETGRASS LODE - HOME FOR THE AGED

A 30 bed facility which will provide Levels I and II care for Akwesasne residents requiring supervisory care. This facility will provide 20 private and 5 semi-private rooms with ample facilities available to meet the care of the residents such as activity rooms, ample lounges, beauty/barber shop, residential laundry, ample dining facilities, anticipated staffing with professional nursing, trained health care aides, social/recreational director with volunteers and a well planned schedule fo events, nutritional program and policies, etc. This facility is designed to meet nursing home construction standards.

Location: Snye District

Scheduled for construction: Late Fall, 1989

Scheduled for opening: September, 1989

Cost for facility: $3,067,374

Issue: Due to the shortfall of financial resourcing for the Sweetgrass Lodge project, endeavours have been made to secure funding from the Provincial Governments. This shortfall is a direct result of the high construction tenders received, an underestimation of electrical, mechancial and structural requirements for the building, higher construction costs for our area given the travel across the international border to construction site and loss of resourcing from CEIC.

A committment has been received from Ontario - no final figure identified.

A meeting was held with Quebec Minister of Health and no final word on their decision to assist.

INAC waiting word from Quebec on the level of operational subsidy they will provide to the project so the Ministerial Guarantee can be completed and project can proceed.

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We need final go ahead so that the project can be awarded to lowest bidder and a final figure identifed so that adjustments can be made to project and construction can begin to meet CMHC requirements to begin construction this year.

We are also seeking a reassignment of 1988 Maximum Unit Price to 1989 which will provide the project an additional $100,000. Request is being pursued with INAC and CMHC.

AKWESASNE HEALTH FACILITY

The MCA has been involved in discussions and negotiations with Health and Welfare Canada since 1986 for the capital construction of a new health facility for Akwesasne. At present, there is a committment for $2.5 million for this construction which is now in their capital planning cycle for construction year 1992-93. Health and Welfare has agreed to construct a facility to accomodate the CURRENT level of health care provided and service the programs currently funded by Health and Welfare. This does not meet the expectations that Akwesasne has identified in providing a wholistic and comprehensive approach to health care which would provide for the whole persons health and social needs. Therefore, Akwesasne would require additional capital dollars to include all the present and anticipated health and social services (optometry, pharmacy, dental, home care, social programs, prevention, etc.)

In addition to capital dollars, the Mohawk Council is under discussion with provincial agenices for the provision of provincial health care programs to be offered on-site in Akwesasne. This would include the Home Care Services and Community Health Centre funding of Ontario including prevention programs and the Health and Social programming offered in Quebec under the CLSC. We are anticipating that by accessing additional provincial resources, we will require the additional space to provide the much needed on-site services.

Anticipated Construction date: Fall, 1992

Anticipated Completion date: Summer/Fall, 1993

Anticipated cost: $3.5 to $4 million. Already committed: $2.5 million. Shortfall: $1.5 million.

Location: Anticipated - St. Regis Village

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Issues:

1. A coordinated approach to secure agreement for capital dollars from the Provinces to complete the building as planned for the social and health programs anticipated.

2. The province of Ontario has agreed to provide Home Care Services to Akwesasne; however, they are limiting the services to Ontario residents only (see letter from Ministry of Health). How is Quebec prepared to contribute to the Home Care needs of the Quebec residents of Akwesasne? This issue has been refered to this Interprovincial group to resolve.

3. An annual operating and maintenance budget would need to be cost shared among the Provincial Governments and Health and Welfare on an on-going basis.

4. Developmental dollars are required to conduct soils testing for potential sites. Approximately $30,000.

AKWESASNE CHRONIC CARE FACILITY

Akwesasne has identified the need to construct a 50 bed chronic care facility to provide extended care to residents of Akwesasne who require professional, skilled nursing care and auxillary residential health care services.

At present, the MCA has completed the comprehensive proposal document which will be submitted to the Ontario Ministry of Health - Nursing Homes Branch when they call for proposals this fall to acquire 50 nursing homes beds under the Multi-cultural bedspace allocations. With the submission and anticipated acceptance; the proposed Akwesasne Chronic Care Facility would be licensed under Ontario legislation and thus be eligible to receive provincial subsidies which would allow the project to be viable in its operation. A total proposal is developed along with a detailed administrative policy manual. Preliminary floor plans are designed with estimated costs. Available for review upon request.

Anticipated construction date: Fall, 1991

Anticipated completion date: Fall, 1992

Anticipated construction cost: $4.5 million

Location: Anticipated - Cornwall Island

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Issues:

1. Would require a cost sharing of this project by the Provincial Governments for the construction.

2. Annual operation and maintenance budget would be required to be cost shared on an on-going basis.

MULTI-USE HEALTH CARE FACILITY

During the discussions among the Provincial Governments, Health and Welfare and Akwesasne in various joint meetings; the concept of constructing a multi-use health care facility was brought forward for Akwesasne to consider. This facility would encompass the Health facility with its programs and services as well as the Chronic Care facility component.

This concept was considered a real option as it would considerably reduce the capital costs for construction as well as reduce the administrative costs to operate.

Akwesasne is still considering the proposal, however, we must first try to identify the best land site to make the two facilities accessible and suitable for the level of services and care intended. This process would be best aided with funding to conduct land site testings, etc. to determine suitability and capacities of soils. At present, there are three potential sites available, however, until we determine if they are suitable, testings must be conducted. Also developmental dollars to design such a facility are required now. Anticipated costs $30,000 (design, costing, architectural and enginnering consultation, etc.)

The anticipated costs for this type of facility would be approximately $5-6 million. Note: the $2.5 committed from Health and Welfare could be applied against this figure.

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OTHER OUTSTANDING HEALTH ISSUES:

Mohawk Council Ambulance Unit

1. We would require Ontario to submit a financial agreement to access the dollars committed from the May, 1989 Joint Meeting toward the operation the the Ambulance Unit and the grant toward the purchase of a new ambulance rig.

Those commitments were:

$49,056
$25,000 grant

2. We need to establish a time frame for negotiation of new agreement for the MCAU for fiscal year 1990-91 and on-going funding formula.

3. There is currently a dispute over who is responsible to cover the ambulance transportation reimbursements for Ages 65 and over between Quebec and Health and Welfare. Originally Quebec put forward legal opinions that they were not responsible but that Health and Welfare was as a federal responsibility; now it appears that Health and Welfare denies responsibility. See attached correspondence. This issue needs to be resolved ASAP so that proper billing can be made and the needed reimbursements received.

4. Quebec had made a committment to provide their billing forms in English. They have not been received to date and thus we have not submitted any billing since April/May, 1989. Repeated calls have been made to no avail. Apparently, those forms have been ready. We request follow up.

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Eastern Ontario Health Unit

Bureau de Santé de l'Est de l'Ontario

Cornwall, September 25, 1989

Ms. Gail McDonald
Coordinator
Social Development and Health Program
Mohawk Council of Akwesasne
P.O. Box 579
Cornwall, Ontario
K6H 5T3

Dear Ms. McDonald:

I am sending you a copy of a letter recently received from Mr. Wm. J. Hogle, Program Coordinator of the Home Care Program in Toronto. The Public Health Branch have not yet responded.

Sincerely,

Robert Bourdeau, M.D., FRCS(C)
Medical Officer of Health

RB:im

enclosure

RECEIVED SEP 2 7 1989

☒ Central Office/Bureau Chef, 1000 rue Pitt St., CORNWALL, Ont. K6J 5T1 (613) 933-1375
☐ 110 Main St., P.O. Box 329, ALEXANDRIA, Ont. K0C 1A0 (613) 525-1112
☐ 207, rue Ste-Euphémie, C.P. 338, CASSELMAN, Ont. K0A 1M0 (613) 764-2841
☐ 1020, rue Victoria, C.P. 273, L'ORIGNAL, Ont. K0B 1K0 (613) 675-4610
☐ 547 St. Lawrence Street, P.O. Box 616, WINCHESTER, Ont. K0C 2K0 (613) 774-2739
☐ 123, rue Labonté, C.P. 89, CLARENCE CREEK, Ont. K0A 1N0 (613) 488-3337

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Ontario

Ministry of Health / Ministère de la Santé

Home Care Program
6th Floor, 15 Overlea Blvd.,
Toronto, Ontario
M4H 1A9

Tel: (416) 963-1360

September 8, 1989

R. Bourdeau, M.D., F.R.C.S.(C)
Medical Officer of Health
Eastern Region Home Care Program
1000 Pitt Street
Cornwall, Ontario
K6J 5T1

Dear Dr. Bourdeau:

Thank you for your letter regarding the provision of Home Care services to the community of Akwesasne.

We are pleased to support the provision of services to the residents on the Ontario side of the border. We have been advised by the Ministry's health insurance people that insurance is not extended to the Quebec residents of the reserve, and as you know there are no reciprocal agreements with Quebec for Home Care services. Thus we do not have the legal ability to provide services outside Ontario.

The issue of health care services to this reserve is being addressed by the Ministry from an interprovincial perspective. We have therefore advised Mr. Donald Stuart, Coordinator for Native Health, of the request you received, so that he can include the Home Care requirements in future discussions.

In your letter, you also requested approval of additional funds. Should the extension of services to Akwasasne result in budget requirements beyond your current funding, any shortfall will be funded through the Supplementary Budget or settlement process.

We are pleased to hear of your work with this group and wish you success with your plans.

Yours sincerely,

Wm. J. Hogle
Program Coordinator

cc: Mr. Donald Stuart, Coordinator, Native Health
Mrs. Jeanne Lamarche
Ms Jane Darville

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PA 2/1978

PAUL H. TORRANCE SURVEYING LTD.
ONTARIO LAND SURVEYORS

Tel: (705) 848-9175
Fax: (705) 848-5464

SUITE 5, 3A ELIZABETH WALK,
ELLIOT LAKE, ONTARIO
P5A 1Z2

January 5, 1990
File : 88004 Your file : 5206-W10, Item AA-87 Ont.

90/01/10

D. H. Browne , O.L.S., C.L.S.
Regional Surveyor, Ontario
Legal Surveys Division
Energy Mines and Resources Canada
Room 901, 25 St. Clair Avenue East
Toronto , Ontario
M4T 1M2

Dear Sir

Re: Re-Subdivision of the East Portion of Wikwemikong Village, Wikwemikong Unceded Indian Reserve No. 26 , Province of Ontario. - Your Instructions of Feb. 2 , 1988

Enclosed are the final returns for this project.

Please give me a call if questions or comments arise.

Yours very truly
Paul H. Torrance Surveying Ltd.

Paul Torrance

P. H. Torrance O.L.S.
President

cc: Mr. Alex Peltier - Band Lands and Estate Officer, Wikwemikong
~~Mr. C. Baker, P. Eng.~~, Indian and Northern Affairs Canada, Toronto
Tom Agnew

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SUITE 5, 3A ELIZABETH WALK,
ELLIOT LAKE, ONTARIO
P5A 1Z2

January 5, 1990
File : 88004

Mr. A. Peltier
Band Lands and Estates Officer
Wikwemikong Unceded Indian Reserve No. 26
P. O. Box 112
WIKWEMIKONG , Ontario
P0P 2J0

Dear Sir

Re : Resurvey of the East end of the village (Plan 56077)

Enclosed are prints of 3 plans from my final submission to Energy, Mines and Resources Canada, Legal Surveys Division. I have enclosed a copy of my survey report.

As I indicated in my correspondence to you of February 16 and July 28 ,1989, I am enclosing an invoice for $ 3300.00 to cover the cost of completion of the final survey returns. As a reminder, my initial estimate of costs was based on 141 lots to be surveyed. The final count is159 lots, a 13% increase.

Please give me a call if you require further information.

Yours very truly
Paul H. Torrance Surveying Ltd.

Paul Torrance

P. H. Torrance O.L.S.
President

Tour Agency
cc - ~~Mr. C. Baker, P. Eng.~~, Indian and Northern Affairs Canada, Toronto
- Mr. R, Cheek, P. Eng., J.L.Richards & Associates Limited , Ottawa

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

Jules - For your information & records

6585-1

AUG 17 1989
AOUT

Your file Votre référence

Our file Notre référence

8500-1

16 August 1989

Peter Harrison
Assistant Deputy Minister
Economic Development

Re: Scott McKay Bain Health Panel Report

Enclosed for your review is a draft of the INAC input into the Federal Government's response to the subject report and a draft letter to Archbishop Scott stating the Department's initial response to the Report.

I would appreciate you forwarding your comments directly to the Ontario Region Director of Economic Development prior to John Rayner's September meeting with Health and Welfare Canada to determine the Federal Government response to the Report.

Original signed by
G. KERR

G. P. Kerr
Regional Director General
Ontario Region

cc Jules Hebert, Director, Economic Development
Ontario Region

Enclosure

Canada

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DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT
ONTARIO REGION

RESPONSE TO
SCOTT MCKAY BAIN HEALTH PANEL REPORT RECOMMENDATIONS

August 16, 1989

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INTRODUCTION

The purpose of this document is to outline the Department of Indian Affairs and Northern Development's (DIAND's) detailed response to the recommendations of the Scott McKay Bain Health Panel Report: "From Here to There: Steps Along the Way".

For convenience, each report recommendation has been numbered consecutively. The Report page number where the recommendation appears is printed in brackets after each recommendation and the specific DIAND response follows.

RESPONSE TO RECOMMENDATIONS

1. **That, as a first step, the Federal Government and the Nishnawbe-Aski Nation (NAN) enter into a formal agreement to transfer authority for the formation and implementation of health policies in the region to an Aboriginal Health Authority. (within six months time) (Report pg. 58)**

Response: DIAND would be pleased to coordinate and participate in discussions with NAN and Health and Welfare Canada concerning the creation of an Aboriginal Health Authority.

In a similar process, the Department has been involved in funding and participating in negotiations resulting from a 1986 Memorandum of Understanding (MOU) signed by NAN, the Government of Ontario, and the Government of Canada. The MOU calls for negotiations on a number of specific issues including community infrastructure; education, economic development, the environment and social services.

At the present time, NAN is developing a proposal which calls for the creation of a NAN Social Services Board which would have responsibility for functions now performed by DIAND District Offices and the provincial Ministry of Community and Social Services. Because some of the topics that the Report covers have been traditionally considered part of the social services realm, consideration could be given to conducting negotiations concerning the Aboriginal Health Authority under the framework established by the MOU.

000290

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2. That, as a second step, the Nishnawbe-Aski Nation and the Provincial Government enter into a formal agreement on access to provincial programs. This agreement should be completed within the next 12 months. (Report pg. 60)

Response: DIAND is prepared to support this initiative and would take part in discussions on access to provincial programs if requested by the principle parties.

3. That the Aboriginal Health Authority focus its attention on four priority areas:
   - recruiting health care providers and administrative staff - including developing programs to assist aboriginal people in developing these skills.
   - educating people in the communities about the health care system and the role they can play in their own health.
   - developing appropriate and effective cultural orientation programs for non-native health care providers.
   - integrating the planning and provision of health and social services in the communities. (pg. 60)

Response: DIAND fully supports the principles of this recommendation and is ready to work actively with NAN and the Aboriginal Health Authority to pursue progress in these areas. At the present time, the existing Post-Secondary Assistance and Indian Studies Support Programs assist native people to develop the skills required for the provision of health care services.

10. That the Community Health Committees bring together into a network all the health and social services in the community including: mental health workers, social workers, CHRs, NAADAP workers, the Tikinagan Child and Family Services workers, the Welfare administrator, women's groups, nurses and other health care providers, teachers, the elders and traditional healers. (Report pg. 63)

Response: DIAND views the establishment of Community Health Committees as a positive step towards sensitizing all community workers to the health care and social service programs and activities of their colleagues and raising the community profile of health care issues.

In communities with Federal Schools, school principals would be available as the initial contact for teacher representation on the Community Health Committee.

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18. That representatives of the town of Sioux Lookout and of the Nishnawbe-Aski Nation begin to meet immediately to develop education programs and community events that will help to reduce racial tensions.

    The main target of these programs should be school age children - of both races - who may be particularly vulnerable to negative racial stereotypes. However, education and awareness programs should also be aimed at the business community, individuals currently associated with both hospitals and the general public. (Report pg. 69)

Response: Under the chairmanship of the mayor of Sioux Lookout, the seven member Sioux Lookout Race Relations Committee was established with representation from both the native and non-native communities. DIAND would be pleased to continue it's support and assistance for this and similar initiatives by volunteering departmental officials for committee membership and providing committees with access to departmental expertise in social services, economic development and education.

Additionally, the Department's Education Program, with the co-operation of local school boards, could develop a Special Initiatives Project designed to foster positive community relations.

19. Similar programs should also be considered by the Nishnawbe-Aski Nation and the towns of Pickle Lake and Red Lake. (Report pg. 69)

Response: DIAND would support the establishment of similar committees for Pickle Lake, Red Lake and other Sioux Lookout communities such as Geraldton. It would be difficult however, for the Department to have direct representation on committees in communities where DIAND has no resident employees.

28. That the communities explore ways to use drama, art, story-telling and other experiential methods to:
    - give young children positive aboriginal role models.
    - provide health education. (Report pg. 73)

Response: DIAND concurs with this recommendation. The Department is currently developing a health curriculum guide for Federal and First Nation Schools. There is representation on the Curriculum Committee from Health and Welfare Canada. DIAND will support this recommendation by briefing the Curriculum Committee to ensure that there is stress on health related topics in the curriculum as well as references to drama, art and story-telling

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within the teaching methodologies in the curriculum guideline. There will be allowances for individual community adaptation of the curriculum documents based upon community priorities and preferences.

30. **That more aboriginal people be hired and given formal, recognized training - within the next two years - to provide medical interpretation services where needed. That this same training program be available for volunteer interpreters in the communities. (Report pg. 73)**

Response: If a decision is made by Health and Welfare Canada to implement this recommendation, DIAND will support the training component through existing programs and is prepared to recommend that this project be identified as a priority among various other proposals.

34. **That priority be given to the urgent need for more CHRs, and that these individuals be recruited, trained and in place in the field operation within the next two years. (Report pg. 74)**

Response: DIAND currently sponsors, through the Indian Studies Support Program and the Post Secondary Assistance Program, a post-secondary initiative to up-grade and train CHR's through Mohawk, Cambrian and Confederation Colleges. Continued support for this initiative could be considered if NAN and Health and Welfare Canada identify it as a priority and enrolment demand is sufficient.

36. **That more nurses be recruited and given appropriate orientation and training in order to provide a registry or pool of health care providers - including nurses willing to do part-time or shift work - available to relieve staff under stress or during severe health crises (e.g. epidemics), to prevent burn-out and to cover for providers away for training or due to illness, holidays or family matters.**

Response: As one of the federal and provincial agencies concerned with health education programs, DIAND is prepared to support this recommendation by providing assistance to qualified native people entering accredited programs.

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42. That the Aboriginal Health Authority aggressively encourage aboriginal people to train as health professionals by:
    - offering career development / counselling programs in elementary and secondary school.
    - offering scholarships to aboriginal students who want to pursue a health career and agree to return to the region to work for a certain length of time.
    - budgeting and creating opportunities for students to have summer or part-time jobs in health care.
    - encouraging aboriginal people currently employed in the health care system to act as role models for young people.
    - negotiating supportive programming on Wawatay.
    - if necessary, working with universities and community colleges to develop appropriate training programs. (Report pg. 77)

Response: DIAND strongly supports the call for more aboriginal health professionals in Sioux Lookout Communities.

The Indian Health Careers program at the University of Toronto, assisted financially by DIAND, is specifically designed to increase the participation of Native people in the health professions.

Current post-secondary assistance policy has a component that provides scholarships for programs leading to specifically identified occupations. Individual First Nations could list the health care programs as a high priority for students seeking post-secondary assistance.

As mentioned previously, there are currently several training programs offered at colleges and universities. Where recruitment and operational needs dictate, special programs can be developed and promoted to address specific training requirements. For example, the Department is having discussions with Lakehead University regarding a proposal to conduct research into making the nursing curriculum more responsive to native students. Also, the Department has had initial discussions with Cambrian College concerning the development of a native nurses program.

53. That the Aboriginal Health Authority, Wawatay and the local schools develop creative programming that will encourage aboriginal people to reduce the highly refined carbohydrates (junk foods) in their diet and return to more traditional foods. (Report pg. 84)

Response: The Department is in agreement with the need to improve the nutritional habits. DIAND will reinforce this

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recommendation through references made to nutrition in the Health Curriculum that is currently being developed by the Curriculum Committee.

56. That Indian Affairs and Northern Development develop water supplies for the communities that can be fluoridated. (Report pg. 85)

Response: The decision on whether to install a water fluoridation system is one that has to be taken by individual communities. If requested, DIAND will ensure that fluoridation is considered in consultation with individual communities during the design stage of future projects. If feasible, fluoridation projects will be supported by the Department.

For existing water supply installations, individual communities will also have to determine if they want fluoridation. Once a decision is made, feasibility studies will be undertaken to determine whether this type of water treatment can be effectively and economically installed on existing equipment. However, due to budget restrictions, departmental priorities will continue to focus on the provision of safe potable water supplies for all communities.

60. That all those involved in health care in the Sioux Lookout Zone recognize the urgent and growing social and mental health problem and give priority to the mental health services in the region, particularly:

- **drug and substance abuse.**
- **marriage counselling.**
- **parenting.**
- **children's mental health.**
- **depression / suicide.**
- **family violence.**
- **child abuse / neglect. (Report pg. 86)**

Response: Some of these issues have been traditionally considered part of the social services realm and are covered by legislation administered by the provincial Ministry of Community and Social Services. Other issues fall within the mandate of Health and Welfare Canada.

Currently, funding is being provided to support demonstration projects, workshops, public education, etc., in the areas of family violence and child abuse. The Department is also examining current education policies and procedures with respect to children's health and safety.

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DIAND is prepared to investigate alternatives to increase the integration of services at the community level and will support initiatives designed to recognize and give priority to the above noted issues.

74. **That representatives of the Nishnawbe-Aski Nation, Health and Welfare Canada and Indian Affairs and Northern Development enter into a comprehensive agreement on a major capital program to provide fluoridated water, sewage and power systems comparable to those in neighbouring non-native communities for the communities in the Sioux Lookout Zone - which will be completed in 1995. The new infrastructure should be culturally appropriate and include a community centre and bathhouse. In addition, the communities themselves should be directly involved in setting standards and planning the services. (Report pg. 90)**

Response: DIAND is willing to begin discussions leading to a comprehensive agreement concerning the provision of infrastructure services.

At the present time, with respect to the provision of community electrical systems, DIAND in conjunction with Ontario Hydro have planned to complete electrification of all communities by 1994.

It is a priority of DIAND, Ontario Region, to supply all NAN communities with a potable water supply, sewage and waste water disposal systems over the next 20 year planning period.

If it is determined that bath houses are preferred over the existing servicing approach of full water distribution and sewage collection systems, then DIAND and individual communities can re-assess existing practices.

Community centres are presently funded in part from capital budgets administered by individual communities. If a community decides that a community centre is a priority project, it is at liberty to allocate a significant portion of its capital funds towards the project cost. This funding is normally supplemented, upon application by the community, by money from the provincial Ministry of Tourism and Recreation and the Native Community Branch of the Ministry of Citizenship and Culture.

The Department, in working with the communities, will make every effort to ensure that all major capital projects are culturally and environmentally sensitive in addition to being cost effective. DIAND must conform to codes and standards set by regulatory agencies for all projects that are funded by the Department.

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75. That, to prevent another situation similar to the one that occurred in Fort Hope, the Federal Government make a commitment that, in the future, no community planning or building will be undertaken without the resources required to implement the necessary, adequate infrastructure (i.e. water supply, sewage system, etc). (Report pg. 90)

Response: DIAND is aware of the situation which developed in Fort Hope and every effort is being made to co-ordinate projects so that this does not re-occur.

76. That the Federal Government, the Nishnawbe-Aski Nation and the Bands enter into a comprehensive agreement which the Bands can use now to borrow money to make the necessary infrastructure improvements in a shorter period of time. (Report pg. 90)

Response: The Deputy Minister of DIAND has authorized a preliminary investigation into alternative methods of financing capital projects.

The Department is willing to discuss this creative method of funding with NAN and any interested communities. Work is proceeding at investigating the legislative, regulatory and feasibility requirements of this recommendation.

77. That the Federal Government, the Province of Ontario and the New Osnaburg First Nation enter into tripartite negotiations with the view to concluding a framework agreement. The aim of such an agreement would be to commit the parties to pursue strategies to address the serious socio-economic problem faced by the community in a manner that would respect community initiative and direction, and which would not be limited by current government funding and policy restrictions. Such strategies would involve careful analysis of the successes and failure of previous special initiative in New Osnaburg and other communities. (Report pg. 91)

Response: Consistent with this recommendation, the Minister of DIAND has sent a letter to the provincial minister responsible for native affairs recommending that a special initiative be undertaken to resolve the socio-economic problems referred to in the above recommendation.

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78. That Indian Affairs and Northern Development work closely with the communities to address broader environmental concerns. (Report pg. 91)

Response: DIAND is currently initiating the preparation of an environmental management policy. This policy will support this recommendation by making environmental quality an obligation of each departmental program and developing partnerships with First Nations to achieve mutual environmental goals and objectives. In this regard NAN is currently involved, under its Memorandum of Understanding, in negotiations which deal with environmental mitigation.

With respect to the environmental assessment performed for capital projects, DIAND involves individual communities in the planning process and ensures conformance to environmental regulations and legislation administered by Environment Canada.

79. That the two Federal Government Departments responsible for services to the Sioux Lookout Zone - Medical Services Branch and Indian Affairs and Northern Development - and the Province of Ontario to improve co-ordination of services to aboriginal people in the Sioux Lookout Zone. (Report pg. 91)

Response: Presently there are monthly meetings between DIAND Sioux Lookout District officials and representatives of Health and Welfare's Medical Services Branch.

At a more senior level, the DIAND Ontario Region Director General meets quarterly with his colleagues from Health and Welfare's Medical Services Branch and Environment Canada. Means are being investigated to increase the scope and frequency of interdepartmental coordination at all organizational levels.

DIAND is prepared to formalize coordination initiatives with Health and Welfare Canada and the Province of Ontario by discussing the development of Terms of Reference and/or a Memorandum of Understanding.

86. That local communities be encouraged to develop projects to meet existing needs in their community, raise part of the funds for each project and seek support from outside funding agencies to complete such projects. (Report pg. 93)

Response: The Department supports this recommendation. If funding for a particular project cannot be arranged through a DIAND program, Department officials are encouraged to suggest

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other possible sources of funds for the project. An example of this is funding for community centres. Communities receive funding from DIAND, the provincial Ministries of Tourism and Recreation and Citizenship and Culture, and local sources for the construction of community centre facilities.

The implementation of Alternative Funding Arrangements (AFA's) will also provide communities with increased flexibility to develop and fund their own projects.

87. **That the Federal and Provincial Governments work with the Nishnawbe-Aski Nation to develop culturally sensitive and appropriate, long-term economic development programs. (Report pg. 93)**

Response: The Federal Government's new Canadian Aboriginal Economic Development Strategy (CAEDS) announced in early June 1989 by the Minister of Indian Affairs and Northern Development and the Minister of State (Small Business and Tourism) will support this recommendation.

The CAEDS is a long-term strategy that will assist communities and individuals to take control over the local economic development process and overcome dependency through business growth and participation in the wage economy.

The government has committed $867 million ($355 million of which is "new" money) over the next five years in support of this initiative. Funds allocation will be based on Ontario Region's proportional share of the national working age native population living on reserve. Allocation within Ontario Region will be based on need and project merits.

The CAEDS is divided into the following components delivered by Industry, Science and Technology Canada (ISTC), Canada Employment and Immigration Commission (CEIC) and DIAND:

* Business Development (ISTC));
* Joint Ventures (ISTC);
* Capital Corporations (ISTC);
* Skills Development (CEIC));
* Urban Employment (CEIC);
* Community Economic Planning and Development (DIAND);
* Access to Resources (DIAND); and,
* Research and Advocacy (CEIC, DIAND and ISTC).

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88. That the communities themselves form economic development committees and develop self-help initiatives. (Report pg. 93)

Response: Many communities have Economic Development Officers who have prepared long-term strategies for their communities. DIAND will support this recommendation by continuing to work with both community economic development officers and Community Councils in addition to working closely with the proposed Community Economic Development Committees.

The recommendation will also be supported under the CAEDS by DIAND's Community Economic Services. The objective of Community Economic Service initiatives is to provide native controlled frameworks and support services for the transfer of economic development program delivery, responsibility and accountability from DIAND to community controlled delivery mechanisms.

89. That the Nishnawbe-Aski Nation, the Federal Government and the Provincial Government explore the possibility of developing an employment incentive program similar to the Income Security Program for Cree Hunters and Trappers in the James Bay region of Quebec. (Report pg. 94)

Response: Similar ideas were put forward in the report made by the Social Assistance Review Committee. At the present time the Provincial Ministry of Community and Social Services has the recommendations of this committee under review. Pending the result of this review, DIAND is willing to enter discussions with the principle parties regarding the establishment of an employment incentive program.

90. That the Nishnawbe-Aski Nation and the Bands work with both the Federal Government and the Provincial Government and local businesses and industries to:
- develop a long-term economic strategy for the region that will be culturally-sensitive and ensure that the communities benefit
- take advantage of regional and economic development programs to develop productive employment
- develop markets for their products within the region and beyond. (Report pg. 94)

Response: The Department fully supports this recommendation. The CAEDS will encourage NAN First Nations to use DIAND's Community Economic Services to develop culturally sensitive, long-term economic strategies. The Province of Ontario's Native

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Community Branch, and ISTC's business development funding may also be available in this regard.

The Skills Development component of the CAEDS will augment CEIC's current assistance to Native individuals under programs such as the Canadian Jobs Strategy through creative use of program instruments and by greater involvement of Native people in the planning and implementation of local strategies.

The Business Development component of CAEDS delivered by ISTC will continue in a more effective way the commercial enterprise components of various government programs so that businesses owned by Native individuals or communities can obtain the capital and support services they require to get started or expand.

91. That the Nishnawbe-Aski Nation work with the town of Sioux Lookout to examine the economic potential of the region as well as the possibility of joint ventures and pooling economic resources. (Report pg. 94)

Response: DIAND concurs with this recommendation. The Department's Indian Community Human Resources Strategy and Community Economic Services could be utilized to help support studies which examine the economic potential of the region.

Use could also be made of the CAEDS Joint Venture Component delivered by ISTC to help Native businesses forge new and profitable links with other firms in the mainstream economy, and thereby provide opportunities for the transfer of management, technical and other business skills to Native peoples.

The Capital Corporations component of the CAEDS could be used to support and build up the network of autonomous native financial institutions established across the country in recent years through the efforts of ISTC's Native Economic Development Program and CEIC's Community Futures Program.

93. That the Federal Government enter into an agreement with the Nishnawbe-Aski Nation to provide the funding that will allow the Nishnawbe-Aski Nation to undertake the negotiations recommended in this report. (Report pg. 96)

Response: Significant funding is provided to NAN by DIAND for the Memorandum of Understanding negotiations between the Government of Canada, the Province of Ontario and NAN. DIAND also provides funding for consultation and policy development.

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If there is a demonstrated need for specific negotiations in any particular area, DIAND will review proposals made by NAN and individual communities for additional funding. Where appropriate, negotiation funding proposals will be referred to Health and Welfare Canada for their consideration.

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Your file *Votre référence*

Our file *Notre référence*

16 August 1989

Archbishop Edward Scott
Scott McKay Bain Health Panel
2131 Young Street
Suite 202
Toronto, Ontario
M4T 2T8

Most Reverend Sir:

I read with great interest the Health Panel's report "From Here to There: Steps Along the Way". I wish to congratulate the panel members for producing an accurate, insightful and objective report. Having lived and worked in the Sioux Lookout area for four years, I feel that the community input and the panel members' expertise and empathy has resulted in creative but pragmatic suggestions that will undoubtedly improve the health of Zone residents.

The Government of Canada will be providing a formal response to the Report this fall. In the interim, I am writing to give you an indication of Indian and Northern Affairs Canada's initial reaction to the Report.

The Report provides a context and focus for present and future actions to improve health care services in northwestern Ontario. The holistic definition of health and health services used to examine and evaluate existing service delivery mechanisms will promote the consideration of health care issues in many areas where this approach has not been previously taken into account.

I am pleased that the Report provides a focus, inspiration and hope for the future while indicating that significant improvements must be made to improve the health of Zone residents. Indian and Northern Affairs Canada strongly supports the Report, notwithstanding the fact that the majority of the recommendations fall within the mandate of other government departments and agencies. Endorsement of the Report by individual communities and native groups will be required for any resultant health care initiatives undertaken by Federal Government departments and agencies.

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In particular, the Department is in agreement with the Report regarding the necessity to implement the following initiatives:

- Establishing one new combined hospital/hostel facility to service all the people of the Sioux Lookout area;
- Fostering greater community and personal involvement in health through the transfer of authority and control over the health care system to native people;
- Improving communications between health providers and Indian people and providing better, more culturally appropriate health education;
- Improving community infrastructure and economic development; and,
- Emphasizing health promotion in addition to improving the treatment of illness.

Implementation of the Report's recommendations will require coordination and cooperation between many individuals and organizations. The broad coverage of many health related issues challenges Indian and Northern Affairs Canada to:

- Sensitize departmental programs and personnel to the Report recommendations;
- Ensure that existing initiatives and programs support the Report recommendations;
- Promote efforts to secure better coordination for the delivery of health related services; and,
- Facilitate greater native control of health care policy and service delivery in the Sioux Lookout District.

In closing, I wish to reiterate the Department's support for the Report. We look forward to continuing dialogue with the Panel members and remain available to address any questions or concerns you may have.

Sincerely,

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Mr. Derek Blackburn, M.P.
House of Commons
OTTAWA, Ontario
K1A 0A6

Dear Mr. Blackburn:

I am replying to your letter of April 8, 1988 which was addressed to my colleague, the Minister of Indian Affairs and Northern Development, the Honourable Bill McKnight, concerning assistance that may be available to one of your constituents to start an ambulance service on the Six Nations Reserve.

Ambulance services in Ontario are the responsibility of the Ontario Ministry of Health. The following Provincial Health Ministry officials would be able to provide advice regarding the conditions under which ambulance services may be provided, and details regarding funding:

Dr. D. A. Psutka, Assistant Deputy Minister
Emergency and Special Health Services
9th Floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario M7A 1R3

and

Mr. G. Brand, Director,
Ambulance Services Branch
7th Floor
7 Overlea Blvd.
Toronto, Ontario M4H 1A8

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In addition, I am sending a copy of your letter to the Honourable Jake Epp, Minister of National Health and Welfare, requesting that he contact you in the event that there is assistance available from his department for starting an ambulance service.

I trust that this action is of assistance.

Yours truly,

original signed by
original signé par
Bernard Valcourt

Bernard Valcourt

c.c.: The Honourable Jake Epp, P.C., M.P.

G. Hancock/Ec. Dev/973-1280
21/04/88/SAJ/EE172889
R&T: Reid-Daly/Sec./994-7207
LM/al72889.e/May 27, 1988
c.c.: RDG, Ontario
c.c.: G. Wouters
c.c.: J. Rayner

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JUL - 6 1988

The Honourable Jake Epp, P.C., M.P.
Minister of National Health and Welfare
House of Commons
OTTAWA, Ontario
K1A 0A6

My dear Colleague:

I am enclosing a letter from Mr. Derek Blackburn, M.P., on behalf of one of his constituents who is interested in starting an ambulance service at the Six Nations Indian Reserve in Ontario.

The Department of Indian Affairs and Northern Development does not have any program which could provide financial assistance for this type of undertaking. I would, therefore, appreciate your consideration of this request and if you could reply directly to Mr. Blackburn on this matter.

Yours truly,

Signed by
original copy
Bernard Valcourt

Bernard Valcourt

Encl.

E. Twiss/Exec Sec't/973-4614
29/04/88/em/EE172889
R&T: Reid-Daly/Sec./994-7207
May 27, 1988/JT/A172889.e
c.c.: RDG, Ontario
c.c.: G. Wouters
c.c.: J. Rayner

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Ruth
Pls check if
Jerry Martin
Rep
Sandy
Tom Lane received
copies

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File

Mike Iranski, IS

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MUSHKEGOWUK COUNCIL
P.O. BOX 370
MOOSE FACTORY, ONTARIO P0L 1W0
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FAX (705) 658-4250

P R E S S R E L E A S E

Contact: Alex Spence
Chairman
Mushkegowuk Council
(705) 658-4222
or
John S. Long
Executive Director

June 19, 1989
For Immediate Release

A STATEMENT ON HEALTH CARE BY THE MUSHKEGOWUK FIRST NATIONS

Last Thursday, the Mushkegowuk First Nations of western James and Hudson Bay moved one step closer to their goal of a single unified health care system under local control.

Chief Reg Louttit of Attawapiskat read a statement entitled "Partners in Change" (attached). He referred to the Mushkegowuk First Nations' 1987 Study on "Patient Advocacy Through Ownership of the Health Care System", and extended an invitation to authorities and health providers to "walk with us on this journey".

Chief Louttit formalized this request with a motion, seconded by Paul Cochrane (Regional Director, Health and Welfare Canada), to establish a special committee with equal representation from the Mushkegowuk First Nations, Health and Welfare Canada, Ontario's Ministry of Health, Cochrane District Health Council, Moosonee Development Area Board and Ontario's Ministry of Community and Social Services to deal immediately with the proposal.

Some fifty delegates, including representatives from the Porcupine Health Unit, Timmins and District Hospital and Queen's University, unanimously approved the motion and appointed Pat Chilton (Zone and Hospital Director, Moose Factory General Hospital) to co-ordinate the arrangements.

Alex Spence, Chairman of the Mushkegowuk Council, commented, "It's about time that our report, which was released two years ago, was finally endorsed by the federal and provincial governments. Our people do not have proper health care ...as we emphasized by asking for two minutes of silence at the meeting. And we do not have the basic democratic right which most Canadians take for granted --control of the governance of our health care system. It's totally ridiculous that we now have two competing systems in James Bay." He also added that it was encouraging to see health care professionals recognizing that Native people were boiling surgical instruments and developing sophisticated medical techniques long before Europeans.

"This brings us one step closer to our goal of self-determination."

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MUSHKEGOWUK COUNCIL
P.O. BOX 370
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"PARTNERS IN CHANGE":

A statement on health care by

The Mushkegowuk First Nations

15 June 1989

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PARTNERS IN CHANGE

Chiefs, Councillors, First Nations representatives, ladies and gentlemen . . . fellow partners in change:

Good afternoon and welcome to this cultural centre, which reminds us of the multicultural reality of the city of Timmins. We are meeting here today as partners. Partners in change. Partners, whose common concern today is improved health care for the peoples of western James and Hudson Bay. Partners, who also believe in that fundamental democratic notion which most Canadians enjoy, or perhaps take for granted, --- that the governing body of a health care system in Canada today must be truly representative of the client population which it serves.

We have asserted this as one of the basic principles guiding any discussion on health care. But our goal can only become a reality with the help of you, our partners.

We expect the government of Canada to play an important supporting role in today's discussions because, as First Nations, we wish to maintain our unique relationship with the Crown.

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Once the people of our region are able to exercise full governance over health care in our communities, as our grandparents did for centuries, we will begin to experience the same type of control as other Canadians. The peoples of western James and Hudson Bay deserve nothing less than that simple democratic right, as I'm sure we will all agree.

Our health care system will have to network with other systems, further south, to guarantee proper secondary and tertiary care. We see real advantages, and opportunities, in collaborating with our neighbors in Timmins and Kingston.

A few years ago, we embarked on an historic journey. We initiated a process whereby responsibility for the management of health care services within the Mushkegowuk jurisdiction could be transferred to our people. Today, we are asking you to walk with us on this journey.

Our initiative is based on seven fundamental principles:

* Accountability

The Mushkegowuk Council is the senior governing authority for western James and Hudson Bay. It is ultimately accountable to the people of our communities, who will be consulted throughout the transfer. The precise extent

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of our jurisdiction will be determined as part of the transfer process.

* Self-Government

The management and administration of health care is an exercise in self-government on terms established by our people, and they will decide what the transfer process will be. This exercise will be a test of existing legislation, and may point to a need for new enabling legislation.

* Relationships

As the senior governing authority of the Mushkegowuk jurisdiction, our First Nations expect to have the status accorded any other government in their relations with governments and agencies. The Mushkegowuk Council expects to have direct access to government officials with the authority to make decisions and to change policies.

* Level of Service

We believe that the quality of health care in the Mushkegowuk jurisdiction has declined in recent years, and our people are concerned that the federal government may continue to reduce services to the very people who most need assistance.

The purpose of having responsibility for the delivery of health care is to improve the existing system, ensure basic

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quality care, and eventually achieve a more extensive level of care.

* Local Autonomy

During the transfer process, and subsequent to transfer, each individual community will maintain the maximum amount of local autonomy and control over services, while maintaining the benefits of regional control.

* Federal Responisbilities

The government of Canada continues to have total responsibility for the health care of our First Nations' citizens. The federal government must negotiate the allocation of these funds directly with our First Nations, and must not delegate this responsibility to the province.

* Treaty and ABoriginal Rights

Our Treaty and Aboriginal rights, as our Elders define them, are not negotiable.

In 1987 we released a comprehensive report entitled "Patient Advocacy Through Ownership of the Health Care System." Our First Nations have endorsed this report. We intend to build on the strengths of the existing system.

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But we have also recognized the need to rationalize the allocation of our health care resources, in order to ensure efficiency and economy.

One of the report's important recommendations, which we wish to pursue, concerns the issue of unification. Namely, that part of the transfer process must include negotiations with the James Bay General Hospital, which should result in the transfer of its services to the Mushkegowuk people --- or at least a merger of the programs available on western James and Hudson Bay.

We have an opportunity today to pursue this recommendation, if the federal and provincial governments agree to commit the resources necessary to investigate the implications of this recommendation. Two years have passed since we released this report. We hope to hear support for our proposal. If this does not happen, today will be a failure.

We have extended an invitation. We have committed ourselves to working together with the governments of Canada and Ontario. As partners in change, we can all make this vision a reality. We cannot let this opportunity pass us by.

An exciting opportunity lies ahead. Will you be our partners?

Meegwetch.

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A-172889

6585-1

Mr. Derek Blackburn, MP
House of Commons
OTTAWA, Ontario
K1A 0A6

Dear Mr. Blackburn:

I am replying to your letter of April 8th which was addressed to my colleague the Honourable Bill McKnight, Minister of Indian Affairs and Northern Development regarding the assistance that may be available to a person setting up an ambulance service on Six Nations Reserve.

Ambulance services in Ontario are the responsibility of the Ontario Ministry of Health. Contacts in this provincial ministry are:

Dr. D. A. Psutka, Assistant Deputy Minister
Emergency and Special Health Services
9th Floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario M7A 1R3

and

Mr. G. Brand, Director,
Ambulance Services Branch
7th Floor
7 Overlea Blvd.
Toronto, Ontario M4H 1A8

The above mentioned people would be able to provide advice regarding the conditions under which ambulance services may be provided, and details of any funding for services that the province may provide.

In addition, I am sending a copy of your letter to the Honourable Jake Epp, Minister of Health & Welfare, asking him to contact you in the event that there is relevant assistance available from the department.

Yours truly,

Bernard Valcourt

G. Hancock/Ec. Dev/973-1280
21/04/88
SAJ/EE172889
4375-1
cc. The Honourable Jake Epp, MP, PC

APPROVED BY:

Eugene Harrigan
Regional Director General
Ontario Region

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A-172889

The Honourable Jake Epp, MP, PC
Minister of Health and Welfare
OTTAWA, Ontario
K1A 0A6

My Dear Colleague:

I am enclosing a letter from Derek Blackburn, MP on behalf of a constituent who is interested in starting an ambulance service at the Six Nations Indian Reserve in Ontario.

The Department of Indian Affairs and Northern Development does not have any programs which could provide financial assistance for this type of undertaking. Would you please review this request to see if your department can offer any funding or advice on the matter?

I would appreciate it if you would respond directly to Mr. Blackburn.

Yours truly,

Bernard Valcourt

E. Twiss/Exec Sec't/973-4614
29/04/88
em/EE172889
Goff/Social Development

APPROVED BY:

Eugene Harrigan
Regional Director General
Ontario Region

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EXECUTIVE SECRETARIAT - ONTARIO REGION

DATE: 19.04.86. DOCKET NUMBER: A 172889

TO: Economic Development

SUBJECT: Six Nations Reserve - proposed ambulance service

ON BEHALF OF THE REGIONAL DIRECTOR GENERAL, PLEASE:

✓ PREPARE A SUGGESTED REPLY FOR THE SIGNATURE OF minister Valcourt
AND BACKGROUND INFORMATION, IF REQUIRED.

___ PROVIDE INPUT TO THE LEAD ROLE PROGRAM: _____

___ PREPARE A BRIEFING NOTE FOR _____

___ OTHER _____

RETURN TO ELIZABETH TWISS, REGIONAL LIAISON OFFICER, PH. 3-4614

DUE DATE: 27.04.86 TIME: 3pm

IF YOU ARE UNABLE TO PROVIDE THE SUGGESTED RESPONSE ON TIME, YOU MUST SUBMIT AN INTERIM RESPONSE BY THE DUE DATE.

THE FOLLOWING PROGRAMS HAVE ALSO RECEIVED A COPY OF THIS REQUEST:

Social Devel. ___ FOR INPUT ✓ FOR INFORMATION

_____ ___ FOR INPUT ___ FOR INFORMATION

COMMENTS: _____

000318

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4375-1

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

EXECUTIVE CORRESPONDENCE ACTION SHEET
FEUILLE DE SUIVI POUR LA CORRESPONDANCE DES CADRES

Docket - Dossier: A172889

Deadline for return to the Executive Secretariat with all appropriate approvals is:
Délai du Secrétariat des cadres pour retourner le dossier avec les approbations nécessaires: April 29, 1988

This LEAD ROLE in responding to this docket has been assigned to:
Le ROLE PRINCIPAL dans ce dossier a été assigné à:

1. DEX-ONT (Attn: Elizabeth Twiss) 003738 1988 APR 19 A 2:04

The SUPPORT ROLE in responding to this docket has been assigned to:
Le ROLE ACCESSOIRE dans ce dossier a été assigné à:

2. G. Wouters

3.

Copy sent for information only to.
Copie envoyée à titre de renseignement seulement à: J. Rayner

- [ ] Deputy
- [ ] NAP - SOC
- [ ] ED - ADM
- [ ] FPS - ADM
- [x] IS - ADM
- [ ] LHI - ADM
- [ ] HR - ADM
- [ ] SG - ADM
- [ ] CD - DG
- [ ] FS - DG
- [ ] LS - DG
- [ ] Parliamentary relations / Relations parlementaires
- [ ] Other: / Autre:

Return to the Executive Secretariat, attention:
Prière de retourner au Secrétariat des cadres à l'attention de:

Name - Nom: Mario Fotia
Telephone no. - N° de téléphone: 994-7204
Room - Pièce: 19

000319

APR 19 '88 13:51 TO INDIAN & NORT

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MINISTER'S OFFICE
I.N.A.C.
CABINET DU MINISTRE
A.I.N.C.

DEREK BLACKBURN, M.P
BRANT

HOUSE OF COMMONS
CANADA

TELEPHONE
OTTAWA (613) 996-7265
BRANTFORD (519) 759-5681

RE FILE -190-14

FILE NO

RECEIVED / REÇU
14 APR 1988
HOUSE OF COMMONS
CHAMBRE DES COMMUNES

Ottawa, Ontario
April 8, 1988

The Hon. Bill McKnight
401 Confed.
House of Commons

Dear Mr. McKnight,

1. DEX-ONT
2. 6 Months

One of my constituents is interested in starting an ambulance service on the Six Nations Reserve.

The project has been discussed with the Band Council. With 8000 people living on the reserve, the Hagarsville Hospital is not able to handle the need for ambulances. The proposed service would employ 24 people from the Six Nations Band.

What federal involvement would there be in the ambulance service? What financial or other assistance is available for this project?

I look forward to your reply.

Sincerely,

Derek Blackburn, MP
BRANT

DNB/pba

APR.19 '88 13:52 HQ INDIAN & NORT P.002

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SD

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

MAY 23 1989

6585-1

May 16, 1989

008907

1989 MAY 19 A 9:31

Tom Goff
Director Social Development
Ontario Region

Your file *Votre référence*

Our file *Notre référence*

(SD)

MENTAL HEALTH SERVICES TO ADULTS ON RESERVE-HEALTH & WELFARE POSITION

Further to Health and Welfare Canada - Medical Services Zone Director's Mr. McCulloch's letter of April 20, 1989 and my reply of April 25, 1989 (copies enclosed), please find his latest letter dated April 27, 1989 and a copy of a memorandum written by Dr. Gillian Lynch, Director General of Indian and Northern Health Services on this matter. It is clear from reading the Director General's memo dated March 6, 1989 that Medical Services has not developed a formal mandate with respect to mental health programs. I believe this is in conflict with the memorandum of understanding in Adult Care - May 28, 1984 between our two respective departments. It certainly conflicts with what was the practice in the N.W.T. You may wish to follow up on this matter.

I am passing a copy of this document to all the Superintendents of Social Development in Ontario for their information.

Please call me if you have any questions.

Thank you for your attention and co-operation in this matter.

Yours truly,

Steve O'Brien

Steve O'Brien
A/Superintendent Social Development
WESTERN DISTRICT

905 E. Victoria Avenue
Thunder Bay, Ontario
P7C 1B3

c.c. Mitch Philip, District Manager
Ralph Davis, Supt. of Social Development, Sioux Lookout
Jan Puddy, Supt. of Social Development, Sudbury
Pat Martin, A/Supt. Social Development, Southern District

/ep

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3021

Government of Canada / Gouvernement du Canada

MEMORANDUM NOTE DE SERVICE

TO / À: Regional Directors
Directeurs régionaux

FROM / DE: Director General
Indian and Northern Health Services
Directeur général
Services de santé des Indiens et des populations du Nord

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE — N / RÉFÉRENCE 150-1-8
YOUR FILE — V / RÉFÉRENCE
DATE MAR - 6 1989

SUBJECT / OBJET: **MENTAL HEALTH INITIATIVES**
INITIATIVES EN MATIÈRE DE SANTÉ MENTALE

Knowing the strength and urgency of concerns about mental health problems in the field, I write to bring you up to date with our mental health initiatives at headquarters. Dr. Wattie, our Special Advisor, Mental Health, has continued her explorations in the field and has now visited all Regional offices with the exception of the Yukon. As much as local circumstances and time allow, she has also held meetings on Reserves and in Tribal Council offices. Her impressions and thinking about the behavioural problems faced by native communities and about ways we may address them, were embodied in an internal discussion paper which we sent to Mr. Nicholson, and to which we await his response before proceeding further. As you know, until a formal mandate is established, we will not be able to mount a mental health program of any substantial proportions, and

Connaissant l'intensité et l'urgence des préoccupations relatives aux problèmes de santé mentale dans les régions, je vous écris pour vous renseigner sur nos initiatives en matière de santé mentale entreprises à l'Administration centrale. Le Dr Wattie, notre Conseillère spéciale en matière de santé mentale, a poursuivi ses explorations sur le terrain et a maintenant visité tous les bureaux régionaux sauf celui du Yukon. Selon que les circonstances locales et le temps dont elle disposait le permettaient, elle a également tenu des réunions dans les réserves et les bureaux des conseils tribaux. Ses impressions et ses idées sur les problèmes de comportement auxquels doivent faire face les collectivités autochtones de même que sur les façons dont on peut

89.03.09-04RN

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we are unable to respond positively to requests from the field for general mental health funding.

aborder ces problèmes sont exprimées dans un document de travail interne que nous avons fait parvenir à M. Nicholson et au sujet duquel nous attendons la réponse de celui-ci avant d'aller plus loin. Comme vous le savez, avant qu'un mandat officiel ne soit établi, nous ne pourrons pas mettre sur pied un programme de santé mentale de proportion considérable quelconque, et nous ne sommes pas en mesure de donner une réponse favorable aux demandes de financement général en santé mentale provenant des régions.

In the meantime, in view of the urgency of the problem, we are attempting to make limited responses from within our core budget. The Interdisciplinary Working Group on Mental Health will complete its work on a document on principles of training this month. This document embodies the notion of generic mental health skills enhancement being made available to the broad range of existing Band employees working in human services roles. A bibliography of listed publications relative to native mental health has been made available to a growing network of people in the field and some direct consultation to native groups and individuals is being provided. We also expect that Dr. Wattie will bring a mental health perspective to some of our other areas of responsibility, such as the

Entretemps, étant donné le caractère pressant du problème, nous tentons de donner suite aux demandes de façon limitée à même notre budget de base. Le Groupe de travail interdisciplinaire chargé de la santé mentale terminera ce mois-ci ses travaux sur un document portant sur les principes de formation. Ce document formule la notion du perfectionnement des aptitudes génériques à la santé mentale mis à la disponibilité de la vaste gamme d'employés actuels de bandes oeuvrant dans le domaine des services humains. Une bibliographie des publications portant sur la santé mentale chez les autochtones a été communiquée à un réseau croissant de personnes oeuvrant dans le domaine, et une certaine mesure de consultation indirecte est

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Sexual Abuse/Family Violence Program. You might also wish to note that, as Special Advisor in this Branch, Dr. Wattie is available as a mental health program consultant to yourself or your staff members.

I hope you will agree that, given the limitations of funding and due process inherent in our work, a significant and promising start has been made to address the mental health problems facing the Branch.

offerte à des groupes et à des particuliers autochtones. Nous nous attendons également à ce que le Dr Wattie donne une perspective de santé mentale à certains autres de nos secteurs de responsabilité tels que le Programme de lutte contre l'agression sexuelle et la violence familiale. Vous voudrez peut-être également noter que à titre de Conseillère spéciale de la Direction générale, le Dr Wattie peut également vous offrir des services d'expert-conseil en matière de programmes de santé mentale, à vous ou aux membres de votre personnel.

J'espère que vous conviendrez, étant donné les limites imposées au niveau du financement et la procédure équitable inhérente à notre travail, qu'un début révélateur et prometteur a été fait pour aborder les problèmes liés à la santé mentale auxquels doit faire face la Direction générale.

Gillian I. Lynch

cc: Mr./M. J.D. Nicholson

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Health and Welfare Canada / Santé et Bien-être social Canada

Medical Services Branch
5th Floor
28 N. Cumberland Street
Thunder Bay, Ontario
P7A 4K9

0083 '89 MAY -2 A10:44

Your file / Votre référence

Our file / Notre référence

April 27, 1989

Mr. Steve O'Brien
A/Superintendent, Social Development
Western District
Indian and Northern Affairs Canada
905 E. Victoria Avenue
THUNDER BAY, Ontario
P7C 1B3

Dear Mr. O'Brien:

Further to your letter of April 25, 1989, I attach a copy of a memorandum written by Dr. Gillian Lynch, Director General of Indian and Northern Health Services, to Medical Services Branch Regional Directors concerning Mental Health Services. The memorandum clearly states that we have not yet established our mandate for Mental Health Services.

I will keep you informed of any changes.

Sincerely,

R.B. McCulloch
Zone Director
Thunder Bay Zone

:as
Att.

Canada

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Indian and Northern Affairs Canada · Affaires indiennes et du Nord Canada

April 25, 1989

Your file *Votre référence*

Our file *Notre référence*
492-6585-1 (SD)

R.B. McCulloch
Zone Director
Thunder Bay Zone
Health and Welfare Canada
Medical Services Branch
5th Floor
28 N. Cumberland Street
THUNDER BAY, Ontario
P7A 4K9

Dear Mr. McCulloch:

Thank you for your letter dated April 20, 1989, concerning the question of who is responsible for Mental Health Services to adults on reserve. I appreciate your feedback, and have duly taken note of your comments. I will endeavour to check with your Department in future before stating what your Department's mandate is.

My statement to the Whitesands Band that Health & Welfare Canada has a mandate for mental health services to adults on reserve came as a result of being a former employee of Health & Welfare Canada - Medical Services Branch in the N.W.T. where I worked as a Mental Health Co-ordinator (April 1987 - April 1988), serving five (5) native communities. Until last April, 1988 when the Government of NWT took over Mental Health Services for Adults on Reserve in the NWT, it was very much the responsibility of Health & Welfare Canada. I also based my statement on the Memorandum of Understanding on Adult Care - May 28, 1984, between INAC and MSB (copy enclosed), concerning the responsibility for Adult Care services for Indian people on reserve. According to this Memorandum of Understanding, MSB has funding and management responsibility for:

Mental Health Worker
Alcohol Counsellor (NNADAP)
Community Health Representative (CHR)
Health Education Prevention

I also note MSB plays a role in Care Assessment, Care Management and Care Supervision.

. . . 2 /

Canada

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R.B. McCulloch
Zone Director
Health and Welfare Canada
Medical Services Branch
Thunder Bay, Ontario

This Department/Office would appreciate receiving word once Health & Welfare Canada - Medical Services Branch has made a decision on whether the provision of Mental Health Services to adults on reserve are yours, or whether they rest with the Province.

Thank you for your co-operation.

Sincerely,

Steve O'Brien

Steve O'Brien
A/Superintendent
Social Development
WESTERN DISTRICT

905 E. Victoria Avenue
Thunder Bay, Ontario
P7C 1B3

c.c. Tom Goff
Director, Social Development
ONTARIO REGION

Encl.

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Health and Welfare Canada / Santé et Bien-être social Canada

Medical Services Branch,
5th Floor,
28 N. Cumberland Street,
Thunder Bay, Ontario,
P7A 4K9.

Your file / Votre référence

9648 '89 APR 24 A10:45

Our file / Notre référence

April 20, 1989.

Mr. Steve O'Brien,
A/Superintendent
Social Development,
Western District,
Indian and Northern Affairs Canada,
905 E. Victoria Avenue,
THUNDER BAY, Ontario,
P7C 1B3.

Dear Mr. O'Brien:

I received a copy of your letter to the Chief and Council of the Whitesand Band and I noticed in paragraph 3 that you state our Department has a mandate for mental health services to adults on reserve. This is not correct. Our Department is currently researching their mandate regarding mental health and to date have not made a decision whether the provision of these services are ours or whether they rest with the Province.

There are many instances of Provincial programs delivering adult mental health services to native residents of reserves. The Province recently made a grant of $172,000 annual O&M for psychiatric services and counselling to natives in the Fort Frances area.

I just wanted to point this out to you that perhaps it would be wise in future to check before stating another Department's mandate. I am sure no harm was done here and we did receive a copy of the proposal. I have forwarded it to our Branch for review and comment.

Sincerely,

R.B. McCulloch,
Zone Director,
Thunder Bay Zone.

RBM:as

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

004847 1989 APR 27 A 9:38

April 25, 1989

AVR 27 1989

Your file Votre référence 6585-1

Our file Notre référence
~~492-6585-1 (SD)~~

R.B. McCulloch
Zone Director
Thunder Bay Zone
Health and Welfare Canada
Medical Services Branch
5th Floor
28 N. Cumberland Street
THUNDER BAY, Ontario
P7A 4K9

Dear Mr. McCulloch:

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Mental Health Worker
Alcohol Counsellor (NNADAP)
Community Health Representative (CHR)
Health Education Prevention

I also note MSB plays a role in Care Assessment, Care Management and Care Supervision.

. . . 2 /

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R.B. McCulloch
Zone Director
Health and Welfare Canada
Medical Services Branch
Thunder Bay, Ontario

This Department/Office would appreciate receiving word once Health & Welfare Canada - Medical Services Branch has made a decision on whether the provision of Mental Health Services to adults on reserve are yours, or whether they rest with the Province.

Thank you for your co-operation.

Sincerely,

Steve O'Brien

Steve O'Brien
A/Superintendent
Social Development
WESTERN DISTRICT

905 E. Victoria Avenue
Thunder Bay, Ontario
P7C 1B3

c.c. Tom Goff
Director, Social Development
ONTARIO REGION

Encl.

...mation Act
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Health and Welfare Canada
Santé et Bien-être social Canada

MENTAL HEALTH FOR CANADIANS:

STRIKING A BALANCE

Published by Authority of the Minister of National Health and Welfare

Aussi disponible en français sous le titre «La santé mentale des Canadiens: vers un juste équilibre»

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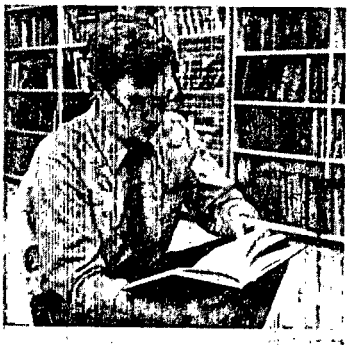

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MENTAL HEALTH FOR CANADIANS: STRIKING A BALANCE

Foreword

In November 1986, I had the pleasure of releasing a discussion document entitled *Achieving Health for All: A Framework for Health Promotion*. This document has since been widely distributed, and has become the focus of considerable reflection within the Department of National Health and Welfare, among health service providers and consumers, and in the community at large.

This reflection has made it increasingly evident that, as we seek ways to improve the quality of life of all Canadians, issues related to mental health and mental disorder are of crucial importance. The present document is intended to expand the scope of public discussion of these issues. It introduces a broad definition of mental health, consistent with contemporary health concepts. It discusses the three major health challenges described in *Achieving Health for All*.

In conclusion, it proposes a set of guiding principles to assist Canadians engaged in developing and reviewing mental-health-related policies and programs.

Current thinking about health acknowledges the vital importance of promoting, protecting and restoring mental health. I trust that the ideas presented in this document will help to give mental health a more prominent place on our scale of values, and on our society's agenda for action.

I invite and look forward to your comments.

Jake Epp
Minister of National Health and Welfare

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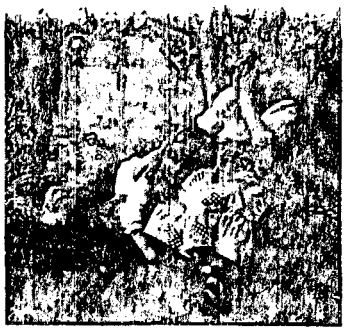

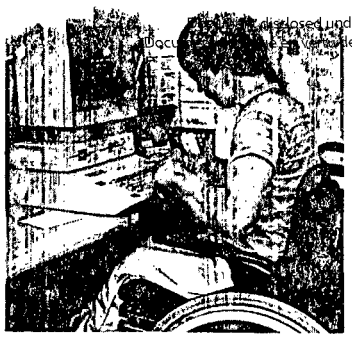

INTRODUCTION

The Constitution of the World Health Organization, framed some forty years ago, defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition opened new vistas, bringing the mental and social dimensions of health into focus along with the physical, and recognizing that all three were intertwined. The World Health Organization's insistence that health was much more than simply the absence of illness opened the way for reflection and discussion about the more positive features of health and their implications for public policy.

Achieving Health for All, a discussion document released by Health and Welfare Canada in 1986, reflects a growing awareness that health must be viewed in terms of our personal and social resources for action. It speaks of health as "a resource which gives people the ability to manage and even to change their surroundings...a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments." (*Achieving Health for All*, p. 3.)

This is an active concept of health that goes beyond the World Health Organization definition cited above, and accords greater prominence than ever to the mental and social determinants of health. It also impels us to think of health as something experienced not only individually, but collectively. Most significantly perhaps, this new understanding of health dwells less on people's traits as individuals and more on the nature of their interaction with the wider environment. "Environment" in this context is interpreted in its broadest sense, and includes not only our physical

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surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives.

What is disappointing, however, is that ideas and practices concerning mental health and mental disorder have so far failed to keep pace with this emerging vision of health, which so clearly accentuates the importance of mental and social well-being. In order to ensure that this broader understanding of health is reflected in programs and policies, those who are concerned with mental health issues need to act together in a number of areas:

- We must agree upon a broad, positive concept of mental health, one that encourages active involvement in mental health issues, not only by the health and social service networks, but also by Canadians in general.
- We must look critically at how our society currently allocates its resources and its attention to mental and physical health respectively.
- We must find ways to realize our ideal of providing sufficient and appropriate care within our communities for persons with mental disorders.
- We must facilitate and encourage initiatives aimed at promoting mental health and preventing mental illness, while also maintaining our commitment to the treatment of mental disorders.

This paper proposes a set of ideas that are designed to expand our present understanding of mental health. It presents for national discussion a new, positive definition of mental health, and examines the three major health challenges identified in *Achieving Health for All* from a mental health perspective. It also offers a set of guiding principles for use in developing, reviewing and implementing mental-health-related policies and programs.

Mental health has profound implications for every aspect of human existence. It is not a narrow field, of concern to professionals only; every member of society has a stake in mental health issues, and a contribution to make. The promotion of mental health in Canada is a challenge that needs to be addressed on many levels, employing a diversity of talents, resources and strategies. This requires that we reconcile and coordinate different approaches, and expand areas of common understanding.

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II. DEFINING MENTAL HEALTH

The Rationale

There is at present no widely accepted definition of mental health. A clear, comprehensive, flexible definition would undoubtedly help to fashion creative, effective programs and policies in the field. Such a definition would illuminate the goals of mental health promotion and mental health services. Moreover, it would help to define more accurately the roles of various agents - professionals, non-professionals, community groups and national organizations alike - in promoting the mental health of all Canadians. With a well-delineated concept of mental health, we would be better placed to rank issues in order of their priority, articulate problems more precisely, design more effective strategies, and allocate available resources more appropriately and effectively.

Towards a Broader Focus

Much of what we know about mental health actually comes from the study and treatment of mental disorder. Past attempts to define mental health have usually focused on the psychological and behavioural characteristics of individual people, rather than on conditions in society as a whole. In much the same way, most of the services, programs, laws and professions that have to do with "mental health" are really oriented towards dealing with mental disorder. In these circumstances, it is easy to understand how mental health has come to be viewed simply as freedom from psychiatric symptoms, or the absence of mental disorder.

In the past few decades there have been significant developments in our thinking about mental health. They have arisen from a growing community mental health movement and a body of social science research that places increasing importance on the ability of external forces and events to influence individual mental health. Social and economic situations, family and other relationships, the physical and organizational environment - all are plainly recognized as contributing factors. As a result, current concepts of mental health reflect a number of themes:

- psychological and social harmony and integration;
- quality of life and general well-being;
- self-actualization and growth;
- effective personal adaptation; and
- the mutual influences of the individual, the group and the environment.

The essential role of physiological processes (and, in particular, brain function) in all mental life has become more and more evident. It is obvious that human biology and human experience interact continually in shaping mental life.

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Mental life has been described by the World Health Organization as "inner experience linked to interpersonal group experience" (*Social Dimensions of Mental Health*, W.H.O., 1981, p.5). This phrase sums up a range of human experiences traditionally associated with the life of the mind. It also clearly brings interpersonal behaviour and communication into the realm of mental life.

We may speak of mental life as combining experience of three kinds: cognitive experience, affective experience and relational experience. Activities such as perceiving the world around us, learning new things, remembering past experience, and using reason and imagination fall into the category of cognitive experience. The term affective experience, on the other hand, includes the full range of human moods, feelings and emotions. By relational experience we mean the ways in which people interact with one another or with their environment; this encompasses most human behaviour, including communication. We may also speak of skills and abilities as being cognitive, affective or relational in character.

Traditional notions of mental health have emphasized the ability of individuals to adapt their thoughts, feelings and behaviour to the demands of the environment. Yet, when *Achieving Health for All* refers to health as a resource, it is not alluding only to the strengths and abilities of the individual, but also to the responsiveness of the environment to individual and group action. Ideally, therefore, mental health should be defined in such a way as to mirror this more broadly drawn, interactive concept of health.

The Definition

We have seen that mental life embraces both inner experience and interpersonal group experience. Our interactions with others take place within a framework of societal values; therefore, any definition of mental health must necessarily reflect the kind of people we think we should be, the goals we consider desirable, and the type of society we aspire to live in. We cannot isolate our ideas about mental health from such wider social values as the desire for equality among people, the free pursuit of legitimate individual and collective goals, and the equitable distribution and exercise of power.

It is from this perspective that the following "interactive" definition of mental health has been developed:

Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

In this definition, mental health obviously moves into the realm of the relationship between the individual, the group and the environment. No longer is mental health conceived of as an individual trait, such as physical fitness; rather, it is regarded as a resource consisting of the energy, strengths and abilities of the individual interacting effectively with those of the group and with opportunities and influences in the environment.

This conceptualization leads to certain conclusions about the factors that can enhance or weaken mental health. For example, mental health is certainly improved in the following circumstances:

- when the social and legal environments uphold human rights and restrain destructive behaviour;
- when a group acts to support an individual, or to create environmental conditions that are conducive to health;
- when individuals acquire skills and resources that enable them to meet personal needs, contribute to communal life, and improve the environment.

This dynamic, interactive definition of mental health reflects the inherently social nature of human experience, and the fact that individuals, groups and environments continually influence and are influenced by one another. Given this continual interaction, it seems natural for the definition to affirm certain values of society, namely those of human equality, justice, freedom of choice and social responsibility. The equitable distribution and exercise of power (in particular the power to modify one's own environment to permit healthy development) is clearly a crucial factor in mental health.

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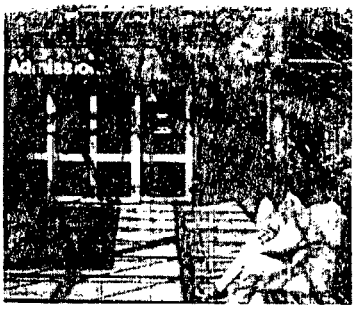

Whatever makes it difficult for the individual, the group and the environment to interact effectively and justly (for example, poverty, prejudice or poor coordination of resources) is a threat or barrier to mental health.

A key feature of this new definition is that it does not define mental health in terms of the presence or absence of mental disorder, nor does it imply that mental health and mental disorder are simply opposite poles on a single continuum.

Mental Disorder

Where, then, does mental disorder fit into this picture, and how does it relate to the expanded concept of mental health?

As a first step, let us distinguish "mental disorder" from "mental health problem". A mental disorder may be defined as a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors, and can - in principle, at least - be managed using approaches comparable to those applied to physical disease (that is, prevention, diagnosis, treatment and rehabilitation).

A mental health problem, on the other hand, is a disruption in the interactions between the individual, the group and the environment. Such a disruption may result from factors within the individual, including physical or mental illness, or inadequate coping skills. It may also spring from external causes, such as the existence of harsh environmental conditions, unjust social structures, or tensions within the family or community. An effective response to mental health problems must therefore address a broader range of factors.

Our understanding of the underlying causes and processes involved in many of the major mental disorders is actually quite limited; schizophrenia, Alzheimer's disease and manic-depressive disorder come to mind as examples. We may not even know for certain if a particular cluster of symptoms is associated with one disease or several. Sometimes there are few reliable, objective ways of confirming a diagnosis or measuring a patient's progress. As a natural consequence, treatment and management options are often far less clear-cut than they are for many physical illnesses.

Like a physical illness, a mental disorder can affect a person's overall quality of life in ways that extend far beyond the clinical symptoms. It is not always easy to separate the effects of the disorder itself from broader mental health problems originating in the individual's relationship with the group and the environment. For example, dependence, passivity and withdrawal - some of the "symptoms" common among long-term residents of the old psychiatric institutions - came to be recognized as at least partly the result of living in an institutional environment.

The crucial point here is that mental disorder, even when serious and chronic, is never the only factor determining mental health - it is but a single element within a much larger set of interconnected factors, all of which need to be addressed in a comprehensive, coordinated manner.

In the new definition, individual strengths, collective energies and environmental resources interact to produce mental health. Mental disorder may be regarded as one of several possible obstacles to this process. Other obstacles might include physical illness, poverty or discriminatory social attitudes.

Another way of picturing the relationship between mental health and mental disorder is to view each as belonging on a separate line or continuum. On the mental disorder continuum, one end point would be extreme severity of symptoms (distress and impairment), and the other would be a complete absence of symptoms or effects (see Figure 1). Between these two would lie a range of different situations in which symptoms of mental disorder would be present to varying degrees.

For example, someone with untreated manic-depressive disorder (bipolar disorder) may experience extreme distress and impairment: severely depressed mood, slowed thinking, decreased energy and appetite, sleep disturbance and even delusions. With these symptoms at their worst, the individual's situation would be represented by a point near one end of the continuum. The natural course of this illness, as well as successful treatment, can produce changes in the intensity of symptoms. Any reduction in intensity would be expressed as a movement towards the other end of the continuum. If the underlying disease process were to be permanently corrected, movement towards an absence of symptoms or effects would be complete.

On the mental health continuum, the two poles would be optimal mental health and poor mental health, respectively (see Figure 2). The former is a situation in which the respective demands and contributions of the individual, the group and the environment are balanced in such a way that they support the values and objectives expressed in the definition of mental health. Poor mental health is a situation in which the respective demands and contributions of the individual, the group and the environment are in a state of harmful imbalance.

Returning to our example of the person with manic-depressive disorder, we know treatment is but one factor involved in improving this individual's mental health. Even when

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Figure 1: Mental Disorder Continuum

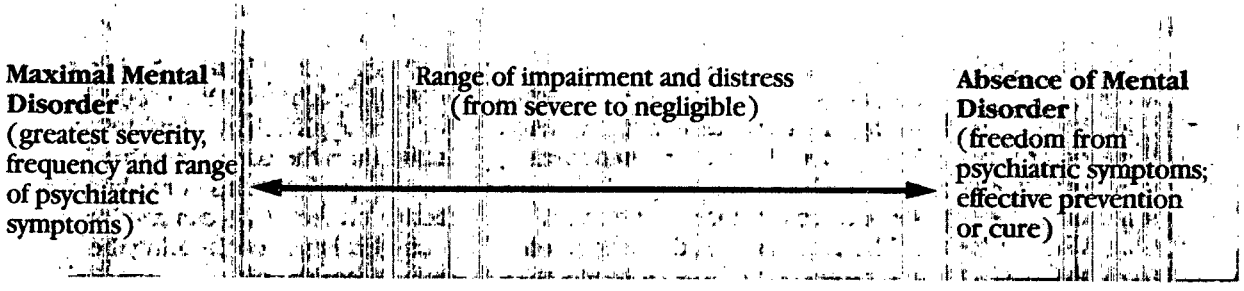
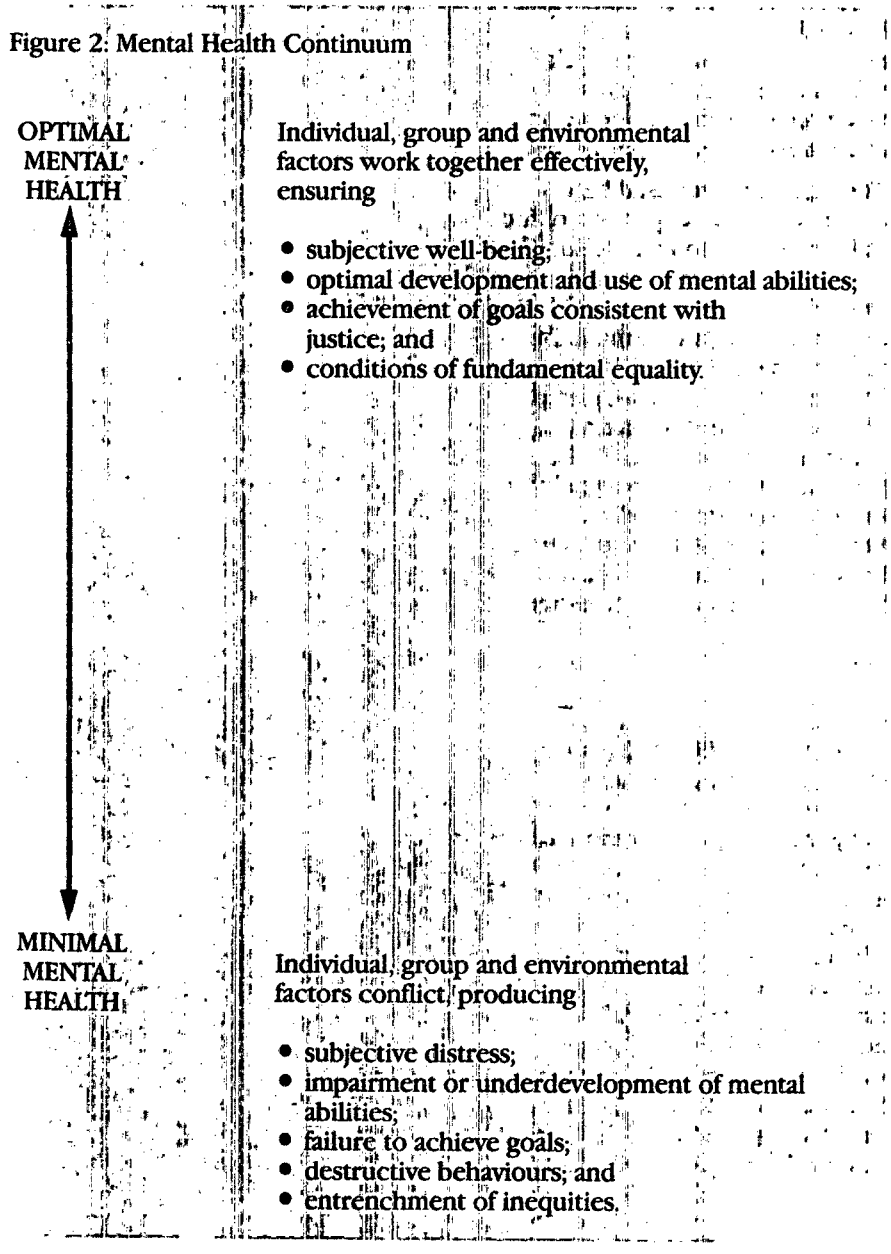


Figure 2: Mental Health Continuum



the symptoms of the disorder are controlled by medication, it is possible for the individual to be in poor mental health. The reasons for this may include:

- rejection by friends, family or workmates;
- the stigma of mental illness;
- inability to find or keep suitable employment;
- lack of appropriate and affordable housing;
- lack of social, recreational or educational opportunities;
- experiences of discrimination; and
- lack of needed information and coping skills.

Apart from their illness-related needs, people with mental disorders have the same range of mental health needs and aspirations as anyone else. The process of achieving mental health is the same for everyone - it involves removing or reducing obstacles that prevent the individual, the group and the environment from interacting in fruitful ways.

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What this means is that it is quite possible for someone to have a mental disorder and still enjoy a considerable degree of mental health. Take the example of a person with schizophrenia whose symptoms are controlled or in remission. The mental health of such an individual would be enhanced under certain conditions, including

- adequate shelter and income,
- a nurturing, accepting setting that supports personal growth and development, and
- opportunities to have meaningful social roles.

The important point here is that positive or negative influences can be exerted on mental health, whether the individual is mentally ill or not. Neither the presence nor the absence of psychiatric symptoms removes society's responsibility to foster a healthy interactive process. In order to carry out this responsibility, we must be sensitive to the web of relationships that determines mental health, and work together to ensure that all Canadians enjoy the conditions necessary to a healthy mental life.

Implications of the New Definition

Thinking about mental health and mental disorder in this way has several advantages. First, it offers hope for people with chronic mental disorders. It provides a rationale for concerted action by these individuals, and on their behalf, even in the absence of technology to cure their disorders. It also constitutes a call for solidarity with mentally ill persons, by emphasizing how many needs and aspirations all Canadians have in common. Very importantly, it invites a broader range of strategies to address the mental health goals and problems faced by the population as a whole, and it liberates us from defining these goals and problems solely in terms of psychiatric symptoms.

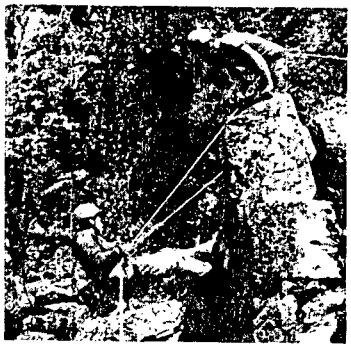
It is quite true that, in many instances, we still lack the knowledge to say which mental health problems have a mental disorder component and which do not. We can, however, strive to ensure that our policies deliberately support the promotion and protection of mental health as well as the prevention and management of mental disorder. We can also increase our collaboration in dealing with issues of mental health and mental disorder, across all jurisdictions. Finally, we can seek new ways of bridging the gaps between mental-health-oriented and mental-illness-oriented approaches.

The concepts proposed here reflect the historical expansion of the mental health field to include social concerns as well as medical and psychological issues; prevention and promotion as well as treatment. By acknowledging that the distribution of power among individuals, groups and their environments is a crucial determinant of mental health, the proposed definition adds a significant dimension to earlier models. It emphasizes the importance of acting towards individual and collective goals, and reaffirms values of justice and equality.

In drawing a clear distinction between mental health and mental illness, the intent is not to divide the users (or the providers) of services into mutually exclusive groups. Rather, it is to encourage approaches whereby mental health promotion activities can take their place alongside and reinforce prevention, treatment and rehabilitation efforts. Only by recognizing the importance and interaction of these two areas of endeavour can we avoid the two "blind alleys" of the mental health policy debate: exclusive reliance on medical treatment technologies on the one hand, and anti-professionalism and exclusive reliance on individual initiative or volunteer action on the other.

The approach presented here underlines the conviction that neither professionals nor volunteers acting on their own can resolve the complex issues confronting the mental health field.

What we need is breadth of vision and a willingness to learn from one another in a spirit of partnership.



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III CHALLENGES IN MENTAL HEALTH

Achieving Health for All

Achieving Health for All: A Framework for Health Promotion, Health and Welfare Canada's 1986 discussion paper, builds on a body of earlier work. This includes A New Perspective on the Health of Canadians (Health and Welfare Canada, 1974) and, more recently, the World Health Organization's Global Strategy for "Health for All by the Year 2000". The former document proposed the "health field concept", a way of viewing health as a product of interactions between the environment, lifestyle, human biology and health care organization. Taking this notion of health as its starting point, *Achieving Health for All* proposed a Framework for Health Promotion that is built around three central challenges, namely, reducing inequities, increasing prevention and enhancing coping (see Figure 3).

In this section, the health promotion framework will be used as a tool to review briefly current mental health challenges and potential responses. The implications of each challenge will be examined, first from a mental health perspective, then from the standpoint of mental disorder. For each challenge, the broad areas of action that are indicated will be summarized.

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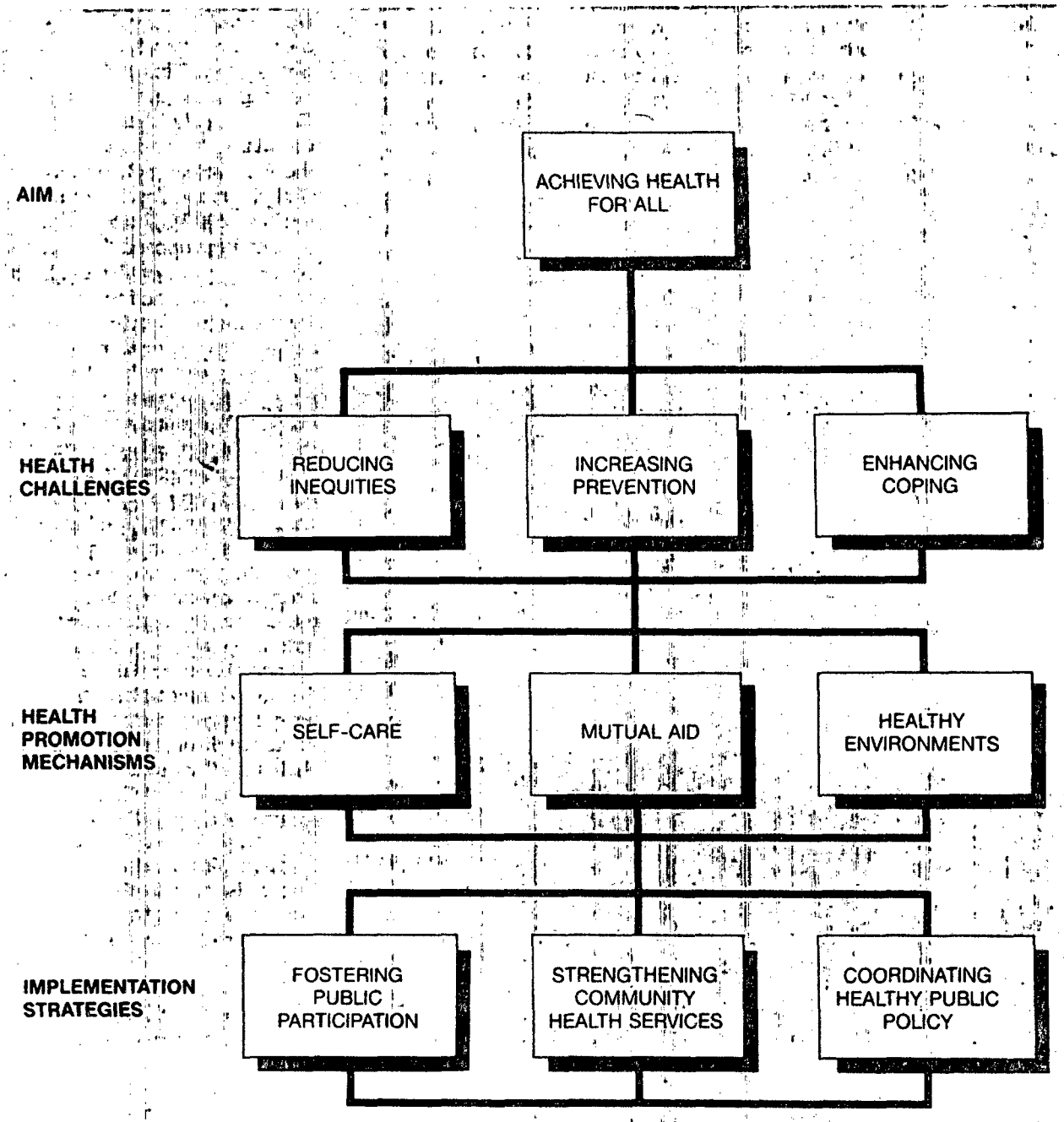
Figure 3. *A FRAMEWORK FOR HEALTH PROMOTION*



(Source: *Achieving Health for All: A Framework for Health Promotion*, Health and Welfare Canada, 1986.)

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Challenge:
Reducing Inequities

Mental Health Continuum

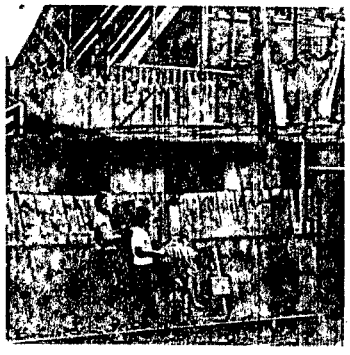
Poverty is a classic example of a social condition that contributes to "mental health problems". Not only can poverty limit a person's capacity to alter the environment, but it can also inhibit the full use of his or her mental and behavioural abilities. Moreover, poverty can interfere in countless ways with the attainment of individual and community goals, and with the exercise of human rights.

Income is by no means the only factor that is associated with inequities in mental health. Education, age, sex, physical or mental disability, geographic location and ethnic background are others. For instance, different communities have different suicide rates, and available data suggest that, apart from disparities in income, factors such as geographic, social or cultural isolation are also involved. Indeed, many features of modern society feed into mental health problems and bear directly on the incidence of such things as family violence, anxiety, family breakdown, juvenile crime and substance abuse.

Mental Disorder Continuum

What are the implications of this challenge from a mental disorder perspective? There appears to be an association between economic deprivation and increased rates of mental illness. Even when mental disorder springs from other causes (genetic vulnerability or birth injury, for example) it seems that factors associated with income level can aggravate the situation, by triggering, worsening or prolonging the symptoms. If one is mentally ill, it certainly doesn't help to be poorly fed, clothed and housed.

The uneven distribution of accidents, stresses and environmental pollutants (for example, lead in automobile exhaust) may also play a role in the unequal incidence of various mental disorders and disabilities. Moreover, geographic, cultural or educational factors can hinder equitable access to treatment and support services. And we all know of instances in which community attitudes, and even municipal by-laws, have acted to deny mentally ill or mentally disabled people a place in the life of a neighbourhood.



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Areas for Action

If we are to make progress in reducing inequities, we obviously need to have a better understanding of the distribution, causes and risk factors associated with common mental disorders and mental health problems. Not only must we find better ways of sharing the information that is already available, but the research effort must also be intensified. In particular, the body of knowledge concerning the nature and causes of good mental health must be expanded. We need to know, for example, what resources, abilities and opportunities make decisive contributions to people's mental health.

Because of the large number of factors involved, we cannot hope to reduce inequities without achieving better coordination of the policies, programs and objectives of a multiplicity of agencies and organizations, and at many levels. It is also vital to ensure that a mental health perspective is brought to bear on all the major issues confronting our society.

Providing a legal context in which people's human rights are protected can serve to nurture mental health in groups beleaguered by discrimination. The frustration, isolation and alienation they experience can only be overcome by wholehearted, sustained efforts in every community to respect and defend people's rights as human beings. This may mean more than merely prohibiting discrimination. It may mean establishing programs and policies of affirmative action to counteract the influence of deeply rooted inequities.

As inequities are eliminated, people's empowerment grows. One of the three strategies that *Achieving Health for All* proposes for promoting health is "fostering public participation". What this means, in essence, is giving a greater voice to those who, for such reasons as age, sex, socio-economic status, disability or ethnicity, have historically had little or no say in shaping the policies and systems that affect their lives. An effective way of empowering disadvantaged individuals and groups can be to encourage involvement in mutual-aid, community-development and other grass-roots processes that enable people to work collectively to identify and deal with common concerns.

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Challenge:
Increasing Prevention

The idea of warding off disorders and maladjustments before they can take hold has obvious appeal; indeed, preventive measures have proven to be remarkably effective in the field of physical health, where causes and risk factors are less difficult to pinpoint. However, in the mental health field, prevention (both as a concept and as a practice) is not as well developed, and it remains the subject of some controversy. Nevertheless, the knowledge base for prevention is growing, as is public and professional support for this essential ingredient of mental health policy.

Mental Health Continuum

While moving towards positive goals is the principal task of mental health promotion, it is also important to identify and prevent mental health problems. A mental health problem can be described in general terms as a stressful imbalance among the respective demands and resources of the individual, the group and the environment. This imbalance results in ineffective, distressful or destructive patterns of thought, mood or behaviour; it may also manifest itself indirectly through physical ailments. A sound preventive approach does not focus narrowly on particular symptoms, but seeks to get at the underlying imbalances. When low self-esteem, anxiety, drug abuse or wife battering are present, it is more instructive to regard them as indications of larger, more complex problems in the interaction between the individual, the family and the community than as problems occurring in isolation within individuals.

Examples abound of people who face greater-than-average demands and stresses in their daily lives. They include individuals with learning disabilities; those with chronic diseases and their family caregivers; victims of physical or sexual abuse; socially or geographically isolated groups; and those whose social, economic and/or educational status is precarious. We can be confident that measures designed both to strengthen the individual and to modify the environment have the best potential to reduce the risk of mental health problems.

Mental Disorder Continuum

What are the implications for mental disorder of the prevention challenge?

Once we understand what causes a mental disorder - indeed, if we can grasp even part of the underlying process - we can work to develop effective preventive strategies. For example, we know that some mental disorders can be traced to particular physical causes, such as exposure to a toxic substance, a genetic process, a nutritional deficiency, an injury, an infectious agent or a general systemic (physical) illness.

Mental disorders of this kind respond more readily to a public health approach, in which knowledge of the natural history of a disease enables an effective method and timetable for prevention to be worked out. Unfortunately, however, we do not understand the causes of most mental disorders well enough to be able to come up with promising primary prevention strategies. Two of the most devastating disorders, schizophrenia and Alzheimer's disease, fall into this category; there is strong evidence that biological processes in the brain are crucial in accounting for these disorders, though the exact nature of those processes has not yet been unravelled.

Workers in this field now recognize that many factors, both biological and psychosocial, probably play an important part in triggering or compounding mental disorders. As our knowledge and understanding of such factors increase, so too will the possibilities for prevention. In the meantime, we must concentrate our efforts on averting the negative consequences that can arise from having a mental disorder, and on preventing the occurrence of mental health problems.

Areas for Action

In order to ensure that prevention receives proper recognition in the mental health field, we must commit ourselves to generating new knowledge, as well as to coordinating and applying what we already know about this subject. Where mental disorder is concerned, the emphasis must be on research into causal or contributing processes that can be corrected or avoided. Prevention of mental health problems must build upon experience and research in many fields.

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Many preventive programs in mental health are currently geared to helping individuals adapt in positive ways to environmental demands. The teaching of stress management skills is one example. Programs aimed at helping people to make healthy choices appear to succeed best when they include dialogue and discussion, and when they address not only individual behaviour, but the environmental conditions influencing it. In many cases, it is the environment, not the individual, that is most in need of change.

Nothing short of a comprehensive approach can prevent the development of destructive patterns of thought and behaviour that have their roots in social injustice, disorganization or isolation, or in the loss of familiar values and roles. Making available basic physical and psychosocial resources and working to remove environmental threats to mental health will be key elements of any such approach.

Challenge: Enhancing Coping

Achieving Health for All highlights a third major health challenge: "to enhance people's ability to manage and cope with chronic conditions, disabilities and mental health problems" (AHFA, p.5).

Far from being a synonym for "quiet endurance," coping is a positive, active process that is an essential ingredient of mental health. It means coming to grips with a situation, proving oneself a match for a task or challenge. We cope not only as individuals, but as families and communities.

Mental Health Continuum

From a mental health perspective, enhancing coping has four dimensions. The first has to do with equipping individuals, families and communities to cope effectively with developmental change - that is, with various foreseeable tasks and transitions that will face them during their lives. Transitions that challenge coping skills include physical changes such as those associated with puberty and aging; role changes, such as beginning school, taking or leaving a job, and starting a family; and community transitions such as technological change, economic advances and setbacks, and growing cultural diversity.

Physical disorders or disabilities also present enormous challenges; in its second sense, enhancing coping means strengthening people's individual and collective capacity to deal with such challenges. The interdependence of physical and mental health means that physical treatment and rehabilitation must go hand in hand with measures to safeguard and support the individual's mental health. People who have physical disorders or disabilities may experience extraordinary psycho-social stresses and our health and social services systems must be prepared to respond to their mental health needs.

Thirdly, ineffective, distressing or destructive patterns of thought or behaviour - such as chronic anxiety, heavy alcohol or drug use, and family violence - are a daily reality for large numbers of Canadians. We need to enhance people's ability to come to grips with these problems.

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Mental Disorder Continuum

The fourth dimension of enhancing coping concerns mental disorders and mental disabilities, especially those that are chronic. Chronic disorders and disabilities that affect cognition, mood and/or behaviour are common in all age groups. Among the conditions that pose the greatest challenge to the coping resources of affected individuals and their families are schizophrenia, manic-depressive disorder, dementia, brain injury and mental retardation. These disabilities and disorders also challenge the coping strategies and resources of every community in Canada. In its fourth sense, enhancing coping requires that we support and reinforce the efforts of family caregivers and health professionals, by putting in place a broad range of practical and psychosocial resources that they can count on.

As chief caregivers of the chronically ill and principal "health promoters" for their members, families (and, in particular, women) need more recognition and support for their tasks. At a certain point, family responsibility becomes society's responsibility, and caregivers need to be assured that they will not be expected to shoulder limitless burdens.

Areas for Action

Enhancing people's capacity to cope both individually and collectively means committing a greater share of resources to community development and community-based programs and services. It also means encouraging professionals in all human service fields to anticipate and ease difficult transitions in their clients' lives. To enhance coping means creating a climate that supports interdisciplinary action and advocacy for needed environmental change; it implies the development of coordinated policies that support people's efforts to cope.

In summary, there must be a concerted effort by all segments of Canadian society to come to grips with conditions that give rise to excessive stress and undermine mental health. We must prevent them from interfering with healthy individual or community development, and from imposing unmanageable burdens on chronically ill people and their caregivers.

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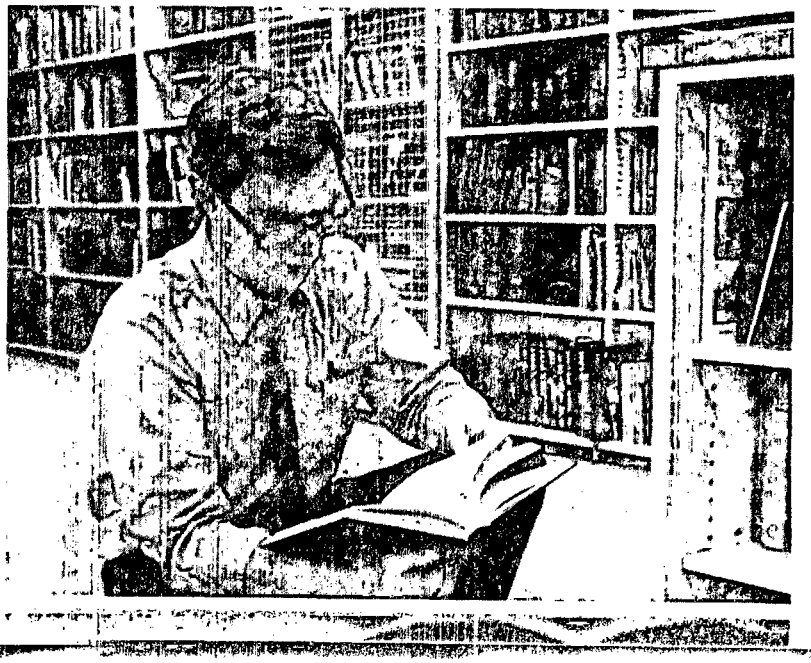
IV GUIDING PRINCIPLES

"To the extent that there are in place policies and practices which support the concept of health promotion, these tend to be implicit rather than explicit... In our view, it is time to articulate clearly a direction which is designed expressly to promote the health of Canadians."

Achieving Health for All, p. 9

Achieving Health for All has provided inspiration for a positive, interactive definition of mental health and for looking anew at the relationship between mental health and mental disorder. This in turn has provided an opportunity to explore the mental health implications of the three challenges in *Achieving Health for All*. During this process, several essential ideas have emerged which can be seen as guiding principles for the development of public policies that support mental health. Consistent reference to these principles will foster greater coherence, integrity and continuity in mental-health-related policies and programs. It will also serve to reinforce and make explicit Canada's commitment to the promotion of mental health.

The seven guiding principles we will discuss deal with a range of concerns: human rights and citizenship, mutual aid and voluntary service, consumer participation, professional participation, the strengthening of communities, knowledge development and policy coordination. It is hoped that these principles will be widely discussed and used by all agencies, groups and individuals in Canada that have an interest in the mental health issues facing our country.



Human Rights and Citizenship

All Canadians have equal rights to participate in Canadian society, including the right to health and social services, education, employment, housing and recreation, and the right to be protected by the law.

Mental health can no longer be considered in isolation from the principle that all people have certain fundamental human rights, and that membership in our society confers on all Canadians certain rights, roles and responsibilities. The freedom to exercise rights and assume appropriate roles and responsibilities is inherently linked to the mentally healthy functioning of individuals and communities. The new definition of mental health fosters awareness of this relationship.

An approach to mental health promotion which incorporates this first principle is far more likely to be effective in reducing inequities, increasing prevention and enhancing individual and collective coping. Social attitudes or structures that deny people their rights on the basis of such factors as ethnicity, age, sex, creed or disability are inimical to mental health. It is especially important to recognize and uphold the human rights and full citizenship of persons with mental disorders or disabilities. These individuals frequently fall victim to deeply ingrained prejudices and discriminatory practices. Canada subscribes to an impressive array of human rights affirmations, from the Universal Declaration of Human Rights to the Canadian Charter of Rights and Freedoms. Yet, applying the principle of equal rights involves more than just affirming it on paper; it means taking active steps against discrimination and stigma; it means rooting out of our attitudes and social structures the inclination to exclude and disenfranchise persons

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with mental disorders or disabilities, to presume incompetence and to focus on deficiency. Above all, it means going beyond the mere prohibition of discrimination, by creating real opportunities for individuals with mental disorders or disabilities to exercise their rights, and to assume their roles and responsibilities as human beings and as citizens.

Society has begun to take concrete steps to ensure that physically disabled people have better access to buildings, services, jobs, transportation, education and information. Persons whose impairment is mental have the same rights and deserve the same attention.

There may be certain extreme instances in which mental disorder itself inhibits the effective exercise of particular rights. When this occurs, society has an obvious responsibility to exercise those rights temporarily on the individual's behalf. However, any such intrusion into the normal exercise of a person's rights is a matter of considerable gravity, and must be subject to strict controls and scrutiny. The first priority must always be to restore the individual as quickly as possible to the full exercise of all rights and responsibilities.

Most importantly, our communities and our health care and social service systems should not allow interventions of this kind to lead to a climate in which the human rights and citizenship of Canadians with mental disorders or disabilities are unthinkingly infringed upon or discounted.

Mutual Aid and Voluntary Service

The support and assistance that members of a community freely give to one another is an essential component of mental health promotion and mental health services.

In Achieving Health for All, mutual aid is presented as a key health promotion mechanism. The document speaks of "people's efforts to deal with their health concerns by working together". Mutual aid, it says, "implies people helping each other, supporting each other emotionally, and sharing ideas, information and experiences" (*Achieving Health for All,* p. 7).

The informal assistance and support that individuals offer to one another takes many forms. For example, people may give and receive help within families and neighbourhoods; they may join mutual aid groups structured in different ways and built around various issues; or they may take part in more traditional voluntary activities organized by community agencies.

The concept of mutual aid builds upon people's ability to define and address the problems they share, to pool resources, and to take advantage of common opportunities. Individual powerlessness gives way to collective strength; individual insight and energy at once enrich, and are enriched by, the group process.

The mental health field abounds with examples of mutual aid groups. One of the most effective has been Alcoholics Anonymous. The recent growth of support groups for Alzheimer caregivers and advocacy groups made up of former psychiatric patients also attests to the value and effectiveness of mutual aid.

There has been a long tradition of voluntary service in the field of mental health. Through voluntary activity, citizens take part in community affairs and service, and become attuned to the needs of the different groups and segments of society. Volunteerism encourages the growth of a concerned community spirit and can be a powerful force in community development. Everyone benefits - volunteers, the service system and society as a whole.

Voluntary organizations can perform a variety of crucial functions in the mental health field: these include anticipating and responding early to community needs; collaborating with the health and social service systems; raising public awareness; advocating for change; promoting tolerant attitudes and lifestyles that are mentally healthy; and offering emotional and practical support of a kind that the more formal services cannot provide. To help such organizations make an effective contribution to mental health, governments must continue to provide technical and financial support for their infrastructures.

Applying the principle of mutual aid and voluntary service means examining and confronting those attitudes and procedures that make it difficult for the formal mental health system (institutions, agencies and professions) to work with mutual aid groups and voluntary services towards common goals.

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Consumer Participation

Mental health services and health promotion activities are strengthened when those whom they are intended to benefit participate in their design and implementation.

The values which shape our understanding of mental health have to do with self-determination rather than paternalism, autonomy and mutual support rather than passivity or dependence, and "working with" rather than "doing for". Adhering to the principle of consumer participation means supporting policies and approaches that enable people to gain greater control over the factors and conditions that influence their mental health. This is a principle of empowerment, which is central to *Achieving Health for All* and which lies at the heart of the health promotion process. It is also fundamental to many of the other guiding principles articulated in this document.

In practical terms, ensuring consumer participation means removing obstacles that prevent users from playing a meaningful role in designing and implementing mental health programs and services. "Users" or "consumers" include all members of the community who stand to benefit from a program or a service: individuals with mental disorders or disabilities, those in "high-risk" groups, caregivers and, depending on the circumstances, members of the general public.

While professional expertise and access to appropriate scientific information are vital to the planning process, prospective consumers must also have a key role in defining their wants and needs and deciding how these may best be met. There should be nothing token about consumer participation. As understood here, it means playing an active part in decision making and not merely being relegated to some indirect, unspecified advisory role.

Thus construed, consumer participation has many benefits:

- It puts into practice basic principles of democracy, such as those of self-determination and respect for differences.
- It helps service agencies and programs to focus on their clients' real concerns, making better solutions possible.
- It puts the knowledge, skills and energies of consumers to constructive use.
- It heightens community awareness and understanding of mental health issues.
- It imbues consumers with a sense of pride in the fact that their participation is valued.

The principle of consumer participation upholds the ideal of empowering not only the mentally ill, but all Canadians working towards the achievement of mental health.

Professional Participation

The delivery of mental health services and the promotion of mental health are strengthened when professionals bring to these tasks not only their specialized knowledge and skills but also an openness to collaborative approaches, and a breadth of vision concerning the overall needs of individuals and communities.

Psychiatrists, psychologists, social workers, nurses, occupational therapists and other mental health professionals have played a central role in the development of Canada's mental health services. With the advent of expanded definitions of health and mental health, their contribution will become more important than ever.

Contemporary thinking challenges mental health professionals to respond to mental health issues in several ways: for example, by increasing their participation in interdisciplinary study and action, stepping up their community outreach activities, participating in the process of knowledge development and advocating for positive environmental change. It invites professionals to encourage and support approaches that enable consumers to play an integral part in the design and delivery of mental health services and mental health promotion programs. Already, many mental health professionals are working to remove structural and attitudinal impediments to this process.

The principle of professional participation calls for the most effective use of specialized knowledge within a broad process of partnership and innovation.

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Strengthening Communities

A community's capacity to promote mental health and to provide care for persons with mental disorders or disabilities is strengthened by a balanced allocation of resources, by removing obstacles to community-based programs, and by building consensus regarding the values and strategies that should govern mental health policy.

For over twenty years, the mental health field has been moving towards a community-based approach, both in promoting mental health and in caring for persons with mental disorders. Community mental health centres (some with outpatient clinics) are becoming increasingly familiar. At the same time, the long-term institutionalization of chronic psychiatric patients is becoming largely a thing of the past. Many community agencies and associations are now able to offer increasingly sophisticated mental health promotion programs.

Even so, there is no broad consensus on what ingredients are essential to a comprehensive system of community mental health care and promotion. Thus deinstitutionalization has rarely been followed through in a consistent and logical way. The closing of hospital beds has seldom been offset by a corresponding strengthening of community resources.

Historically, financial resources have been allocated primarily to institutional services rather than community care. The emphasis has been on treatment, and relatively scant attention has been paid to prevention or mental health promotion activities. One effect of this is that some psychiatric patients who have been diverted or discharged from inpatient care face a life of deprivation, danger and neglect. Some are homeless, or live in social isolation and squalor. Many are forced to rely on family caregivers who themselves have little or no access to respite or other kinds of support. Meanwhile, opportunities for promoting mental health and providing community mental health care are going largely unexploited.

Adopting the principle of strengthening communities means achieving a more balanced allocation of resources, so that communities can build their capacity to promote mental health, assist individuals who have mental disorders and support their caregivers. Very importantly, it means being prepared to modify existing systems and policies (be they legal, professional, organizational, fiscal or informational) if they impede the effective allocation of resources within communities. Part of this process is the gradual achievement of community consensus on the values, principles and strategies that should govern community mental health policy.

Knowledge Development

Progress in the promotion of mental health and the prevention and treatment of mental disorders depends on increasing, integrating and sharing relevant knowledge from many fields.

Research has already uncovered a great deal about the factors that influence both mental health and mental disorder. A surprising number of fields and disciplines - from psychology to architecture, and from biophysics to sociology - have contributed to the pool of relevant information. Adopting knowledge development as a principle means both supporting mental-health-related research in a variety of fields and applying what we already know across the full spectrum of mental health programs and services.

A great deal of the knowledge that we do have remains in a "raw" state. It has not been widely shared or interpreted, combined with other relevant bodies of knowledge, or applied creatively to the challenges we face. Knowledge generated by the mental health field has tended to stay within the field; likewise, relevant knowledge from other areas of endeavour has not been fully exploited by the mental health field.

Planners and administrators need to see program-related research not as a "frill" or luxury, or even as merely an internal exercise in program accountability, but as an essential element in the development of knowledge. Researchers need to identify and address the crucial gaps in what we already know. Both groups need to find ways of working together to ensure that the best available knowledge is brought to bear on important challenges.

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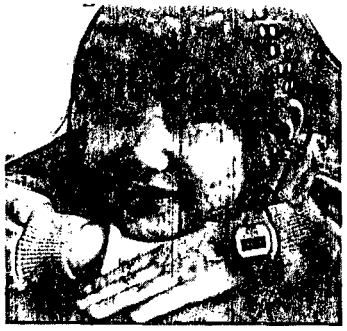

Policy Coordination

Mental health is a major public health issue that requires coordinated policy and program responses from all sectors of society.

Throughout this document, mental health has been portrayed as a major subject for concern with wide-ranging implications. It is only logical, then, that society's response to mental health challenges should reflect the magnitude and breadth of the issue. More effective and broadly based solutions will only come about when individuals, communities and society give mental health a higher position on their scale of values. The principle of policy coordination calls for improved communication, coordination and consensus among all relevant agencies. This includes the public sector, business and industry, the professions and the voluntary sector.

The many factors affecting mental health can never be comprehensively addressed using a narrow or fragmented approach; specialists and specialized agencies working alone cannot hope to meet the mental health needs of Canadians. For example, the implementation of an Employee Assistance Program in a large industry does not remove the need to ensure that working conditions and policies are conducive to mental health. Similarly, improving and expanding publicly funded mental health programs does not eliminate the responsibility to consider the mental health effects of all government policies and programs, wherever they originate. Departments and agencies that deal with areas as seemingly disparate as income security, employment, criminal justice, labour and education must all see to it that mental health is accorded a proper place on their agendas.

It is only natural - and *Achieving Health for All* points this out - that there will be conflicting interests to deal with as Canadians seek to tackle the many issues involved in mental health promotion. Putting the principle of policy coordination into action means ensuring that all sectors work together to develop mental health policies that are integrated, consistent and coherent.

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V. CONCLUSION

The protection and promotion of mental health should be a matter of compelling priority for every community in Canada. We believe that the ideas presented here will help both individuals and organizations to define that priority more precisely, and to shape comprehensive and coordinated responses.

In this discussion paper, we have built on contemporary concepts of health to develop a new, broader definition of mental health, viewing it as the capacity of the individual, the group and the environment to interact effectively with one another. We have argued, moreover, that the presence or absence of mental disorder is merely one determinant of mental health thus broadly defined. We have also revisited, from a mental health perspective, the three major health challenges identified in *Achieving Health for All.* Finally, we have proposed a series of principles to guide the development and review of mental-health-related policies and programs in Canada.

Mental health issues are of unquestionable importance to our collective and individual lives. As such, they call for intense reflection and analysis and vigorous policy initiatives by all sectors in our society. We offer the present document as a contribution to this process.

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[redacted]ILE NAME: ESBN0007

SECURITY CLASSIFICATION: Unclassified

BRIEFING FOR: Minister Cadieux

PURPOSE: To inform the Minister of the contents of the Scott McKay Bain Health Panel report: "From Here to There: Steps Along the Way".

DATE OF MEETING: N/A

SCOTT MCKAY BAIN HEALTH PANEL REPORT

Originator: Bill Lumsdon
Branch: Ontario Region
Program: Executive Secretariat
Phone: 416 973-5863
Date Prepared: July 4, 1989
Last Update: N/A

Programs/Regions/ Other Depts. Consulted: None

Recommended: Saundra Patterson WBP

Approved: G.P. Kerr

KEY WORDS: Health Panel, Sioux Lookout

SHELF LIFE: 3 weeks

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ISSUE Final report of the Scott McKay Bain Health Panel. The Panel investigated the health status and the provision of health services to Indian people in National Health and Welfare's Sioux Lookout Zone.

CONSIDERATIONS

- On January 21, 1988 Health and Welfare Minister Epp committed funding for a panel to carry out an evaluation on the status of Indian health and the provision of Indian health services in the Sioux Lookout Zone. The three person panel consisted of: Most Reverend E.W. (Ted) Scott, Mr. Wally McKay and Dr. Harry Bain.

- An interim report on the panel's activities and findings was released December 1, 1988. The final report of the panel, titled "From Here To There: Steps on the Way", was released on 29 June, 1989.

- The report has almost 100 recommendations: Five explicitly name DIAND; and the remainder apply to the Medical Services Branch of Health and Welfare, the Federal Government in general, and to Zone communities and the proposed Aboriginal Health Authority.

- The two principle recommendations are: 1) The creation of an Aboriginal Health Authority which will have the authority for the formation and implementation of health policies in the Zone. 2) The amalgamation of the two hospitals in Sioux Lookout into one facility.

- The report notes that comparisons between communities the Sioux Lookout Zone and less developed countries relate to substandard and inadequate housing, water supplies and sewage systems, and economic development; not individual health and health services. The communities of Osnaburgh, Fort Hope and Lansdowne House are specifically mentioned in this regard.

- The report recommendations address five basic problems:
  - lack of aboriginal empowerment to develop policies, plan for health care, make decisions, deliver services and accept community and individual responsibility for health;
  - lack of community infrastructure and economic development required to support and promote health;
  - weakening of the traditional extended family and the loss of spiritual values;
  - failure of communication between the two cultures involved in providing and receiving health care; and,
  - the focus of current health care services on treating illnesses rather than promoting health.

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The recommendations which directly impact DIAND relate mainly to Community and Economic Development. More specifically, it was recommended that DIAND:

- enter into a comprehensive agreement on a major capital program to provide by 1995, culturally appropriate community centres, bathhouses, fluoridated water, sewage and power systems comparable to those in neighbouring non-native communities in the Sioux Lookout Zone.
- make a commitment that in the future no community planning or building will be undertaken without the resources required to implement the necessary, adequate infrastructure.
- work closely with communities to address broader environmental concerns impacting the health of Indian people in the Sioux Lookout Zone.
- improve coordination of services to aboriginal people in the Sioux Lookout Zone. If coordination of services cannot be improved, consideration be given to transferring all health related services currently administered by Indian Affairs to the Medical Services Branch.

o Presently, in the Sioux Lookout Zone, there is a backlog of those infrastructure projects that are scheduled for completion by the year 2000.

ASSESSMENT

o The report appears fair in its treatment of the Federal and Provincial Governments, the Nishnawbe-Aski Nation (representing the majority of the affected Bands), and the communities of the Sioux Lookout Zone.

o While the report focuses on the Medical Services Branch of Health and Welfare Canada, it also impacts the Social Development, Economic Development, Education, Band Support and Capital Management programs of DIAND in the Ontario Region.

o The ministers of DIAND and Health and Welfare Canada may wish to provide a joint response to the report.

o Detailed analysis of the report and recommendations is currently being undertaken by departmental officials in the Ontario Region. A draft response to the Panel's report will be available in three weeks.

G.P. Kerr ESBN0007

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Ontario

Premier's Council on
Health Strategy

A VISION OF HEALTH

HEALTH GOALS FOR ONTARIO

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Ontario

Premier's Council on
Health Strategy

A Vision of Health for Ontario

We see an Ontario in which people live longer in good health, and disease and disability are progressively reduced. We see people empowered to realize their full health potential through a safe, non-violent environment, adequate income, housing, food and education, and a valued role to play in family, work and the community. We see people having equitable access to affordable and appropriate health care regardless of geography, income, age, gender or cultural background. Finally, we see everyone working together to achieve better health for all.

Ontario's First Health Goals

Goal 1: Shift the emphasis to health promotion and disease prevention.

Goal 2: Foster strong and supportive families and communities.

Goal 3: Ensure a safe, high quality physical environment.

Goal 4: Increase the number of years of good health for the citizens of Ontario by reducing illness, disability and premature death.

Goal 5: Provide accessible, affordable, appropriate health services for all.

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We believe we can make this vision a reality by:

- Increasing the number of years in good health in every lifetime to a maximum by promoting health, preventing disease, ensuring our environment is healthy and providing an affordable, attainable range of health services tailored to individual needs.
- Minimizing differences in health status across the province by dedicating special resources to people with special needs; supporting research to find new ways to improve health and to measure outcomes; extending health policy beyond our formal health care system; and ensuring our health care system balances the public good with individual rights.
- Encouraging realistic expectations for health by forming new partnerships with providers so healthy choices become easy choices and ensuring that citizens actively participate in decisions that affect their health.

Our vision for a healthy future rests on the belief that the most powerful agent for change lies not in the hands of government or health care providers, but in the hands of the people of Ontario.

Why Health Goals?

Health goals provide direction to the attainment of our vision. They express in a concrete way our intent to improve health, promote joint responsibility for health, and permit evaluation of health policies and programs.

The establishment of goals is a crucial step in strategic planning, a creative process intended to lead Ontario in a purposeful direction. Goals are formulated on the basis of social, political, economic and technological realities. Goals serve as guidelines so community needs can be coupled with the resources to generate priorities for program development. At the same time goals encourage coordination between government ministries and community organizations, services and groups.

The importance of health goals was stressed in the terms of reference for the Premier's Council on Health Strategy. The Council was directed to "select specific goals to achieve the improved health of Ontario residents and establish specific targets and priorities which can be measured, evaluated and implemented with a view to publishing periodic progress in achieving these goals".

There is a need for new priorities and directions. Despite significant progress in health care, the people of Ontario are not as healthy as they could be. The proof of this is seen in the clear disparities in health in Ontario. The infant mortality rate, for example, is 17.0 per 1000 live births in northern Ontario compared to an Ontario mean of 8.6. Nationally, life expectancy for males in good health whose earnings are in the lowest fifth of income is 14.3 years less than those whose earnings are in the highest fifth. Children whose families require welfare have more psychiatric disturbances, poorer school performance and higher smoking rates than their peers. Native peoples suffer much higher mortality and morbidity than whites, especially from trauma. Recent immigrants and disadvantaged women often suffer from significant health problems.

First Goals

The first goals selected by the Premier's Council on Health Strategy have been chosen to lay the foundation for other goals to follow. Council will work in partnership with government, health care providers and consumers to develop these goals into workable targets and launch them into action while, at the same time, recommending other goals to follow. The omission of a specific goal now is not an attempt to assign it a lesser priority, but simply to recognize that the process is a long term one. To ensure success for all goals and to achieve health for all Ontarians requires an incremental approach.

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Goals, Objectives and Targets

A goal refers to a broad statement of desired, but not necessarily attainable change. Goals are needed to focus efforts at health improvement by giving guidelines to policy-makers and programmers.

An objective is a more specific statement of intent, in measurable form. Goals must be converted to objectives so progress can be measured. Development of objectives follows acceptance of goals. The process usually requires considerable subject expertise and should be undertaken by expert groups. Multiple objectives may be required to express a single goal.

A target defines the amount of change desired and the date by which it is to be achieved. Target selection should reflect local situations and opportunities and requires local community input. Multiple targets may be required to express a single objective.

An Example

Goal: Foster strong and supportive families and communities.

People learn from their families and social networks to cope with the stresses of life. Policies and programs that help these groups in teaching, caring for and supporting people could be supported by establishing close links between health and social welfare programs, primarily at the local level, and by securing funds for projects that enhance joint community action.

Objective: Enhance the roles of self-help groups, voluntary agencies, formal and informal groups in developing and supporting people.

Target: By 1995, double the number of programs which enhance the roles of self-help groups, voluntary agencies, formal and informal community groups.

Target: By 1995, ensure that at least 75% of the range of all provincial services are available in French to residents of communities with significant Francophone populations.

Target: By 1995, increase the number of community health centres in Ontario by 50%.

Responsibility

Goals must be endorsed by and objectives and targets be developed by those who will be responsible for their achievement.

Health goals should be identified by the Premier's Council on Health Strategy, then approved by government to become policy.

Health objectives should be identified in consultation with expert groups and individuals, then endorsed by the Premier's Council and approved by government to become policy.

Health targets should be set by the responsible government agencies and departments in conjunction with district health councils and communities.

Target achievement should be audited by an independent agency reporting to the Premier's Council or its designate.

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Goal **1**

Premier's Council on
Health Strategy

Shift the Emphasis to Health Promotion and Disease Prevention

At present we devote only a small percent of health expenditures to health promotion and disease prevention. We may be at the point where additional dollars spent on curative care will not yield proportional increases in health. In contrast, there is evidence that many health promotion and disease prevention programs are likely to prove more efficient and cost-effective in the long term. We can achieve better health by creating better balance between treatment, and prevention and health promotion.

Health promotion is "the process of enabling people to increase control over, and to improve, their health". The substance of this concept is that health is related as much to economic, environmental and social conditions as to genetic determination.

Poor health is the consequence of such factors as poor water and air quality, poverty, depersonalizing work, violence, family breakdown, loneliness, and unemployment. Unhealthy lifestyles such as smoking, excessive drinking, poor nutrition, lack of exercise, obesity and drug abuse are the result of these conditions. It follows that health cannot be improved exclusively by treatment. We must provide the social and environmental conditions to allow people to pursue healthy lifestyles. Only then will the health of Ontarians improve.

We must clearly emphasize the importance of health promotion and disease prevention. Public health departments have a key role and many have increased their activities in those areas. But personal health services and social services have an important role as well. Health care providers can be effective in counselling about health behaviours, screening for cancer and managing hypertension. Health practitioners should be paid for preventive services where these have been shown to be cost-effective. Educational institutions should produce more specialists in health promotion. Expanded prevention and health promotion courses should be integrated into the curricula of all health science streams at universities and community colleges as well as schools of education. Continuing education courses in health promotion should be available to public health nurses, family practitioners, community developers and others in the community.

Goal **2**

Premier's Council on
Health Strategy

Foster Strong and Supportive Families and Communities

The goal of fostering strong and supportive family relationships must encompass the entire spectrum of family types. The family as a focal point for violence cannot be ignored. The goal must not only support healthy families but restore quality to family life where it is lacking.

The term family includes one-parent families, non-conventional families and households as well as the traditional man-woman-child unit. The effect of families on health is well documented. Age-adjusted mortality rates are lower for married than unmarried men. Contact with relatives and friends is associated with decreased mortality rates, especially among older persons. Married women have fewer disability days, less chronic limitation and better self-rated health.

The family plays important roles in prevention by adopting nutritional and lifestyle patterns which promote health. The family also acts as an important care-giver for sick or disabled family members. Estimates reveal 70-80% of care provided to the community-dwelling elderly is provided by informal care-givers, most of whom are family members.

The family should be supported by public programs such as counselling services, income support, childcare services and affordable housing where needed. Measures should also be taken to assist the family's capacity to act as care-giver to increase the likelihood that ill family members can remain at home and avoid hospitalization. Cooperative roles within the family should be promoted to avoid stereotyping which may place undue burdens on particular family members – usually women. Equity concerns call attention to the economic injustice experienced by many single parents who do not always receive the family support due to them. There is a need for public education and better linkages between services.

After the family, the community is the most important immediate environment for the individual, and can contribute to his or her quality of life and coping skills. A community may be defined as an "identifiable self-conscious group with shared common interests. Communities may or may not have a territorial base and they vary in their level of self-sufficiency". The concept can include culturally or occupationally defined groups. Social and health policies should respect the cultural beliefs and values of ethnocultural communities. Their beliefs and values affect perceptions of health and conceptions of legitimacy and efficacy of health care.

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Goal **3**

Premier's Council on Health Strategy

Communities are ready to be partners in improving health. *Health Promotion Matters in Ontario* noted "participation, initiative, problem solving and enthusiasm in all communities". There was knowledge of what will and what will not work. The public health sector is a prime candidate to assist in the local empowering process. There is interest in improving the quality of working conditions and productivity by employees and by employers. Working together to improve health will achieve both goals.

Communities can be strengthened by fostering self-help groups, voluntary agencies, formal and informal support networks and providing enhanced social, recreational and educational opportunities. Current policies which are designed to increase the availability of services in French to communities with significant Francophone populations should be supported and extended. There should be greater consumer participation in decisions about health services.

Ensure a Safe, High Quality Physical Environment

Environmental pollution topped the list of health concerns expressed in *Health Promotion Matters in Ontario*. Air, water, food and soil quality came up again and again with local variations across communities. A safe, high quality physical environment is one of the cornerstones of health – an environment in which air, food, recreational and drinking water are clean and free from toxic substances.

The range of environmental problems encompasses threats from lead, polychlorinated biphenyls, pesticides, acid rain, contaminated drinking water and the contamination of the food chain. Radioactive waste from nuclear power plants is a particular concern because of its longevity and the lack of a fully safe method for its disposal. No acceptable solution has been found for the permanent disposal of nuclear waste fuel.

The area of environmental protection is one in which legislative strategies have an important place. The imperative to ensure a safe, healthful environment requires attention at the local, provincial and national levels. Safe methods for handling, transporting, and disposing of toxic and industrial wastes must be developed through an integrated approach to waste management. The health and environmental impact of all legislation should be analysed.

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Goal **4**

Premier's Council on Health Strategy

Increase the Number of Years of Good Health for the Citizens of Ontario by Reducing Illness, Disability and Premature Death

This goal has two components: reducing premature mortality and reducing morbidity and disability. These are presented as a single goal because of similar causal factors and possible interventions.

This goal incorporates the idea of increasing the number of years people live free of major disease, disability and handicap. There is no biological reason why most people should not lead active and fulfilling lives to an advanced age. Morbidity and mortality can be reduced through reduction in the incidence of disease or injury, early detection and effective treatment.

Circulatory disease is the leading cause of mortality in our population. It accounted for 46% of all deaths and 32% of all potential years of life lost in 1984. It is also the leading cause of morbidity, resulting in 12% of all hospital admissions, 17% of all days of care and 14% of all disability in the adult population. It is our number one economic burden caused by ill health. We must accelerate the downward trend in circulatory disease by supporting community programs to reduce smoking, control blood pressure, modify diet, control obesity and increase exercise. The Ministry of Health is leading the way with a new heart health promotion program to support community-based prevention and education efforts.

Trauma ranks second as a leading cause of potential years of life lost because it affects young people. Motor vehicle crashes are the leading cause of trauma among persons aged 15-29. Occupational injuries are a serious problem as well, accounting for 7% of all disability in Canadian adults. Falls are a major cause of disability in older people.

Mental health problems and addiction to drugs and alcohol cause much morbidity and suffering. Suicide is an important issue as well, particularly in native indians whose rates of suicide are 4 to 7 times higher than the general population.

Mortality rates from cancer are increasing primarily due to the rising rate of death from lung cancer. Smoking is the primary cause of lung cancer and also an important contributor to chronic respiratory disease. Prevention of smoking must be a high priority.

Measures to prevent communicable diseases, including sexually transmitted disease including Acquired Immune Deficiency Syndrome (AIDS) must receive attention. Immunization and education are the actions with the greatest potential for success.

Although they do not cause significant mortality, arthritis and related disease are the leading causes of long-term disability. Research into causes and prevention is important.

Dental caries and periodontal disease in children and adults respectively are common chronic health problems. The elderly, especially those in long-term institutions, have significant dental needs.

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Premier's Council on
Health Strategy

Provide Accessible, Affordable, Appropriate Health Services for All

Ontarians have the right to accessible, fair, economic and effective health services regardless of age, gender, level of functional ability, language, ethnocultural origin or geographic location. Currently, several groups are disadvantaged. Residents of northern Ontario must often travel to the south for specialized services. This may be unavoidable where highly technical treatment procedures are required but it is unacceptable when caused by the need to receive services from most medical specialists.

Large numbers of Ontario residents cannot speak either English or French and have no familiarity with the complexities of our health care system. The poor have limited access to some health care services. The direct costs of health services are covered by the health insurance plan but such indirect costs as travel, child care and lost income can present barriers.

The provision of chronic care is an increasing problem because our population is aging. Acute inpatient facilities are often occupied by chronic patients – with adverse effects for both patient and institution. The rate of institutionalization for our aged is much higher than many other jurisdictions.

Ontario's health care services are of high quality. There is much attention paid to ensuring this through structural approaches (i.e. licensing) and process approaches (i.e. accredited hospitals must have acceptable medical audit programs). However, there is almost no systematic monitoring of health outcomes and little attention to quality measures in non-institutional settings.

Planning is needed to ensure that the supply, distribution and organization of resources is optimal for achievement of health goals. This approach would provide effective services while recognizing the need to rationalize care on the basis of need – where need is dependent upon the ability to intervene effectively.

Barriers to health care must be minimized. Improved access for geographically disadvantaged areas requires an increase in the range of services and human resources available locally. When separation is inevitable, the individual should not be penalized. Planning is needed to ensure substitute supports while away from home and smooth re-entry into the community upon return. Health and related services must be available in French where the number of Francophones warrants it. Education of health practitioners for Francophone communities should be enhanced. Practitioners should be encouraged to expand their understanding of ethnocultural groups. We need health service delivery models sensitive to individuals, communities and cultures. To achieve this, ethnocultural groups should have opportunities to participate in the governance of such services.

We must develop an integrated chronic health care system with a mix of residential and inpatient facilities and community-based support services. Such a system would reduce rates of institutionalization and place many of those who must be in institutions in more appropriate levels of care.

Health professionals must be encouraged to implement standards of care with particular attention to health outcomes and consumers must be made aware of alternative treatment methods.

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It was developed through an extensive consensus process within the Premier's Council on Health Strategy. As such it is the shared view of the politicians, health professionals, business leaders and consumers who sit on Council.

The Goals Committee of the Premier's Council on Health Strategy is grateful to Dr. James Shosenberg for his assistance in drafting and editing this document.

Mary Shamley,
Chair, Health Goals Committee

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Ce document s'est largement inspiré des trois rapports suivants réalisés pour le gouvernement de l'Ontario : La santé en Ontario : vers une orientation commune, Questions relatives à la promotion de la santé en Ontario, La santé pour tout l'Ontario.

Le présent document a fait l'objet d'un consensus au sein du Conseil du premier ministre sur la santé. Il représente donc les opinions des représentants politiques, des professionnels de la santé, des gens d'affaires et des utilisateurs de services qui siègent au Conseil.

Le Comité consultatif sur les buts de la santé désire remercier le Dr James Shosenburg pour son aide dans la rédaction et la révision de ce document.

La présidente du Comité consultatif sur les buts de la santé,
Mary Shamley,

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Objectif 5

Conseil du premier ministre sur la santé

Assurer la prestation de services de santé abordables et adéquats pour tous

Les Ontariens ont droit à des services de santé accessibles, justes, abordables et efficaces quels que soient leur âge, leur sexe, leur degré d'aptitude fonctionnelle, leur langue, leur origine ethnique ou leur lieu de résidence. À l'heure actuelle, plusieurs groupes sont désavantagés à cet égard : les personnes habitant le Nord de l'Ontario doivent souvent se rendre dans le Sud de la province pour recevoir des services spécialisés. Cette situation est probablement inévitable pour les traitements faisant appel à des techniques médicales avancées, mais elle est tout à fait inacceptable lorsqu'il s'agit tout simplement de recevoir des services de la plupart des médecins spécialistes.

Un grand nombre de résidents de l'Ontario ne parlent ni l'anglais ni le français et connaissent mal notre système de services de santé, tandis que les personnes désavantagées sur le plan économique ont un accès limité à certains services de santé. Même si les coûts directs des services de santé sont défrayés par le régime d'assurance-maladie, les coûts indirects, comme les frais de déplacement ou de garderie et la perte de revenu, peuvent être des obstacles à l'accessibilité des services.

La prestation des soins aux malades chroniques présente un problème croissant en raison du vieillissement de la population. Les établissements hospitaliers de soins aigus comptent souvent un trop grand nombre de malades chroniques, ce qui nuit aux autres patients et aux établissements. Le taux de soins en établissement des personnes âgées est beaucoup plus élevé en Ontario qu'ailleurs.

Les services de santé assurés en Ontario sont de haute qualité. On accorde une grande importance aux mécanismes permettant de maintenir et de contrôler ce niveau de qualité (permis et contrôles mécicaux). Toutefois, il n'existe pratiquement aucune vérification des résultats et on accorde peu d'attention à la qualité des services assurés à l'extérieur des établissements hospitaliers.

Il est nécessaire de procéder à une planification rigoureuse afin d'assurer une disponibilité, une répartition et une organisation adéquates des ressources pour permettre la réalisation des objectifs de santé. Cette approche assurerait une prestation efficace des services, tout en tenant compte de la nécessité d'offrir les services de santé en fonction des besoins déterminés par la capacité d'intervention.

Les obstacles nuisant à l'accessibilité des services de santé doivent être éliminés. Pour améliorer l'accès aux services dans des régions désavantagées du point de vue géographique, il est necessaire d'accroître la gamme des services et les ressources humaines disponibles localement. Lorsqu'une personne doit se rendre dans une autre région pour recevoir des services, elle ne devrait pas être pénalisée. Il est nécessaire de planifier les services de soutien dont elle aura besoin et qui permettront de faciliter son retour. Les services de santé et les services connexes doivent être offerts en français là ou le nombre de francophones le justifie. La formation de professionnels de la santé capables de servir la population francophone devrait être favorisée. Par ailleurs, les professionnels devraient être encouragés à ameliorer leurs connaissances des groupes ethniques. Nous devons disposer de services de santé adaptés aux particularités individuelles, communautaires et culturelles. À cette fin, les membres des groupes ethniques devraient avoir la possibilité de participer à la prestation de ces services.

Nous devons aussi créer un réseau de services à domicile et en établissement, de même que des services de soutien en milieu communautaire, à l'intention des malades chroniques. Ce réseau permettrait de réduire le taux d'hospitalisation et d'assurer aux personnes devant être hospitalisées des services appropriés à leurs besoins.

Il faut inciter les professionnels de la santé à utiliser des normes qui permettraient de déterminer les résultats des soins dispensés et d'informer les patients des diverses méthodes de traitement auxquelles ils peuvent avoir recours.

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Objectif 4

Conseil du
premier ministre
sur la santé

Accroître le nombre d'années pendant lesquelles les Ontariens vivent en bonne santé en réduisant les maladies, l'invalidité et la mortalité précoce

Cet objectif comporte deux volets : réduire la mortalité précoce et réduire la morbidité et l'invalidité. Ces éléments sont regroupés sous un seul objectif parce que les causes et les mesures d'intervention sont semblables.

Cet objectif vise essentiellement à accroître le nombre d'années pendant lesquelles les gens vivent sans être atteints d'une maladie grave. Il n'existe aucune raison biologique empêchant la plupart des personnes d'avoir une vie active et enrichissante jusqu'à un âge avancé. Il est possible de réduire la morbidité et la mortalité en réduisant l'incidence des maladies et des blessures, en effectuant un dépistage précoce et en assurant des traitements efficaces.

Les maladies du système circulatoire sont les principales causes de décès. En 1984, elles ont été la cause de 46 pour 100 de tous les décès et de 32 pour 100 du nombre d'années d'invalidité dans la province. Elles sont aussi la principale causes de morbidité : 12 pour 100 des cas d'hospitalisation leur sont attribuables; 17 pour 100 de l'ensemble du nombre de jours de traitement; et 14 pour 100 de l'ensemble des invalidités au sein de la population adulte. Ces maladies sont aussi la principale cause des pertes économiques attribuables à la santé. Nous devons accélérer la réduction des maladies du système circulatoire en favorisant l'élaboration de programmes communautaires visant à réduire l'usage du tabac, à contrôler la pression artérielle, à améliorer les habitudes alimentaires, à contrôler l'obésité et à augmenter l'exercice physique. Le ministère de la Santé a pris l'initiative dans ce domaine en créant le Programme de promotion de la santé cardio-vasculaire afin d'appuyer les activités de prévention et d'éducation.

Les blessures physiques graves sont la deuxième causes en ordre d'importance pour le nombre d'années perdues en raison de l'invalidité, parce que ce sont surtout les jeunes qui subissent ce genre de blessures. Les accidents de la route sont la principale cause de blessures graves parmi les jeunes de 15 à 29 ans. Les accidents du travail sont également un problème important puisque 7 pour 100 de l'ensemble des invalidités affectant les adultes canadiens leur sont attribuables. Par ailleurs, les chutes sont la principale cause de blessures graves chez les personnes âgées.

Les problèmes de santé mentale ainsi que la consommation de drogues et d'alcool entraînment un niveau élevé de morbidité et de souffrance. Le suicide est aussi un problème important, surtout au sein de la population autochtone, dont le taux de suicide est de 4 à 7 fois plus élevé que celui du reste de la population.

Le taux de mortalité directement relié au cancer gagne du terrain et ce, surtout en ce qui a trait au cancer des poumons. Le tabagisme représente la cause première du cancer des poumons, et du même coup, un facteur important dans la propagation des maladies chroniques du système respiratoire. L'élimination de l'usage du tabac doit recevoir une attention hautement prioritaire.

Les mesures destinées à prévenir les maladies contagieuses, comme les maladies transmises sexuellement, dont le syndrome d'immuno-déficience acquise (SIDA), doivent également recevoir une attention particulière. Les programmes de vaccination et d'éducation sont les initiatives susceptibles de connaître le plus grand succès.

Même si elles ne sont pas une cause de décès, les maladies arthritiques sont néanmoins la principale cause d'invalidité à long terme. La recherche sur les causes et le traitement de l'arthrite est importante.

Les caries et maladies dentaires, dont la parodontolyse, constituent des problèmes chroniques fréquents chez les enfants et chez les adultes. Les personnes âgées, surtout celles vivant en établissement, ont des besoins importants en matière de soins dentaires.

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malades qui peuvent rester à la maison plutôt qu'être hospitalisés. Le partage des tâches au sein de la famille devrait faire l'objet d'une promotion accrue pour éviter que certains membres, habituellement les femmes, n'aient un fardeau de travail indu. Les principes d'équité devraient nous inciter à corriger l'injustice économique dont les familles monoparentales font l'objet parce qu'elles ne reçoivent pas toujours le soutien qui devrait leur être accordé. Il faudrait également entreprendre une campagne d'éducation du public et établir de meilleurs liens entre les services.

Après la famille, c'est le milieu communautaire qui est le plus important parce qu'il a une influence sur la qualité de vie des personnes et sur leur capacité de s'intégrer à leur environnement social. On peut définir une communauté comme étant un « groupe distinct partageant des intérêts communs. Les communautés ne correspondent pas nécessairement à un territoire déterminé et leur degré d'autonomie est variable ». Cette définition inclut notamment les groupes culturels et professionnels. Les politiques relatives aux services de santé et sociaux devraient respecter les croyances et les valeurs culturelles des communautés ethniques en raison de leur influence sur les perceptions se rapportant à la santé, de même qu'à l'égard de la légitimité et de l'efficacité des services de santé.

Les communautés sont prêtes à participer à l'amélioration de la santé. Comme le souligne le rapport intitulé *Questions relatives à la promotion de la santé en Ontario*, cela est évident en raison « de la participation, des initiatives, du désir de résoudre les problèmes et de l'enthousiasme qu'on constate dans les communautés ». On y a une bonne idée de ce qui fonctionnera et de ce qui ne fonctionnera pas. Le secteur public des services de santé devrait être un intervenant important dans ce processus de participation des communautés. Par ailleurs, les employés et les employeurs souhaitent une amélioration des conditions de travail et de la productivité. En collaborant à l'amélioration de la santé, il sera possible de réaliser ces deux objectifs.

Les communautés pourraient également être renforcées en favorisant la création de groupes d'entraide, d'organismes bénévoles et autres, de même qu'en assurant de meilleures possibilités sociales, récréatives et éducatives. Les politiques destinées à accroître la prestation des services en français dans les communautés où il y a une proportion importante de francophones devraient être appuyées et étendues. Les utilisateurs devraient participer davantage au processus décisionnel se rapportant aux services de santé.

Objectif 3

Conseil du premier ministre sur la santé

Assurer un environnement sécuritaire et de haute qualité

La pollution de l'environnement vient au premier rang des dangers pour la santé énumérés dans le rapport *Questions relatives à la promotion de la santé en Ontario*. Dans toutes les communautés, des inquiétudes ont été exprimées au sujet de la qualité de l'air, de l'eau, des aliments et du sol. Un environnement plus sécuritaire et de meilleure qualité, c'est-à-dire un environnement dans lequel l'air, les aliments et l'eau sont propres et ne contiennent aucune substance toxique, est le fondement d'une bonne santé.

Les problèmes environnementaux peuvent être causés par le plomb, les BPC, les pesticides, les pluies acides, la contamination de l'eau potable et la contamination de la chaîne alimentaire. Les déchets radioactifs provenant des centrales nucléaires sont particulièrement inquiétants en raison de leur période de radioactivité prolongée et de l'absence d'une méthode parfaitement sécuritaire d'en disposer.

La protection de l'environnement est un secteur où les mesures législatives occupent un place importante. La nécessité d'assurer un environnement sécuritaire et sain exige une intervention municipale, provinciale et fédérale. En utilisant une approche concertée dans le domaine de la gestion des déchets, nous devons élaborer des méthodes sécuritaires pour utiliser, transporter et éliminer les déchets toxiques et industriels. Les répercussions possibles sur la santé et l'environnement de toutes les mesures législatives devraient être analysées.

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Objectif 1

Conseil du premier ministre sur la santé

Mettre l'accent sur la promotion de la santé et la prévention des maladies

À l'heure actuelle, nous ne consacrons qu'une faible proportion des budgets à la promotion de la santé et à la prévention des maladies. Même si des fonds supplémentaires étaient consacrés aux soins curatifs, cela n'entraînerait pas nécessairement une amélioration proportionnelle de la santé des citoyens. Par contre, il a été démontré que des programmes de promotion de la santé et de prévention des maladies peuvent être des moyens à long terme plus efficaces et plus économiques. Nous pouvons améliorer la santé en établissant un meilleur équilibre entre le traitement et la prévention des maladies et la promotion de la santé.

La promotion de la santé consiste « à donner à chacun les moyens de maîtriser davantage sa santé et de l'améliorer. » Ce principe repose sur le fait que la santé est tout aussi liée aux conditions économiques, environnementales et sociales, qu'au bagage génétique de chacun.

La mauvaise santé découle de facteurs comme la mauvaise qualité de l'eau et de l'air, la pauvreté, le travail déshumanisant, la violence, la rupture des liens familiaux, la solitude et le chômage. Les mauvaises habitudes, comme la consommation de tabac et d'une quantité importante d'alcool, la mauvaise alimentation, le manque d'exercice, l'obésité et la consommation de drogues sont souvent le résultats de ces phénomènes. Il va sans dire que l'augmentation des services de santé n'entraîne pas nécessairement une amélioration de la santé. Nous devons plutôt assurer des conditions sociales et environnementales qui permettront aux gens d'acquérir des habitudes de vie plus saines. Ce n'est qu'à partir de ce moment que la santé des Ontariens s'améliorera.

Nous devons souligner clairement l'importance de la promotion de la santé et de la prévention des maladies. Les bureaux de santé ont un rôle crucial à jouer dans ce domaine; plusieurs ont d'ailleurs déjà accru leurs activités à cet égard. Mais les services de santé et les services sociaux ont également un rôle important à jouer. Les fournisseurs de services de santé pourraient conseiller leurs clients au sujet des bonnes habitudes à adopter dans le domaine de la santé, des méthodes de dépistage du cancer et du contrôle de l'hypertension. Les professionnels de la santé devraient être rémunérés pour les services de prévention dont la rentabilité a été démontrée. Les établissements d'enseignement devraient former davantage de spécialistes dans le domaine de la promotion de la santé. Des cours plus complets de promotion de la santé et de prévention des maladies devraient être intégrés aux programmes d'études universitaires, collégiaux et scolaires. Des cours de formation professionnelle dans le domaine de la promotion de la santé devraient être offerts aux infirmières et infirmiers, aux personnes assurant la prestation de services à la famille, aux travailleurs sociaux et autres.

Objectif 2

Conseil du premier ministre sur la santé

Favoriser des liens familiaux et communautaires solides et étroits

Cet objectif s'applique à tous les genres de familles. Par exemple, celles touchées par la violence familiale ne doivent surtout pas être ignorées. Cet objectif se rapporte non seulement aux milieux familiaux sains, mais aussi aux milieux où la qualité de la vie familiale peut être améliorée.

Par « famille », on entend les familles monoparentales, les familles et les foyers non conventionnels aussi bien que les familles traditionnelles composées d'un homme, d'une femme et d'un enfant. L'influence que la famille a sur la santé est bien connue. Par exemple, chez les hommes mariés, le taux de mortalité ajusté selon l'âge est inférieur à celui des hommes célibataires. Les rapports réguliers avec des membres de la famille et des amis contribuent à réduire le taux de mortalité, surtout chez les personnes âgées. Les femmes mariées sont moins souvent malades et ont moins de limitations chroniques; elles se disent aussi en meilleure santé.

Puisque les habitudes alimentaires et le mode de vie au sein d'une famille sont propices à la santé, la famille joue un rôle très important dans le domaine de la prévention. Elle prodigue aussi des soins à ses membres malades ou handicapés. On estime que de 70 à 80 pour 100 des services aux personnes âgées vivant dans leur propre domicile sont assurés par des non-professionnels, dont la plupart sont membres de la famille de la personne recevant les services.

Les programmes gouvernementaux, comme les services de consultation, de soutien du revenu, de garde d'enfants et de soutien au logement, devraient être conçus pou[illegible]r les familles. Des mesures devraient être prises pou[illegible]re aux familles d'assurer des soins de base aux membre.

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terme. Pour assurer que les objectifs soient atteints et pour améliorer la santé des Ontariens, nous devons procéder par étapes.

Les objectifs, objectifs précis et buts spécifiques

Un objectif est un énoncé de principe général et ne constitue pas nécessairement un changement réalisable. Les objectifs servent de directives aux personnes chargées d'élaborer les politiques et les programmes visant à améliorer la santé.

Un objectif précis est un énoncé plus concret et quantifiable. Lorsque les objectifs ont été acceptés, ils doivent se traduire en des objectifs précis qui permettront de mesurer les progrès réalisés. Ce processus exige habituellement une connaissance appronfondie du sujet et est effectué par des spécialistes. Plusieurs objectifs précis peuvent se rapporter à un seul objectif.

Un but spécifique définit le degré de changement souhaité et la date à laquelle il doit être réalisé. Les buts spécifiques doivent être établis en fonction des situations et des possibilités locales et en consultation avec le milieu. Plusieurs buts spécifiques peuvent se rapporter à un seul objectif précis.

Exemple

Objectif: Favoriser des liens familiaux et communautaires solides et étroits.

C'est au sein de notre famille et de notre milieu social que nous apprenons à faire face aux réalités de la vie. Les politiques et les programmes permettant d'apprendre à s'occuper des autres et à les aider pourraient être appuyés par la création, surtout au niveau local, de liens étroits entre les programmes de services de santé et de bien-être social, de même que par le financement de projets relatifs à des initiatives communautaires communes.

Objectif précis : Accroître le rôle des groupes d'entraide, des organismes bénévoles et autres organismes capable de s'occuper des autres et de les aider.

But spécifique : D'ici 1995, doubler le nombre de programmes permettant d'accroître le rôle des groupes d'entraide, des organismes bénévoles et autres organismes communautaires.

But spécifique : D'ici 1995, faire en sorte qu'au moins 75 pour 100 des services provinciaux soient offerts en français dans les régions où il y a une proportion importante de francophones.

But spécifique : D'ici 1995, augmenter de 50 our 100 le nom[redacted]e centres de santé communautaire en On[redacted]o.

Les responsabilités

Les objectifs, objectifs précis et buts spécifiques dans le domaine de la santé doivent être sanctionnés et élaborés par les personnes qui seront chargées de les réaliser.

Les objectifs devraient être déterminés par le Conseil du premier ministre sur la santé et approuvés par le gouvernement pour devenir des politiques.

Les objectifs précis devraient être élaborés en consultation avec des groupes de spécialistes et des particuliers et être approuvés par le Conseil du premier ministre sur la santé. Ils devraient par la suite recevoir l'approbation gouvernementale, pour devenir des politiques.

Les buts spécifiques devraient être déterminés par les organismes et services gouvernementaux en collaboration avec les conseils régionaux de santé et les collectivités.

La réalisation des buts spécifiques devrait être évaluée par un organisme relevant du Conseil du premier ministre ou un autre organisme désigné à cette fin.

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Nous croyons que nous pouvons réaliser cette vision par les moyens suivants :

- Augmenter le plus possible le nombre d'années que les personnes vivent en bonne santé en faisant la promotion de la santé et de la prévention des maladies, en assurant un environnement sain et en offrant des services de santé abordables, accessibles et adaptés aux besoins individuels.
- Éliminer les écarts qui existent dans l'état de santé des personnes vivant dans les différentes régions de la province en consacrant des ressources supplémentaires aux personnes ayant des besoins spéciaux; en appuyant la recherche de nouveaux moyens d'améliorer la santé; en appliquant les politiques de santé au delà du système de santé; et en veillant à ce que notre système de santé assure un équilibre entre le bien public et les droits individuels.
- Favoriser des attentes réalistes en matière de santé en établissant une nouvelle alliance avec les fournisseurs de services dans le but de faciliter les choix et d'assurer la participation des citoyens aux décisions touchant leur santé.

Notre vision d'un avenir en bonne santé repose sur la conviction que les principaux outils de changement ne sont pas entre les mains du gouvernement ou des fournisseurs de services, mais plutôt entre celles des citoyens de l'Ontario.

Pourquoi établir des objectifs de santé ?

Les objectifs ont été élaborés pour nous permettre de réaliser notre vision. Ils expriment concrètement notre intention d'améliorer la santé, de promouvoir une responsabilité conjointe à l'égard de la santé et de procéder à une évaluation des politiques et des programmes de santé.

L'élaboration d'objectifs est d'ailleurs une étape essentielle à planification stratégique, un processus créatif visant à entraîner l'Ontario dans une nouvelle voie. Les objectifs ont été déterminés en fonction de facteurs sociaux, politiques, économiques et technologiques. Ce sont aussi des paramètres permettant de lier les besoins communautaires aux ressources disponibles afin d'établir les priorités du développement des programmes. En outre, les objectifs favorisent la coordination entre les ministères et les organismes, services et groupes communautaires.

L'importance des objectifs de santé est d'ailleurs soulignée dans le mandat du Conseil du premier ministre sur la santé. Le Conseil a reçu le mandat suivant : « Déterminer des objectifs précis en vue d'améliorer la santé des Ontariens, et établir des buts et des priorités pouvant être mesurés, évalués et mis en oeuvre, tout en présentant des rapports réguliers pour faire connaître les progrès réalisés en vue d'atteindre les objectifs fixés. »

Le moment est venu d'établir de nouvelles priorités et une nouvelle orientation. Malgré les progrès très importants qui ont été réalisés dans le domaine des services de santé, les Ontariens ne sont pas en aussi bonne santé qu'ils le devraient. D'ailleurs, les écarts qui existent dans leur état de santé en sont la preuve. Par exemple, le taux de mortalité infantile est de 17,0 par 1 000 naissances dans le Nord, alors que la moyenne ontarienne est de 8,6. Au Canada, l'espérance de vie des hommes en bonne santé dont le revenu se situe dans la plus basse catégorie est inférieure de quatre ans à celle des hommes dont le revenu se situe dans la plus haute catégorie. Les enfants appartenant à des familles bénéficiaires d'aide sociale sont plus susceptibles de souffrir de troubles psychologiques, d'avoir un mauvais rendement scolaire et de fumer davantage que les autres enfants de leur entourage. La mortalité et la morbidité sont beaucoup plus élevées chez les enfants autochtones que parmi les enfants blancs, surtout en raison de blessures violentes. Les nouveaux immigrants et les femmes désavantagées souffrent souvent de graves problèmes de santé.

Les premiers objectifs

Les premiers objectifs déterminés par le Conseil du premier ministre sur la santé sont le fondement de tous les autres. Le Conseil désire collaborer avec le gouvernement, les fournisseurs de services de santé et les utilisateurs afin de traduire ces objectifs en des buts spécifiques réalistes. L'absence d'un objectif se rapportant à un aspe[redacted]ticulier ne doit pas être interprétée comme une omissi[redacted]nt que cet aspect est secondaire, mais bien plutôt que le processus d'identification des priorités doit s'effectuer à long

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Ontario

Conseil du
premier ministre
sur la santé

Notre vision de la santé en Ontario

Nous espérons qu'un jour, l'Ontario sera une province où les gens vivront plus longtemps et en meilleure santé et où les maladies et les handicaps auront été progressivement réduits. Une province dont les résidents auront la possibilité de vivre en bonne santé grâce à un environnement sécuritaire et non violent, un revenu, un logement, une alimentation et une éducation convenables, de même qu'à un rôle familial, professionnel et social accru. Une province où chacun aura un accès équitable à des services de santé suffisants, abordables et adéquats, quels que soient sa région, son revenu, son âge, son sexe ou son origine ethnique. Enfin, une province où la collectivité veillera à ce que tous les citoyens vivent en bonne santé.

Les premiers objectifs de santé de l'Ontario

Objectif 1 : Mettre l'accent sur la promotion de la santé et la prévention des maladies.

Objectif 2 : Favoriser des liens familiaux et communautaires solides et étroits.

Objectif 3 : Assurer un environnement sécuritaire et de haute qualité.

Objectif 4 : Accroître le nombre d'années pendant lesquelles les Ontariens vivent en bonne santé en réduisant les maladies, l'invalidité et la mortalité précoce.

Objectif 5 : Assurer la prestation de services de santé abordables et adéquats pour tous.

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Ontario

Conseil du
premier ministre
sur la santé

UNE VISION DE LA SANTÉ

LES OBJECTIFS DE SANTÉ DE L'ONTARIO

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PAGE 6585-1

HEAD OFFICE:
ON RESERVE
R R SOUTHWOLD, ONTARIO
N0L 2G0

PHONE NUMBER:
(519) 652-3251

THE ASSOCIATION OF IROQUOIS AND ALLIED INDIANS

486 HAMILTON ROAD
LONDON ONTARIO
N5Z 1R9

PHONE NO. (519) 434-2761
TELEX NO. 064-7101

053276 1989 JAN 23 P 3:59

FAX TRANSMITTAL

TO:

ATTENTION OF: JOHN DONELLY

NAME OF ORGANIZATION: DEPARTMENT OF INDIAN AFFAIRS

PLACE: TORONTO, ONTARIO

FAX #: 1-416-973-6472

FROM:

NAME: CATHRYN WRIGHT

FAX #: 1-519-679-1653

NO. OF PAGES: 10 DATE: JAN. 23/89 SENT BY: Cathy

PLEASE CONTACT OUR OFFICE AT (519) 434-2761 IF ALL PAGES ARE NOT RECEIVED

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HEAD OFFICE:
ONEIDA RESERVE
R. R. 2, SOUTHWOLD, ONTARIO
N0L 2G0

PHONE NUMBER
(519) 652-3291

PHONE NO. (519) 434-2761
TELEX NO. 064-7101

January 16, 1989

Mr. John Donelly
Regional Director of Education
Department of Indian Affairs
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

Dear Mr. Donnelly:

RE: Indian Health Promotion Conference
Phoenix, Arizona - Feb. 28-Mar. 3/89

Our Association is requesting the sponsorship of three delegates to the up-coming Indian Health Promotion Conference in Phoenix, Arizona on February 28 - March 3, 1989.

The Conference agenda is highly emphasizing the A.I.D.S. education, and awareness initiatives within First Nation communities. This conference will greatly assist A.I.A.I.'s initiatives to start the process of awareness through education amongst our First Nations communities, in the A.I.D.S. plight. Until then, we need to become more educated ourselves as Community Health Advisors and focus on the wholistic aspect of Health.

Within southern Ontario, our Association has been actively involved with the A.I.D.S. Committee since last spring. They have developed educational materials to generate awareness and any chance that the members get to attend functions involving the A.I.D.S. initiatives, they attend most committedly.

However, since our budgets are very limited, and these delegates are merely volunteers to the "Health Program" and their representation will be beneficial to all First Nation's People as they will have the opportunity to share with our Brotherhood in the United States, what Canada is contributing in this highly prioritized area of Indian Health.

We have enclosed a budget for your consideration and we await your favourable response.

Sincerely yours,

Cathryn Wright

Cathryn Wright
Health Director
Association of Iroquois
and Allied Indians

Copy: Tom Dockstader
Gordon Chrisjohn
Cheryl White
Jeannette Martin
D. Maracle
Dr. J. Antone

000376

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BUDGET

DELEGATES

INDIAN HEALTH PROMOTION CONFERENCE

PHOENIX, ARIZONA

FEBRUARY 28 - MARCH 3, 1989

REGISTRATION 3 x 164.00		
AIRFARE 3 x 441.80		
ACCOMMODATIONS 3 x 4 nights x $61.00	$ 492.00	
MEALS 3 x 4 days x 37.35	1 325.40	
MILEAGE 1 - Tyendinaga - London - Return 1 - London - Detroit - Return	549.00 448.00	
PARKING 1 - Detroit Airport - 4 days x 8.00	202.10 120.00	
TAXI	32.00	
	60.00	
	$3228.50	

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BUDGET

HEALTH DIRECTOR

INDIAN HEALTH PROMOTION CONFERENCE

PHOENIX, ARIZONA.

FEBRUARY 28 - MARCH 5, 1989

REGISTRATION	$ 164.00
AIRFARE - RETURN	330.00
ACCOMMODATION - 3 nights x $61.00	183.00
MEALS 4 days x 37.35	149.40
MILEAGE London - Detroit - Return	120.00
PARKING Detroit Airport - 4 days x 8.00	32.00
TAXI	60.00
	$ 1038.40

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Wellness and Sexuality

INDIAN HEALTH PROMOTION CONFERENCE

Phoenix, Arizona

February 28 - March 3, 1989

Illustrations © 1983 by Vera Louise Bergeron, Jacqueline Gill and Lily Eleanor Pitts, Owners of Rhode Gil's Academy of the Seven Arts, of the Choctaw Nation, by Joseph Allen Bergeron. © 1983, 1988 by the University of Oklahoma Press.

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Tuesday, February 28 Registration & Reception 6:30 - 8:30 p.m.
Wednesday, March 1 Conference Begins 9:00 a.m.
Thursday, March 2 Adjourns 12:15 p.m.

Western, Urban & Community Programs of the University of Oklahoma is pleased to announce its 6th Indian Health Promotion Conference. Wellness and Sexuality will be the theme of this conference being held in collaboration with the National Native American AIDS Prevention Center. It is hoped this innovative approach to a sensitive subject will help participants view sexuality as a vital component for a healthy lifestyle. Since sexuality is tied with an individual's total life history, past and future, exploring traditional roles and concepts will be an important aspect of the conference.

While many Indian health care workers, educators and parents have been motivated by health and social crisis such as high teen pregnancy, sexual/physical abuse and AIDS, it is vital that prevention and health promotion be the shield and lance in fighting these epidemics.

Conference objectives are to:

- increase sexuality awareness from a Native American perspective
- understand the relationship between sexuality and a healthy lifestyle
- highlight Indian health promotion and sexuality programs
- increase the participants comfort in dealing with sexuality

Come join us in the Valley of the Sun for an enlightening, fun and valuable training experience.

Conference Hotel

The Holiday Inn Financial Center is one of Arizona's largest Holiday Inns, conveniently located in the heart of uptown Phoenix, at 3600 N. 2nd Avenue, across from Park Central Shopping Plaza. Approximately 10 minutes from Phoenix Sky Harbor International Airport, the Holiday Inn Financial Center offers: complimentary airport transportation, free covered parking garage with 450-car capacity, beautifully decorated guest rooms, including poolside Cabanas, free cable TV with remote control, and a comfortable lobby with nightly entertainment and complementary hors d'oeuvres. Participants may also enjoy a soothing Arizona sunset lounging by the exclusive rooftop heated swimming pool with extraordinary views of Camelback Mountain and the sparkling lights of the Valley.

A special room rate of $45 per night, single or double occupancy, has been obtained for conference participants. In order to obtain these special rates, please be sure to mention you are a participant in the Wellness & Sexuality Conference when making your reservations. Due to the peak tourist season in Phoenix at this time, it is strongly recommended that you make your reservations by February 1, 1989 in order to avoid paying higher room rates. For room reservations call (602) 248-0222 at the Holiday Inn Financial Center.

Travel

AA AmericanAirlines

American Airlines, in cooperation with the Indian Health Promotion Conference: Wellness and Sexuality, is offering a Meeting Saver Fare that allows a 35% or 40% discount off their round trip, unrestricted day coach fare for attendees traveling within the USA on American to the meeting. (Note: There is a $30.00 service fee on the special discount if tickets are returned for refund.)

In addition to the above discount offer, AA offers 5% off the lowest applicable roundtrip fare, subject to availability of inventory. All fare rules and restrictions apply. The 5% discount also applies to round trip first class travel.

Travel to Phoenix must be between January 25 - March 6, 1989. Reservations must be made and tickets purchased at least seven days before departure to secure a 35% discount. To obtain the 40% discount, tickets must be purchased 21 days in advance. In some cases this discount may not be the most economical fare, depending on the routing and special promotional fares that may apply. American will confirm reservations for you at the lowest rate available, providing normal qualifications are met.

Activity Highlights

A Real Western Barbeque and Hayride - On Wednesday evening, March 1, conference participants have the option of enjoying a real western barbeque and hayride at Pinnacle Peak Patio. Nestled at the foot of Pinnacle Peak in the McDowell Mountains, Pinnacle Peak has been attracting folks for years with its great food, good times, and spectacular view. It will be an unforgettable evening - 100% pure western, 100% pure enjoyment.

Planned health promotion/fitness activities for all ages and fitness levels. Activities will include low impact aerobics, walking, massage, and stress management.

Films

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CONFERENCE SPEAKERS, PRESENTERS AND WORKSHOPS

"A Spiritual Journey with AIDS"
Carrie Laravor (Ojibwa), Co-founder, Spirits Alive

"Pulling Coyote's Tail - Stories of Spirituality & Sexuality"
Terry Tafoya, Ph.D. (Taos Pueblo)
Trainer, National Native American AIDS Prevention Center, Oakland, CA

"The Red Man in the New World Drama"
Randy Lewis, B.A. (Colville), Native American Desk, AIDS Prevention Project, Seattle, WA

"Wind River Family Resources Center"
Kevin Stamp (Arapaho), Family Resource Coordinator, Wind River Health Promotion Program, St. Stephens, WY

"Male Sexual Health Promotion"
Mike Brown, R.N. (Choctaw)
Indian School Health Center, Haskell Indian Junior College, Lawrence, KS

"AIDS and Substance Abuse"
Lori K. Beaulieu, BSN (Ojibwa/Sioux)
Program Specialist, National Native American AIDS Prevention Center, Minneapolis Branch

"AIDS Education for Indian Youth"
Terry Tafoya, Ph.D. (Taos Pueblo)
Trainer, National Native American AIDS Prevention Center, Oakland, CA

"Education and Preventive Components of the IHS AIDS Program"
E.Y. Hooper, MD, MPH
National AIDS Coordinator, Indian Health Service, Phoenix, AZ

"Project Noelle - An Indian Adolescent Pregnancy Prevention Program"
Carole Ann Covington (Chippewa)
Adolescent Pregnancy Prevention Coordinator, Red River Health Services, Odanah, WI

"FAS Prevention in Native People"
Kathy Mann, MD, Director,
Tuba City FAS Prevention Program
Mae Curtis (Navajo)
Navajo Prevention Worker, Community Health Service, Indian Health Service, Tuba City, AZ

"Sexual Jeopardy Wellness Game"
Chan Lyon, Director
Division of Health Education
Indian Health Service, Albuquerque, NM

"Talking Straight About Sexuality"
Christine Bates-Soriano, MSW, ACSW (Navajo)
Director, Medical Social Work Services,
Gallup Indian Medical Center, Gallup, NM

"Can Safer Sex Still Be Fun?"
Margaret Enright, MPH, Community Health Educator
Planned Parenthood of Central Oklahoma,
Oklahoma City, OK

"K-12 Human Sexuality Curriculum"
Ila Lohnes (Devils Lake Sioux)
Health Educator, Devils Lake Sioux, Ft. Totten, ND

"Releasing the Giant Within - Relationships and Harmony"
Roberta Charles, M.Ed., CAS (Tlingit)
Registered Counselor Therapist, Lower Elwha Reservation, Port Angeles, WA

"Sexuality Education in Indian Schools"
Billy Rogers (Kiowa)
Sexuality Educator, Health, Urban & Community Programs, University of Oklahoma, Norman, OK

"Traditional Navajo Childbirth"
R. Cruz Begay, Ph.D. (Navajo)
HP/DP Coordinator, PHS Indian Health Center, Kayenta, AZ

CONFERENCE COSTS

The cost for attending the conference is $125 per participant if registering by February 21, 1989 or $135 if registering on-site. The cost includes registration fees, all conference sessions, handout/resource materials, CEU credits, reception and barbeque. Lodging and meals will be on your own.

Discounted student rates of $65 per student, are being offered to teens, ages 14 to 19. The registration fee will cover the cost for attending the special youth agenda (limited to 40 students), resource materials, and handouts. It does not cover the cost of the barbeque and bayside. You may purchase tickets on-site for the barbeque and bayside if desired.

You may pay what you send in your registration, pay on-site at the conference or request the University of Oklahoma to bill you or your employer. If making your payment in advance, please make check or money order payable to "The University of Oklahoma."

Continuing Education Units

You will have recorded for you 2.4 Continuing Education Units by the University of Oklahoma. CEUs provide evidence of your personal and professional development and can be used to support job advancement.

QUESTIONS About the Wellness & Sexuality Conference?
Contact Billy Rogers
Health, Urban & Community Programs, The University of Oklahoma
555 Constitution, Norman, OK 73037
(405) 325-1711 or 1-800-522-0772, ext. 1711 (within Oklahoma) / 1-800-523-7303, ext. 1711 (outside Oklahoma)

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01/23/89 16:13 ASSOC. IROQUOIS & ALLIED

bout Health, Urban and Community Programs...

ealth, Urban & Community Programs, a department within Continuing Education
Pu Service at the University of Oklahoma, provides an array of
ealth promotion development services. Programs are tailored to meet specific needs
communities, tribes and Indian organizations. These services range from health
omotion training workshops to community health surveys to employee wellness
ograms.

bout the National Native American AIDS Prevention Center...

e National Native American AIDS Prevention Center is an AIDS information and
ucation program for American Indians/Alaska Natives/Native Hawaiians. It is
nded by the Center for Disease Control. NNAAPC provides Native communities
th training, technical assistance and access to reliable, up-to-date information about
DS through its toll-free hotline, materials clearinghouse and on-line computer
rvice for Native clinicians.

— SPONSOR —

Health, Urban & Community Programs
Continuing Education and Public Service
University of Oklahoma

— CO-SPONSOR —

NNAAPC

ealth, Urban & Community Programs
e University of Oklahoma
5 Constitution
rman, Oklahoma 73037

A 00 14 002134

DIRECTOR
MOHAWKS OF THE BAY OF QUINTE
INDIAN BAND
R.R. NO. 1
DESERONTO, ONTARIO
CAN K0K 1X0

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☐ YES

I want to be part of the
Wellness & Sexuality
Conference

REGISTRATION FORM
WELLNESS AND SEXUALITY
PLEASE ENROLL ME IN
UC-41-0035-901

NAME

FIRST MIDDLE

MAILING ADDRESS

STREET # NUMBER or P.O. BOX

CITY, STATE, ZIP

SOC. SEC. NO.

HOME PHONE

BUSINESS PHONE

EMPLOYER NAME

JOB TITLE

PAYMENT INFORMATION

PAYMENT ENCLOSED $

SEND BILL TO:

SIGNATURE

MAKE CHECKS PAYABLE TO:
THE UNIVERSITY OF OKLAHOMA
PLEASE RETURN REGISTRATION FORM TO:
Central Registration Service
Continuing Education & Public Service
1700 Asp Avenue, Norman, OK 73037
(405) 325-2345
THIS FORM MAY BE PHOTOCOPIED

The following information is voluntary and is requested for reporting purposes only in accordance with the 1965 Civil Rights Act and subsequent U.S. Congressional

☐ White ☐ Hispanic
☐ American Indian ☐ Asian or Pacific Islander
☐ Black ☐ Other
☐ Not a U.S. Citizen SEX: ☐ MALE ☐ FEMALE

Citizen of what Country

Resident of what State

AGE GROUP (CIRCLE ONE)

18 19-24 25-35 36-49 50-65 65+

EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

Grade 1-8 9-12 High School 1-11-15

College Bachelor Master Doctor

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INDIAN HEALTH PROMOTION

Wellness & Sexuality

SPONSOR
Health, Urban & Community Programs
The University of Oklahoma

For Immediate Registration Call:
(405) 325-2248

Questions?
Contact:
Billy Rogers
Health, Urban & Community Programs
University of Oklahoma
555 Constitution
Norman, OK 73037
(405) 325-1711
1-800-522-0772, ext. 1711
(within Oklahoma)
1-800-523-7363, ext. 1711
(outside Oklahoma)

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6585-1

Ministry of Community and Social Services
Ontario

Ministère des Services sociaux et communautaires

copied to 1.9.88 01103/89 m

PA

DEC 29 1988

INCOME MAINTENANCE BRANCH
3rd Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 1E9

Tel: (416) 965-2316

048733

1988 DEC 29 A 8:45

December 22, 1988

Mr. Paul Cochrane
Regional Director
Ontario Region
Medical Services Branch
National Health and Welfare
1547 Merivale Road, 3rd Floor
Nepean, Ontario
K1A 0L3

Dear Mr. Cochrane:

Thank you for your letter of November 28, 1988 with regard to my earlier correspondence pertaining to medical services to Status Indians.

I would like to take this opportunity to elaborate further on this Ministry's recent experiences with Northern fly-in communities, with specific reference to medical transportation.

On-going discussions with the Ontario Native Welfare Administrators Association (ONWAA) at their general assemblies and ONWAA/MCSS liaison meetings have indicated a possible tightening of criteria in the area of medical transportation.

It would appear that trips to visit a physician or receive treatment, and the number of family members who can go along, are being limited. In the past, whole families were subsidized with full meal allowance and accommodation costs for each family member. As well, trips for medical attention were not limited.

This is creating a situation where band members are now approaching their social services department to provide financial coverage for unauthorized trips through Special Assistance under General Welfare Assistance.

Recent discussions with ONWAA, Band Welfare Administrators and our field staff indicate that not many people are familiar with the 1979 guidelines. Staff of this Branch are also unfamiliar with the contents of this guideline. In this regard, I am requesting your assistance in obtaining a copy for our review.

An additional area that is of interest to the Income Maintenance Branch is your criteria or guidelines with respect to C-31 cases. Band Welfare Administrators have indicted situations where some

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members of a family do not receive coverage of dental, optical, and prosthetic costs as covered by MSB.

It would appear that some costs traditionally covered by MSB are now being paid for under Special Assistance. This is supported by recent queries from both our financial unit and Indian Affairs financial unit who have noted a substantial increase in expenditures for Special Assistance for line items mentioned in this letter.

I would like to suggest a meeting at the earliest possible date of all parties affected by these items. Representatives for this meeting would be from the Medical Services Branch, Indian Affairs, ONWAA and the Ministry.

With regard to your request for additional information on Income Maintenance Programs, please find enclosed descriptive materials of our programs.

Should you have any questions or comments you can contact Allan Kirk, Manager of Program Development - GWA at (416) 965-2316, Jim Loft, Program Analyst, at (416) 965-9505, or myself at (416) 965-2316.

Thank you for your cooperation in this matter.

Yours truly,

Robert Cooke
Director
Income Maintenance Branch

JL/bmc

cc: M. Diakowski
T. Goff, INAC
A. Beaver, ONWAA

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Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

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Date: 88.12.29

Branch – Direction: Soc Dev

Subject – Sujet: HEALTH SERVICES

General

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(RDG)

Health and Welfare Canada
Santé et Bien-être social Canada

Ontario Region
Medical Services Branch
Health and Welfare Canada
1547 Merivale Road, 3rd Floor
Nepean, Ontario
K1A 0L3

6585-1

048528

Your file Votre référence

Our file Notre référence

December 19, 1988

Mr. G. P. Kerr
Regional Director General
Indian and Northern Affairs
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

Dear Mr. Kerr:

Thank you for your letters of November 13/88 and December 2/88 regarding ambulance services at Akwesasne.

I agree that it is in everyone's best interest to address the issue of ambulance services on this Reserve. I understand that on December 6, 1988 the Band met with a representative from the Province of Quebec and Dr. Norman Fraser, our Southern Ontario Zone Director, to discuss this exact issue. According to our information the meeting was very positive and a further meeting is scheduled to take place in early January.

I would like to suggest at this point in time that we await the outcome of the Bands meeting with the Province of Quebec, prior to initiating any additional meetings with the Province of Ontario.

If you or your designate want to receive a full briefing of the December 16, 1988 meeting, please do not hesitate to contact Dr. Fraser in Toronto at 416-973-6242.

Yours truly,

Paul R. Cochrane
Regional Director

c.c. Dr. Fraser

Canada

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6585-1

November 15, 1988

Mr. Paul Cochrane
Regional Director
Medical Services
Department of National Health
and Welfare
414 Cooper Street
Ottawa, Ontario
K1A 0L1

Re: Akwesasne - Ambulance Service

I met with representatives of Akwesasne on October 4, 1988 and agreed to coordinate a meeting between ourselves, Ontario and Quebec.

As you are probably aware, the ambulance service at Akwesasne is operated on a full-time, 24 hour stand-by basis. Support is mainly derived from service call billings that do not meet the operational requirements. As a result, the deficit situation in which the service must be operated has an impact on all other band administered programs.

Akwesasne Council, in particular Chief Mitchell, has made some very hard-line decisions to correct all other problem areas with this budget but the residents' service requirements for health and safety over-ride budgetary constraints.

I would very much appreciate your concurrence to attend such a meeting and possibly set some advance strategies that will result in a positive conclusion to this ongoing problem.

Please call me to confirm so that arrangements can be made for Ontario and Quebec representation.

Original signed by
G. KERR

G.P. Kerr
Regional Director General
Ontario Region

25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

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All District Superintendents
of Social Development

PA6585-1 (SD)

Tom Goff
Director
Social Development
Ontario Region

7 November, 1988

International Conference on Aids

Headquarters has informed us that there is to be an "International Conference on Aids" in Montreal, June 4 - 9, 1989.

Please pass this information on to Bands and organizations in your area. For further information and registration forms they may contact:

Mr. Joel F. Finlay
Federal Centre for Aids
Bonaventure Building
301 Elgin Street, 2nd Floor
OTTAWA, Ontario
K1A 0L2

Tel. No. 613-942-7202

Original Signed By
T. Goff

Tom Goff

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

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Your file Votre référence

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Our file Notre référence

All Regional Directors
Social Development
(All Regions except N.W.T.)

À tous les directeurs régionaux
Développement social
(Toutes les régions à l'exception du T.N.-O)

Please find enclosed for your information a Kit on the "V International Conference on Aids" to be held in Montreal June 4-9, 1989.

Veuillez trouver ci-joint pour votre information une brochure sur la "Ve Conférence internationale sur le SIDA" qui sera tenue à Montréal du 4 au 9 juin 1989.

We would like you to inform the Native groups and organizations within your region of such an event.

Nous vous prions d'aviser les groupes et organismes autochtones de votre région de cette activité.

Should you require further information, please refer to:

Pour de plus amples informations veuillez communiquer avec:

Mr. Joel F. Finlay
Federal Centre for Aids
Bonaventure Bldg.
301 Elgin Street, 2nd Floor
OTTAWA, Ontario K1A 0L2
Tel: (613) 942-7202

M. Joel F. Finlay
Centre fédéral sur le SIDA
Édifice Bonaventure
301, rue Elgin, 2e étage
OTTAWA, Ontario K1A 0L2
Tél: (613) 942-7202

for Normand Levasseur
Director/Directeur
Social Services/Services sociaux

encl.

p.j.

c.c. Joel F. Finlay

Canada

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6585-1

Sept. 21, 1988

BRIEFING FOR: Executive Secretariat

TOPIC: Health Panel

ISSUE: Social Development Activities in Sioux Lookout Area

BACKGROUND:

1. Health services for on-reserve residents are the responsibility of Medical Services Branch (MSB). This includes the Native Drug and Alcohol Program, Alcohol treatment and medically related care in licensed seniors facilities.

   It is to be noted that many of the medical costs covered by MSB (medical travel, drugs, prosthetic appliances, etc.) are also covered under the Special Assistance Regulations of the General Welfare Act. However because MSB has direct responsibility for Indian medical costs, band welfare administrators would not normally provide Special Assistance funds under the GWA.

2. There is currently a problem with respect to the fact that medical costs can theoretically be paid out of Special Assistance (and would therefore be an INAC liability under the '65 Agreement). Essentially, MSB is tightening up on eligibility requirements for payment of medical expenses. It appears that some individuals who are refused assistance by MSB are turning to the Welfare Administrators and, in some cases are receiving assistance.

   We are addressing this problem in meetings with MSB and Ministry of Community and Social Services (MCSS) - essentially the criteria used by MSB are the same as those used by the Ministry. In effect, Welfare Administrators should not be providing assistance if MSB has rejected a claim.

   This problem is mentioned only because misunderstandings inevitably result when the application of rules is tightened (in the interests of saving money) and this problem is intensified when an apparent option (use of special assistance) is then denied. Misunderstandings often lead to political confrontation and the issue could come before the Panel.

   Please note that MSB has assured us that no one is being denied assistance if they meet the criteria - i.e., they are status Indian, are in financial need, and have a properly authorized medical expense.

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3. In the social services area, Indians, as citizens of the Province, theoretically have access to all social services provided by MCSS. Not all services are provided on-reserve but are available in non-Indian communities and can be accessed.

   A subset of this full range of social services is paid for by the Department under the terms of the 1965 Agreement. This subset includes:

   1. Income Maintenance
   2. In-home care services for the handicapped and seniors
   3. Child and Family Services under the Child and Family Services Act
   4. Day Care

   In addition, but under separate authority, the Department pays for the difference between a seniors financial contribution and the full cost of levels I and II care in licensed seniors facilities (including the non-licensed residence at Big Trout Lake under special authority).

   All bands with reserve status in the Sioux Lookout area will be administering their own income maintenance programs by the end of this fiscal year. Most of these have in-home care programs to assist the handicapped and seniors to remain in their own homes as long as possible.

   All bands in the area now receive their Child and Family Services from Tikinagan - an Indian agency mandated by the provincial government and funded by INAC for the Child Welfare component of service provided.

   No bands have acquired day care programs as yet but it is open to them to so as provincial budgets permit.

   Obviously the health of the people of these communities depends heavily on their ability to feed, cloth and shelter themselves and to obtain assistance with problems that often stem from poor economic circumstances. On the one hand, as noted above, income support and a range of services are available under provincial regulations and funded by the Department. On the other hand, as recently argued in the Social Assistance Review Committee Report ("Transitions") the current income maintenance program (rates and

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regulations) may not be adequate in relation to the very high costs of food and clothing in the North and in relation to the cultural characteristics of Northern communities. Inadequate financial support may well lead to dietary and other inadequacies which exacerbate health problems and generate a heavier than necessary demand on health services.

It is, however, highly likely that the Province will act on many of the SARC recommendations over the next few years in an effort to improve the level of income support and service available. Unless the Department cancels the 1965 Agreement, this will mean that higher levels of funding will be available from the Department.

It is not expected that the province will respond to the report before the end of the current fiscal year.

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

SEP 19 1988

Your file *Votre référence*

Our file *Notre référence*

September 19, 1988

Tom Goff
Director, Social Development
Ontario Region

Scott McKay Bain Health Panel

The Executive Secretariat is currently preparing INAC's written submission and presentation to the Scott McKay Bain Health Panel. The panel is evaluating Indian health services and the state of Indian health in the Sioux Lookout Zone.

The Secretariat requires your program to provide a short briefing related to Social Development activities in the Sioux Lookout area. (The panel's geographic area of evaluation also includes Fort Hope, Webequie, Lansdowne House, Martin Falls and Summer Beaver). The briefing should concentrate on activities related to transfer and the child and welfare society / agency.

INAC is submitting the report and making the presentation on October 5, 1988. We are working within a very short time frame and would greatly appreciate if you could ensure that the information is provided to the Secretariat no later than the morning of Wednesday, September 22, 1988.

If you have any questions regarding the request or Health Panel in general please do not hesitate to contact Frank Osendarp, Special Projects, Executive Secretariat at (416) 973-7521.

L. M. Patterson

Mike Ivanski
Director, Indian Services
Ontario Region

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Health and Welfare Canada | Santé et Bien-être social Canada

AUG -3 1988
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Medical Services Branch
28 Cumberland Street, North
5th Floor
Thunder Bay, Ontario
P7A 4K9

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Your file Votre référence

Our file Notre référence

July 26, 1988

Mr. R. Chopra
Manager, Social Development
Indian and Northern Affairs Canada
Ontario Region
25 St. Clair Avenue, East
TORONTO, Ontario
M4T 1M2

Dear Mr. Chopra:

Re: Maureen Ekomiak - Quebec Inuit

Pursuant to the telephone discussion of July 22, 1988 (Kostiuk/Chopra) please be advised that this matter has been resolved, and the Ekomiak family contacted and advised.

A review of the situation indicates that it arose due to the client's lack of familiarity with procedures to obtain noninsured services. As they are now aware of the respective roles of Health and Welfare Canada, Indian and Northern Affairs, and other agencies, there should be no further difficulty encountered.

For additional reference, a copy of the correspondence sent, which responds to all concerns and questions raised by them, is attached.

The cooperation and assistance extended in attempting to resolve this matter is very much appreciated, and should further assistance or clarification be required, please do not hesitate to request it.

Yours sincerely,

Harry Kostiuk
Zone Financial Officer

HK/vh

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Health and Welfare Canada / Santé et Bien-être social Canada

Medical Services Branch
28 Cumberland Street, North
5th Floor
Thunder Bay, Ontario
P7A 4K9

Your file *Votre référence*

Our file *Notre référence*

July 26, 1988

Mrs. Maureen Ekomiak
301 Washington Crescent, Apt. 304
ELLIOT LAKE, Ontario
P5A 2L6

Dear Mrs. Ekomiak:

Re: Medical, Dental and Other Entitlements for Status Inuit

Pursuant to your inquiry of March 28, 1988 to Maurice Foster M.P., please be advised that all questions raised have been referred to this office for reply.

To date, it has not been possible to make personal telephone contact to respond to these questions, although contact was made with an adult member of your family, who requested a written response.

Medical Services Branch of Health and Welfare Canada pays for certain medical needs not covered by provincial health insurance plans on behalf of status Indians and Inuit. Their items are termed non-insured services, and they include:

prescription drugs
eyeglasses
transportation for certain medical assessment and treatment
hearing aids, and
supplies such as canes, crutches, splints, and braces.

Payment is made only on behalf of status Indians or Inuits, and some conditions in respect to cost and authorization are applicable. Please note that this listing is a representative example which does not address all contingencies.

Assistance is also available for dental treatment. Basic dental care including extractions, fillings, cleaning, and x-rays are allowed, without prior approval, up to $350.00 per person per year. Amounts exceeding this and dentures or other specialized services require prior approval from the Regional Dental Officer in Ottawa.

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The difficulty you have encountered stems partly from the arrangement for these services which has been initiated for Indian and Inuit communities such as Chisasibi under the Cree-Naskapi Act. If you were still residing in Chisasibi, the Cree Board of Health and Social Services would be responsible for payment of drug, dental, and other needs rather than Medical Services. As you no longer reside in that area, the responsibility returns to Medical Services, and as such, the pharmacy and dental accounts are being processed for payment.

In regards to provincial health insurance, this must be obtained through your place of employment, in accordance with the Health Insurance Act. Premium assistance is available if required and further details may be obtained from:

Ontario Health Insurance Plan
199 Larch Street
Sudbury, Ontario
P3E 5R1
1-800-461-4006 (Toll free)

In regards to provincial sales tax, please be advised that there is no exemption entitlement for Inuit. Such only exists in limited form for Indians living on-reserve. School taxes in Ontario are based on property assessment and religious affiliation and are collected with municipal property levies.

Finally, assistance for education is the responsibility of Indian and Northern Affairs Canada. Further information may be obtained by contacting them at the address below:

Indian and Northern Affairs Canada
1760 Regent Street South
Sudbury, Ontario
P3E 3Z8
1-705-522-5100

If additional information or assistance with non-insured services is required, please do not hesitate to request it from the Sudbury office of Medical Services Branch at:

Suite 130
19 Lisgar Street
Sudbury, Ontario
P3E 3L4
1-705-675-0608

Please accept our apologies for the length of time needed to provide assistance, and for the difficulties encountered to date.

Yours sincerely,

Harry Kostiuk
Zone Financial Officer

HK/vh

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THE
Great-West Life
ASSURANCE COMPANY

001843

1988 APR 13 A 8:52

Group Sales and Service
P.O. Box 1349
Winnipeg, Manitoba
R3C 2Z1

April 8, 1988

Direct: 946-7812

Mr. Ray Hatfield
Director, Reserves & Trusts
Department of Indian & Northern Development
5th Floor - 25 St. Claire
Toronto, Ontario M4T 1M2

Dear Sir:

Re: Grassy Narrows & Islington Bands Mercury Disability Board
Plan #51103

I am enclosing copies of the minutes of the Grassy Narrows and Islington Bands Mercury Disability Board held March 16, 1988 in Kenora.

I trust you will find the enclosed minutes satisfactory.

Yours very truly,

Vivian G. Albo
Supervisor
Group Accounts

VGA:lh
enclosure

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Grassy Narrows & Islington Bands
Mercury Disability Board
March 16, 1988

Meeting #5

In Attendance

Honorable S. Freedman
Dr. E. Steinhauer
Archbishop Ted Scott
Gabriel Fobister
Stan Indian
Alastair Campbell
Ray Hatfield
Vivian Albo
Irene Tremblay
Bobby Mandamin
Dr. B. Postl

For Action

1. Mr. Freedman brought to the attention of the Board that Colin Wasacase has provided his proxy to Stan Indian. Since quorum is not an issue, nor adjudication of claims - at this stage the Board is simply receiving material for later adjudication - it was agreed that Stan Indian could attend the meeting as Colin Wasacase's proxy. The subject of proxies may have to be dealt with at a later date.

2. Irene Tremblay from Great-West Life indicated that 63 claims have been received to date, and one claimant has been examined by one of the authorized physicians. Irene indicated she would like feedback as to whether 6 examinations weekly on a Friday afternoon is acceptable.

Alastair Campbell

With respect to examinations, claims should be submitted to OHIP who will in turn submit them to Canada Health. This should be clarified with Alan Pratt at the Ontario Native Affairs Directorate.

Accommodations and meals will be submitted to Medical Services for initial reimbursement.

Irene Tremblay also reported that one of the neurologists indicated that examinations dealing with eyes, ears, nose & throat may require an examination by other specialists.

It was agreed that where an authorized physician feels that an examination is required by a specialists in another field, he/she is duly authorized to refer the claimant. The second specialist's report will be an addendum to the authorized physician's report.

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s.19(1)

3. A medical report has been received by [redacted] who claimed for benefits. The report was submitted by Dr. A. Gomori. It concludes that [redacted] has no neurological complications. It was agreed to reserve final judgement on the claim pending review of other claims and medical reports.

Dr. Steinhauer asked what the Board's position was regarding reapplication by a claimant at a later date. Mr. Hatfield also indicated that in future a claimant receiving benefits whose condition deteriorates may submit medical information which will require reassessment.

The consensus was that reassessments will be permitted in both of the above instances.

4. Gabriel Fobister indicated that 22 additional claims will be submitted from the Grassy Narrows Band. Thirteen claimants are currently present.

Mr. Fobister indicated that several applicants will require interpretors. The Board determined that Mr. Fobister could act as interpretor where required.

5. Affidavit

The Act prescribes that an affidavit is required for each claim submitted. To simplify the process, Mr. Freedman prepared a sample affidavit. He stressed it should be as simple as possible.

Vivian Albo — A question arose as to who could sign as notary public. Vivian Albo will check with Alan Pratt as to what Ontario laws provide regarding who may sign. The Board asked that the possibility of the Board band member be appointed as notary publics.

6. It was indicated that some claims do not suggest any neurological complications. The Board agreed that all claimants will be examined whether or not the initial application suggest neurological abnormalities.

7. Costs of the Board

Vivian Albo reported that the costs of the Board Agreement has been signed by all six parties. As a result, Great-West Life has paid all costs of the Board received to date.

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s.19(1)

8. Review of Applications

In the event that a claim is not accepted, each applicant must be advised that if they wish to meet with the Board to discuss their claim, that option is available.

9. Known Conditions

Alastair Campbell indicated that the "Known Conditions" were negotiated between the two bands and the two levels of government. He stressed that the known conditions must be used to assess whether neurological complications exist and that the Board may vary the amount of the awards as they relate to known conditions.

10. Claimants

The Board interviewed the following claimants:

11. The Board determined that medical information from claimant's physicians could be received on an as required basis.

12. The meeting adjourned at 4:20 pm.

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Tom Goff
Director
Social Development

PA 6585-1 (SD6)

Craig Hinchey
Regional Consultant
Social Development

March 15, 1988

Health and Human Services Co-ordinator
for the Mohawks of Akwesasne

Meetings were held at Akwesasne on March 7, 1988 to discuss new year funding and to complete a review and evaluation of Gail McDonald, the Health and Human Services Coordinator.

Akwesasne community representatives have been very pleased with the work accomplished by Ms McDonald and it is reasonable to say that she superceded expectations. My input to the evaluation detailed work accomplished and those tasks still outstanding for the new year which include:

1. Day Care initiative with MCSS.

2. Evaluation of Homemakers Program design, development and implementation.

3. Review of GWA guidelines and the completion of band-based policy development.

4. Licensing of Akwesasne Home for the Aged from Quebec.

Given Ms McDonald's accomplishments to date (see attached). I do not hesitate to recommend that her position be funded for 1988/89.

Akwesasne has also submitted a proposal to the Dept. of Health and Welfare for an assistant.

ORIGINAL SIGNED BY
R. CRAIG HINCHEY

Craig Hinchey

attach.

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
1986-87 BUDGET $	1986-87 ACTIVITIES	

ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
1. To work under the direct supervision of the Grand Chief and in conjunction with Council Members holding portfolios in the areas of Health, Welfare, and Social Services.	Productive working relationship established	ON-GOING
2. To work in conjunction with the Social Services Welfare, Social Aid, Community Health Representatives, Public Health Nurses, St. Regis Alcohol and Drug Division, St. Regis Ambulance Unit, Akwesasne Home of the Aged, and the Environment Division in:	Review of existing program structures completed. Recommendations made to Programs and Council on required realignments of staffing, progam responsibilities and priorities.	COMPLETED
a. Development of internal and external structures within the existing programs to make recommendation for the efficient operation and procedures of the Social Development and Health Programs.	Some programs as yet require additional funding to secure staffing and program enrichment to meet levels of efficiency. Therefore, continued efforts required to fulfill this objective.	ON-GOING
b. To assist in staff development, review of staff job descriptions and responsibilities as they pertain to the scope of work for each particular program and make recommendation to Council as necessary to provide for the efficient operation of each program.	Results of Staff Questionnaire completed in October, 1986 are constantly reviewed and recommendations for staff development, etc. are incorparated into overall planning for program development.	ON-GOING
	As positions become vacated or created, job descriptions are revised and qualifications reviewed and upgraded.	ON-GOING
	Training/Human Resource Development Coordinated for all Social Development and Health staff provided since March/87-Nov/87 are as follows: -Key to Effective Performance -Surviving Stress -Working with the Family	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	-Intervention in the Family -Human Needs of the Elderly -Diabetes Program -Case Management -Working with Youth -Cocaine -Recreation for Isolated Older Adults in and outside the Home -Alcohol Basic Primer Training -CPR/AFA Certifications All above training was conducted on-site by consultants & professionals in the various fields.	
	Recommendations made to Personnel Committee for amendments to current Council Personnel Policy Manual on benefits, salary levels, quality work environment, health and safety measures, professional standards, etc. No changes made to Policy as of this report.	ON-GOING
	Liaison with Mohawk Council of Akwesasne and government officials for program enhancements and improvements to work environment	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
c. To develop and make recommendation to Council policies, goals, objectives, priorities and procedures for the efficient implementation and administration of the programs.	Policies and Procedures Developed and Implemented To Date:	
	-Internal Referral	ON-GOING
	-Professional Code of Ethics	ON-GOING
	-Medical Transportation	COMPLETED
	-Grievance Procedures & Terms of Reference for Apprehension and Foster Care Placement Committee	COMPLETED
	-Letter of understanding with Police officials that Rescue Squad EMT's have final approval on hospital transports of patients which overrides potential criminal actions versus a patient's physical condition.	COMPLETED
	-Procedures at Akwesasne Medical Clinic	
	-Patient identification	COMPLETED
	-Referrals	COMPLETED
	-Release of Information	COMPLETED
	-Medical records management	COMPLETED
	-Medical Lab Services	COMPLETED
	-Social Income Support Programs Grievance & Appeal Board Procedures	COMPLETED
	-Akwesasne Health Plicy	ON-GOING
	-Protocol Respecting Child Protection Services in Akwesasne	COMPLETED
	-Terms of Reference for Task Force in joint initiatives in Health Facilities Development for Akwesasne.	COMPLETED

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE 01
1986-87 BUDGET $	1986-87 ACTIVITIES	

ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	Various meetings have been held with federal and provincial government officials and funding sources to enhance program service delivery, develop clear understanding of regulations, development of innovative approaches to aid in the provisions of services, etc.	ON-GOING
	Development of clear guidelines currently utilized in the programs to enable knowledgeable and concise decision making making by program staff.	ON-GOING
	Assistance to the Akwesasne Housing Commission on -Terms of Reference of Commission -Selection Criteria -Akwesasne Housing Policy -C-31 Housing Plan -Various procedures and policy	COMPLETED
	Assistance provided to the Akwesasne Home for the aged with recommendations for Administration and Management within the Home and Resolution to internal conflicts.	COMPLETED
d. To develop procedures for the combination of the delivery of services in which two or more assigned programs are involved to ensure the client is well served and to avoid unnecessary duplication of effort and inefficient use of resources.	Development of: -Medical Transport and Coordination from one central office	COMPLETED
	-internal referrals and communications established to facilitate case management	ON-GOING
	-Regular communications among programs for case consultation, problem solving, brainstorming.	

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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	-Scheduling at Akwesasne Medical Clinic for Physicians and Medical Services Branch Nursing Staff for Specialty Clinics -Other policy and procedures as listed above in (c)	COMPLETED
e. To assist the programs in administrative direction, program planning, provide technical assistance, personnel management and guidance as may be required.	On-going communication with all programs on regular basis to provide assistance on any and all matters including: financial management budgeting long range planning problem solving dealing of difficult clients formulating policy Liaison with Mohawk Council of Akwesasne interviewing hiring case consultation preparing briefs for Mohawk Council of Akwesasne liason with federal/provincial officials communication with community, etc.	ON-GOING
3. To review current legislation and contractual requirements of the Social Development and Health Program to ensure Council adherence to applicable legislation and funding requirements and to provide Council with critiques and recommendations to such legislative or contractual requirements.	Review and make recommendations to Mohawk Council of Akwesasne of contracts and agreements with government agencies pertaining to funding and jurisdiction of the various programs including: -I.N.A.C. -M.C.S.S. -Health & Welfare Canada	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	Attend various meetings with officials to review program performance, preparing briefings and oversee followup.	ON-GOING
	Regular on-going tele-communications with officials on funding and program related issues.	ON-GOING
4. To assist Council in the establishment of Mohawk Government Jurisdiction as it relates to the Social Development and Health Programs.	Preparation of Self Government Statements of Jurisdiction, planning and budgeting for Social Development and Health to include in Mohawk Council of Akwesasne negotiation.	COMPLETED
	Incorporation of Mohawk Self Government statements in contractual discussions with Provincial authorities as pertains to Child and Family Services.	COMPLETED
	Development of capital project proposals to address Mohawk jurisdiction in areas of health facilities/nursing homes.	COMPLETED
	Development and Surpervision of review of Child and Family legislation/analysis and comparative study with Ontario and Quebec to aid in development of Mohawk legislation.	ON-GOING
	On going discussions with officials to maintain Mohawk jurisdiction and authorities in matters relating to Social Development and Health	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
5. To collaborate with the Mohawk Council, Chief Administrative Officer, Program Managers and representatives of the federal and provincial governments at it relates to the development of the Social Development and Health Programs	On-going, regular discussions on all matters relating to Social Development and Health Programs	ON-GOING
	Act as liaison, mediator and arbitrator with Mohawk Council of Akwesasne programs and administration on behalf of Social Development and Health Programs.	ON-GOING
6. To accompany the Chief or designate to meetings on new policies, programs and procedures, and funding issues as it relates to the development of the Social Development and Health Programs. To prepare reporting and follow up requirements to Council and appropriate staff.	Attendance and participation with Mohawk Council of Akwesasne at meetings with federal and provincial officials on issues pertaining to Social Development and Health Programs.	ON-GOING
	Attended and participated at AFN Health Transfer Conference Nov. 1987, Montreal as official delegate.	COMPLETED
	Attended AFN Annual Assembly, Toronto, June, 1987.	COMPLETED
7. To investigate additional funding sources to increase and improve the current level of services under the Social Development and Health Program.	Coordinated various meetings in federal and provincial officials in seeking additional funding for Social Development and Health Programs including: -Reimbursement and long range funding for St. Regis Ambulance Unit -Health and Welfare now reimbursing for ambulance runs -increase in Home Support budget -greater utilization of SAS transfer funds	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
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ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	-innovative job creation with C.E.I.C. and Manpower to supplement program services for community -increase in per diem for adult care -proposal to INAC to secure lifeline home care system to community. -addition of Clinical Psycology Services to the Community -establishment of Akwesasne Medical Clinic	ON-GOING
	On-going discussions with federal and provincial officials to enhance program personnel and service delivery.	ON-GOING
	Participate in budgeting and planning process with Mohawk Council of Akwesasne Administration.	ON-GOING
	Preparation of necessary briefing, documentation and justification of program needs to facilitate increased funding.	ON-GOING
8. To prepare quarterly progress reports to the Chief and Council on activities relating to the terms of the contract.	Bi-annual reports submitted to Mohawk Council of Akwesasne	ON-GOING
	Regular memorandum to Mohawk Council of Akwesasne on activities and issues	ON-GOING
	Regular, on-going communication with Mohawk Council of Akwesasne and Administration.	ON-GOING

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MOHAWK COUNCIL OF AKWESASNE	PROGRAM	PAGE OF
1986-87 BUDGET $	1986-87 ACTIVITIES	

ACTIVITIES	ACHIEVEMENTS	ON-GOING/COMPLETED
	Establishment of F.Y.I. Bulletin on Social Development and Health Program Activities	ON-GOING
9. Performs additional duties as may be delegated	Serve as member of Akwesasne Housing Commission	
	Chairperson of Social Income Support Appeal Board	
	Task Force Member on Joint Initiative on Health Facilities Development for Akwesasne	
	Prepared Capital Project Proposals for: -Health Facility -Akwesasne Adult Care Facility	
	Coordinator for Unity Day Community Event.	

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Document divulgué en vertu de la Loi sur l'accès à l'information

Health and Welfare Canada / Santé et Bien-être social Canada

Medical Services Branch
Ontario Region
Third Floor
1547 Merivale Road
Nepean, Ontario
K1A 0L3

1987 NOV 17 A 9:47

Noted P.A. 20/11/87 213h70

Your file Votre référence

Our file Notre référence 112-1

November 6, 1987

Chief Earl Commanda
Serpent River Indian Reserve
CUTLER, Ontario
P0P 1B0

Dear Chief Commanda:

Thank you for bringing to my attention the concerns of the Janeway Pharmacy Limited regarding the length of time it takes to receive payment for pharmaceutical services provided to the Native population.

The Medical Services Branch of Health and Welfare Canada is experiencing significant increases in the volume of bills for pharmaceutical and other uninsured health services provided to Status Indians. This growing demand for various types of uninsured health services is due to more awareness and greater demand for uninsured health services by Status Indian clients, and the reinstatement of status under Bill C-31.

The increased demand for uninsured health services has placed considerable strain on existing resources. I assure you that Ontario Region is currently taking effective measures to address the issue of volume increases and to reduce the time it takes to make payment. Additional staff have been employed to assist in processing the bills. The Branch has also implemented a computerized Status Verification System to speed up the process of determining eligibility for services for Native clients. Some of the problems encountered in processing bills are that band numbers are not always provided on bills, partial band numbers are provided, non-existent band numbers are used, and some individuals use the band numbers of other persons such as friends or relatives. The verification of Indian Status is essential in determining whether a Native client is eligible for uninsured health services or not.

../2

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The increasing volume of uninsured health services and the availability of existing resources to cope with it is a national issue in the Department. Senior management of Medical Services Branch is currently initiating steps to address this issue.

Yours sincerely,

Larry McCafferty
Regional Director.

cc: Mr. Gary Wouters - RDG - Ontario - INAC
Mr. Gord Peters - Regional Vice Chief - C.O.O.

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Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

TEMPORARY FILE SLIP
FICHE TEMPORAIRE DE DOSSIER

Date of Document – Date du document: Oct 9/87

File No. – Dossier: 1085-1

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Referred to Destinataire	Purpose Objet	Date	Initial Initiales	P.A. Date Date de rangement	B.F. Date Date de rappel	Initial Initiales	Records Inspection Examen du service des archives
RDG	208237	87/10/19	Done	87/10			
CA	4 FYI	87,10,21	RD1				

Main file is charged to – Dossier principal inscrit au nom de: Heald re CA — Date: 87.10.19

Branch – Direction: RDG

Subject – Sujet: Reg. Health Services General

Records Office Recall Date
Date de rappel du Bureau des documents

10-87 (11-83) 7530-21-023-4487

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

1000

6585-1

SERPENT RIVER INDIAN RESERVE
CUTLER, ONTARIO P0P 1B0
705-844-2418

208237

1987 OCT 19 A 10:37

October 9, 1987

Janeway Pharmacy Limited
Box 573
MASSEY, Ontario
P0P 1P0

ATTN: R. Grant Janeway

RE: MSB - Delinquent In Their Account Payments

Thank you for raising the above concern. It is appropriate that you raise this matter at this time because I am aware of several pharmacies who absolutely refuse to deal with Indian clients due to these payment problems. I am sure Dr. Foster, M.P., has obtained some explanation as I have when I made my own inquiries. But for me changing over to a computerized system with all of its "bugs" is not sufficient explanation.

I am prepared to raise this issue with other Chiefs across Ontario at our next session later this month. If other Bands are also concerned, then more pressure can be put to bear on Health and Welfare and Indian Affairs over this specific matter.

By way of this letter I forward my response and a copy of your letter to the Regional Director General for Ontario Region of each Department and the association of the Chiefs of Ontario.

Sincerely,

Chief Earl Commanda

EC:el

cc - Mr. Larry McCafferty - RDG - Ontario - MSB
- Mr. Gary Wouters - RDG - Ontario - INAC
- Mr. Gord Peters - Regional Vice Chief - C.O.O.

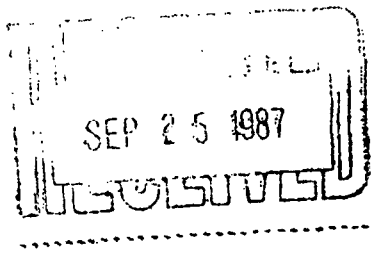
Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Tel. (795) 865-2600

Gail & Grant Janeway

Janeway Pharmacy Limited

15 Bauble St. E. Box 573
Massey, Ontario P0P 1P0



September 23, 1987

The Serpent River Indian Reserve
Administration Offices
Cutler, Ont.

Attention: Mr. Earl Commanda (Chief)

Dear Sir:

You are undoubtedly aware that our Pharmacy fills several hundred prescriptions a month for residents of the Spanish River and Serpent River Reserves. These prescriptions are submitted to the Federal Ministry Of Health and Welfare for payment.

For several months now this Ministry has becoming more and more delinquent in their account. A recent check indicated that they owed accounts 90 to 120 days past due; not only in this area but right across the province and indeed the entire country.

Pharmacies are obliged to pay their accounts to drug manufacturers and distributing wholesalers every 15 to 30 days. I am sure you can see, that very quickly those pharmacies dispensing a significant number of prescriptions for payment by Health and Welfare could develop very serious cash flow problems; ultimately leading to a termination of their own credit and banking arrangements.

We understand too, that Health and Welfare's poor payment practices has led to residents of many reserves being unable to receive dental care other than on a cash basis.

While pharmacies are not at this time considering any withdrawl of services from native peoples: the fact remains that no other option may remain if the situation further deteriorates.

We have sought the assistance of our Member of Parliament, Dr. Maurice Foster; and he is working hard to improve the situation.

We would ask at this time that you and your Associations bring whatever pressure to bear with Indian Affairs and the Ministry of Health and Welfare that might be available to you.

We are hopeful that collectively we might bring some significant improvement to the situation in order that we may be able to maintain our current levels of service.
Thank You

Sincerely

R. Grant Janeway

c.c. Dr. Maurice Foster
Ontario Pharmacists' Association
Island I.D.A. Pharmacy
Mindemoya Medical Pharmacy

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

IMPORTANT FOR SHOWING DISPARITY IN SERVICES.

6585-1

Government of Canada / Gouvernement du Canada

MEMORANDUM NOTE DE SERVICE

VOL #

TO / A: See Distribution Below:

FROM / DE: A/Planning Officer,
Ontario Regional Office,
Medical Services Branch.

SECURITY - CLASSIFICATION - DE SÉCURITÉ:

OUR FILE/NOTRE REFERENCE: 150-1

YOUR FILE/VOTRE REFERENCE:

DATE: September 25, 1987

SUBJECT / OBJET: **COMPENDIUM OF HEALTH SERVICES PROVIDED TO THE CANADIAN POPULATION AND TO STATUS INDIANS AND INUIT**

Attached for your information is a copy of the above-named document which was prepared by the Policy Development Division at Branch Headquarters. It identifies areas where Status Indian and Inuit people are receiving a lower level of insured services from the provinces and territories than are other members of the population.

I hope that you will find this document useful. If you require further information, please call Mr. Al Garman of the Policy Development Division at (613) 957-3382.

Marian Hofmann

Marian Hofmann

Attach.

MH/cc

DISTRIBUTION:

Zone Director - Thunder Bay Zone
Zone Director - Sioux Lookout Zone
Zone Director - Moose Factory Zone
Zone Director - Southern Ontario Zone
Dr. Kershaw - Thunder Bay Zone

R. Ritter
G. Johnston
A. Nazir
C. Commando

DIR. M 14.10.87

ACTION —

INFO
D. Skillen
D. Callaghan
V. Manin 13/11/87
S Daraji

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Government of Canada / Gouvernement du Canada

MEMORANDUM — NOTE DE SERVICE

SECURITY - CLASSIFICATION - DE SÉCURITÉ	
OUR FILE/NOTRE REFERENCE	
YOUR FILE/VOTRE REFERENCE	150-1.
DATE	JUL - 8 1987

TO / À: BRANCH EXECUTIVE COMMITTEE MEMBERS
MEMBRES DU COMITÉ EXÉCUTIF DE LA
DIRECTION GÉNÉRALE DES SERVICES MÉDICAUX

FROM / DE: Director General/Directeur général
Program Transfer & Policy Development/Transfert des programmes et établissement des politiques
Medical Services Branch/Direction générale des services médicaux

SUBJECT / OBJET

COMPENDIUM OF HEALTH SERVICES PROVIDED TO THE CANADIAN POPULATION AND TO STATUS INDIANS AND INUIT

Attached, for your information, is a copy of the above-named document which was prepared by our Policy Development Division. It identifies areas where Status Indian and Inuit people are receiving a lower level of insured services from the provinces and territories than are other members of the population.

I trust that you will find this document useful. If you require any further information, please contact Al Garman of my staff at 957-3382.

RÉPERTOIRE DES SERVICES DE SANTÉ FOURNIS À LA POPULATION CANADIENNE, AUX INDIENS INSCRITS ET AUX INUIT

Veuillez trouver ci-joint, à titre infor un exemplaire du document cité en rubriq qui a été préparé par la Division de l'établissement des politiques. Le docum permet de constater que certaines collec vités d'Indiens inscrits et d'Inuit ont un accès moindre aux services assuré par les provinces et les territoires que les autres membres de la population.

J'espère que vous trouverez ce répertoir utile. Si vous avez des questions, n'hés pas à communiquer avec Al Garman, au 957-3382.

J. Hucker
P.-j.

Attach.

1/1617

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

COMPENDIUM OF HEALTH SERVICES PROVIDED TO THE CANADIAN POPULATION AND TO STATUS INDIANS AND INUIT

Policy Development Division
Policy, Planning and Review Directorate
February 4, 1987
Revised: June 1, 1987

000421

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The Ontario Health Insurance Plan is a combined hospital, medical care, and extended care services insurance plan. Premiums are levied. The Province subsidizes premiums of Indians living on-reserve through a group plan for those who would qualify for social assistance. Indians living off-reserve can have their premiums individually subsidized by OHIP premium assistance if they qualify for social assistance.

I. HEALTH SERVICES FUNDED UNDER EPF

General Population	Status Indians
Hospital Services	
Insured: as defined in CHA, plus speech therapy facilities, diet counselling, home renal dialysis, hyperalimentation and haemophiliac program. Also insured are mental health services, including the operation of provincial psychiatric hospitals.	Same as for general population.
Not Insured: services listed on page 3.	Uninsured services which are prescribed by a physician are covered by the MSB NIHB program.
Physician Services	
Insured: as defined in CHA.	Same as for general population.
Not Insured: services listed on page 3. Also, acupuncture is not covered.	Same as for general population. MSB covers these services under the NIHB program if they are prescribed by a physician.
Extended Health Care Services	
Extended Care Program: provides Type I care. There is a per diem residential fee charged to clients.	Status Indians whose legal residence is on-reserve are charged, and personally responsible for, the full residential fee. If they cannot afford it, Indian Affairs will pay the difference between OAS/GIS, less a comforts allowance, and the actual costs. User fees for status Indians living off-reserve are assessed on the same basis as for the rest of the population. All health care costs are insured.
Homes for the Aged Program: provides Type I care for persons aged 60 and over. Type II residents may also be covered by this program. Monthly rates are based upon OAS/GIS plus GAINS "A", less a comforts allowance.	

000422

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Document divulgué en vertu de la Loi sur l'accès à l'informatio

General Population	Status Indians
Home Care Program: provides acute and chronic care, including: therapy, nursing services, drugs and medical supplies, diagnostic and laboratory services, nutrition counselling, social work services, visiting homemaker services, meals-on-wheels and transportation to health facilities or to the physician's office. There are no fees for the health services component.	Same as for general population for Indians living off-reserve. On reserves, Indian bands apply to the Ministry of Community and Social Services for these services. The costs are shared between DIAND and the Province.

II. OTHER HEALTH CARE SERVICES

Community Health Services	
Community health and public health programs usually include: post-natal visits, environmental protection (water, pollution), dental clinics, school nursing, audio-visual testing, human sexuality and birth control programs, sexually transmitted disease control programs, and genetic counselling.	MSB provides community health services to Indian communities either directly or through community-based programs supported by Program contributions. These services include: community nursing, environmental health, dental health services, nutrition, mother and child health clinics, communicable disease control and immunization, mental health programs and other health prevention and education services.
Additional Provincial Benefits	
Ambulance Services: provide air and land ambulance services. There is a co-payment charge for OHIP subscribers.	Same as for general population. MSB pays the user fee.
Assistive Devices Program: pays approximately 75% of the cost of selected equipment and supplies for young people up to and including the age of 21.	Same as for general population. MSB pays the portion for which clients are responsible.
Paramedical Services: covers services of registered chiropodists, chiropractic services, and optometric services, according to a fee schedule determined by OHIP; with the exception of optometrists, there is an annual limit on the total amount charged by these practitioners who may extra-bill their patients.	Same as for general population. MSB pays the extra charges if the service is prescribed by a physician. Prior approval may be required.

000423

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General Population	Status Indians
Cleft Lip and Palate Program: provides 75% of the cost for dental treatment needed to correct cleft lip and palates for children and young adults.	Same as for general population. MSB pays the residual cost to the client.
Ontario Drug Benefit: drugs listed in the Ontario Drug Formulary when prescribed by a physician or dentist to: persons 65 and over, general welfare and family benefits recipients, residents of homes for special care, and persons receiving Extended Health Care and Home Care Benefits.	Same as for general population. MSB provides prescription drugs to all other Status Indians as a non-insured health benefit.
Out-of-Hospital Physiotherapy: covers initial and continuing services provided in the physiotherapist's office or the client's home. There are no limitations on coverage if the beneficiary has been referred by a licensed physician.	Same as for general population.

Reciprocal Arrangements

There are various formal and informal arrangements between the Province and MSB for work sharing. Included in this is the provision under the Ontario Health Protection Act, 1982 whereby Indian bands may contract to receive services from Provincial Health Units with the costs shared 75% by the Province and 25% by the band or MSB. Eight reserves in Southern Ontario, which are near major urban centers, receive all of their community health services from the nearby municipality. In the North, MSB delivers these services to isolated communities near Indian reserves.

III. SPECIAL ISSUES

Ontario Region identifies the following points in its 1987-88 Operational Plans concerning federal/provincial/Native relations:

1. The Province appears to be more interested in delivering services to Indian bands.
2. A Provincial Indian Commissioner has been appointed by the Ontario Government.
3. The Province is showing a greater interest than in the past in becoming involved with the hospital question (Sioux Lookout and Moose Factory).
4. A quarterly policy update and progress briefing with ADMs in the Ontario Ministry of Health will be taking place.

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Special Issues (Cont'd)

5. Federal and federal-provincial planning committees for the coordination of policy and operations in Ontario will address a range of environmental problems and training initiatives and strategies.

6. A tripartite Memorandum of Understanding with Nishnawbe-Aski, Ontario and Canada will include MSB in specific health transfer negotiations.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

s.19(1)

6585-1

July 16, 1987

~~4700-D12~~(E10)

Ms. D. Callaghan
Zone Administrative Officer
Medical Services
Southern Ontario Zone
25 St. Clair Avenue East
7th Floor
Toronto, Ontario
M4T 1M2

Dear Ms. Callaghan:

Please find attached correspondence from Mrs.P.Chegahno, Band Administrator, at Cape Croker, requesting funds for sign language training for [redacted] It appears that this is a responsibility of medical services.

Yours truly,

Original signed by G. BRENNAN

G. Brennan
A/Director of Education
Ontario Region

25 St. Clair Avenue E.
Toronto, Ontario
M4T 1M2

attach.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

CHIPPEWAS OF NAWASH BAND
ADM. TRATION OFFICE
R. R. 5,
WIARTON, ONTARIO, CANADA N0H 2T0

s.19(1)

Date APRIL 02/87

File No. .....

Dept. of Administration
Phone (519) 534-1689

187858

1987 JUN 29 A 9:44

DONNA CALLAGHAN
ZONE ADMINISTRATIVE OFFICER
MEDICAL SERVICES
SOUTHERN ONTARIO ZONE
25 ST. CLAIR AVENUE E.
7TH FLOOR
TORONTO, ONTARIO
M4T 1M2

RE: REQUEST FOR SPECIAL TRANSPORTATION

DEAR: DONNA

WE HAVE A BAND MEMBER, [redacted] WITH A SEVERE HEARING LOSS. LAST SPRING, THE BAND ASSISTED HER TO ATTEND AN 8 WEEK PROGRAM IN TORONTO TO HAVE HEARING AIDS DESIGNED AND TO TEACH BASIC LIP READING. [redacted] HEARING IS DETERIORATING AND SHE NOW NEEDS SIGN LANGUAGE TO COMMUNICATE EFFECTIVELY. THE COST OF THE PROGRAM IS $50.00 FOR TUITION AND MILEAGE FOR 10 WEEKS TO OWEN SOUND - GEORGIAN COLLEGE AT A $25.00/ TRIP (REDUCED COST FOR GAS ONLY) WE THEN NEED A TOTAL BUDGET OF:

TUITION	$ 50.00
MILEAGE COSTS	$250.00
	$300.00

YOURS TRULY

(MRS.) PAT CHEGAHNO
BAND ADMINISTRATOR
FOR: CHIPPEWAS OF NAWASH BAND

/KA

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Government of Canada / Gouvernement du Canada

ACTION REQUEST / FICHE DE SERVICE

To — À	File No. — Dossier N°
Tom Gozzi, Dir. Soc. Dev't, Ont. Region	Date: June 12/87

From — De: Jan Puddy - Sudbury 411

☐ Please call / Prière d'appeler	Tel. No. — N° de tél.	Ext. — Poste

☐ Returned your call / Vous a rappelé	☐ Will call again / Vous rappellera	☐ Wants to see you / Désire vous voir

Date	Time — Heure	Message received by / Message reçu par

☐ Action / Donner suite	☐ Approval / Approbation	☐ Note & return / Noter et retourner
☐ Comments / Commentaires	☐ Draft reply / Projet de réponse	☐ Note & forward / Noter et faire suivre
☐ As requested / Comme demandé	☐ Signature	☐ Note & file / Noter et classer

For your information.

000428

GC 12E

7540-21-868-3907

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

JUIN 15 1987

Chronological No. – N° consécutif
87-05-1086

File Reference – N° de référence du dossier
~~6540-179~~ 6585-1

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE: The words "From our Band Funds" "Capital" or "Revenue", whichever is the case, must appear in all resolutions requesting expenditures from Band Funds.
NOTA: Les Mots "des fonds de notre bande" "capital" ou "Revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

The council of the / Le conseil de la bande indienne	SPANISH RIVER BAND	Current Capital Blance / Solde de capital $
Agency / District	SUDBURY	Committed / Engagé $
Province	ONTARIO	Current Revenue Balance / Solde de revenue $
Place / Nom de l'endroit	COUNCIL CHAMBERS	Committed / Engagé $
Date	20 (Day – Jour) 05 (Month – Mois) AD 19 87 (Year – Année)	

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

That we establish the Spanish River Anishnawbe Health and Social Services Committee (AHSSC) as an advisory body reporting to the Chief and Council on a regular basis and/or as required; and

that the general goal of the Spanish River Anishnawbe Health and Social Services Committee is to improve the delivery of Health and Social welfare services in the community to the highest possible level maintaining the principles of local control, local authority and community responsibility emphasizing approaches in prevention, promotion and protection; and

that other specific goals of the Anishnawbe Health and Social Services Committee are:

1. To act as support group for the Health and Social Services Workers.
2. To advise Spanish River Anishnawbe Health and Social Service workers on "issues arising."
3. To make recommendations to Band Council re: proposals that cannot be implemented at the program and committee level.
4. To co-operate with other committees of Spanish River Reserve which deliver health and social service-related activities; and

that the following activities are, but not limited to, intended to meet the goals of the Anishnawbe Health and Social Services Committee:

1. Hold regular monthly meetings.
2. Identify sources of funding for health and social service related projects.
3. Establish linkages with other groups, resources and committees that will facilitate the objectives of the committee.
4. Provide support (moral, information, etc.) for health and social service workers.
5. Identify specific health and social problems, hazards, concerns in the community so that strategies for dealing with them may be devised.

A quorum for this Bande
Pour cette bande le quorum est

INDIAN AFFAIRS
SUDBURY DISTRICT

/000429

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Chronological No. – N° consécutif: 87-05-1086

File Reference – N° de référence du dossier: 6590-179

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE: The words "From our Band Funds" "Capital" or "Revenue", whichever is the case, must appear in all resolutions requesting expenditures from Band Funds.
NOTA: Les Mots "des fonds de notre bande" "capital" ou "Revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

The council of the / Le conseil de la bande indienne	SPANISH RIVER BAND	Current Capital Blance / Solde de capital $
Agency / District	SUDBURY	Committed / Engagé $
Province	ONTARIO	Current Revenue Balance / Solde de revenue $
Place / Nom de l'endroit	COUNCIL CHAMBERS	
Date	20 (Day – Jour) 05 (Month – Mois) AD 19 87 (Year – Année)	Committed / Engagé $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

6. Formulate resolutions that will be handed on to the Band Council for consideration and action.
7. To participate in health and socialservice related promotion activities conducted in the COMMUNITY. (i.e. diabetes workshops, blood pressure clinics, health fairs and other community events; and

that the membership on the Anishnawbe Health and Social Services Committee represent the following programs:

Band Administrator.....Angus Toulouse
Band Council.....Margret Toulouse
Community Health Representative.....Linda Owl
Day Care Centre.....Gail Eshkakogan
Health Centre.....Marlene Nose'
Health Services.....Levi Southwind
Home Support Services.....Paul Eshkakogan
Native Child Care.....Anna Marie Abitong
Native Child Care.....Frances Toulouse (alternate)
Nodmaudouwin.....Carol Eshkakogan
Program Management.....Felix Stoneypoint
Welfare Department.....Mary E. Toulouse
Welfare Department .....Dorothy Eshkakogan (alternate)
Recreation.....Lawrence Solomon; and

that the term of membership shall be renewed every two years; and

that the Health and Social Services Committee appointed by Band Council Resolution 86-01-982 be dissolved.

A quorum for this Bande / Pour cette bande le quorum est consists of / fixé à FIVE

Council Members. / Membres du Conseil.

(Chief – Chef)		
(Councillor – Conseiller)	(Councillor – Conseiller)	(Councillor – Conseiller)
(Councillor – Conseiller)	(Councillor – Conseiller)	(Councillor – Conseiller)
(Councillor – Conseiller)	(Councillor – Conseiller)	(Councillor – Conseiller)
(Councillor – Conseiller)	(Councillor – Conseiller)	(Councillor – Conseiller)

FOR DEPARTMENTAL USE ONLY – RÉSERVÉ AU MINISTÈRE

1. Band Fund Code / Code du compte de bande	2. Computer Balances – Soldes d'ordinateur A. Capital $	B. Revenue – Revenu $	3. Expenditure – Dépenses $	4. Authority (Indian Act Section) / Autorité (Aticle de la Loi sur les Indiens)	5. Source of Funds / Source des fonds ☐ Capital ☐ Revenue / Revenu

6. Recommended – Recommendable		Approved – Approuvable	
Date	Recommending Officer – Recommandé par	Date	Approving Officer – Approuvé par

135 (9-85) 7530-21-023-4662

Canada

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Document divulgué en vertu de la Loi sur l'accès à l'int

185091

1987 JUN 15 A 10: 22

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Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

TEMPORARY FILE SLIP
FICHE TEMPORAIRE DE DOSSIER

Date of Document – Date du document: June 10/87

File No. – Dossier: 6585-1

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Cette fiche sert à transmettre le document lorsque le dossier **principal est sorti. Ne pas détacher cette fiche du document.**

Referred to Destinataire	Purpose Objet	Date	Initial Initiales	P.A. Date Date de rangement	B.F. Date Date de rappel	Initial Initiales	Records Inspection Examen du service des archives
RDG	184956	87/6/15		19/6/87			
CA	" FYI	87/6/19	RDI	22/6/1			

Main file is charged to – Dossier principal inscrit au nom de: Kettle Creek

Date:

Branch – Direction: RDG

Subject – Sujet: Health Svcs. – Senl

Records Office Recall Date
Date de rappel du Bureau des documents

10-87 (11-83) 7530-21-023-4487

000432

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Akwesasne Wolf Belt

Box 579, Cornwall, Ontario K6H 5T3

MOHAWK COUNCIL OF AKWESASNE

1987 JUN 15

June 10, 1987

184956

6585-1 (RDG)

Mr. Larry MacCafferty
Health & Welfare Canada
Ontario Region
Medical Services Branch
1547 Merivale Road
Nepean, Ontario
K1A ØL3

Dear Mr. MacCafferty:

As you are aware, the Mohawk Council of Akwesasne has been actively involved over the past six years in seeking financial resources to operate and maintain the St. Regis Ambulance Unit here in Akwesasne.

For the past six (6) months, we have participated in numerous discussions with Health and Welfare and Indian and Northern Affairs to try and seek some resolution to this outstanding problem which has aided to our present deficit situation. Throughout these discussions, we have been frustrated at the level of committment from both Health and Welfare and Indian and Northern Affairs to assist Akwesasne in meeting this urgent health care need in our community. We have been given assurances by your department that every effort will be made to coordinate efforts with the various funding possibilites for our ambulance service. This effort has not, in our opinion, been adequately served.

A meeting was arranged with the Province of Ontario on March 30th, 1987 which was to have been coordinated with both Ontario and Quebec to determine what was available from each source as ambulance services are considered "a provincial responsibility". This meeting was fruitless and resulted in the Province of Ontario stating that we can indeed be served by Cornwall Ambulance for Cornwall Island only and that we would not meet the qualifications for an ambulance service in Ontario. Quebec was never invited to this meeting. At that time, Dr. Norman Fraser, who was coordinating from your office, stated that we are now aware of what is available from the provinces and that Health and Welfare will need to find the funding to try and meet the balance of our needs. This committment has not be addressed.

Mohawk Gov't Office (613) 575-2348
(613) 575-2220

Admin. Office (613) 575-2266
(613) 575-2222

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

This issue has been further discussed at additional meetings involving Health and Welfare and Indian and Northern Affairs and to no avail. Recently, we have taken time and limited funding to travel to Ottawa to meet with your staff and we get responses such as "so what have you done to get funding?" We are now told that we must continue to deal with the Province of Ontario and that "perhaps further discussions may be worthwhile; and then it may not". Also "that we should consider reducing or eliminating our ambulance service given the lack of funding". Statements such as the above indicate that perhaps the original intent was to force the closing of our ambulance services and save everyone a lot of problems.

Akwesasne has justified the need for a full time ambulance unit to service our entire community time and time again. We have complied to the numerous requests for background information and have strived to meet the requirements for the various jursidictions that we must contend with (Ontario/Quebec/New York State) in the provison of this needed medical service. We are willing to certify and justify further if this will assist in resolving this issue.

Akwesasne is a unique community, both historically and geographically. We have seen the need for an emergency medical service in this community as our needs were not adequately served by the local ambulance services, therefore, we initated the service ourselves. This effort is very commendable and rather than support such efforts by a community, we are penalized and subjected to ridgid interpretations of policies and jurisdictional borders which further hinders our efforts. Also, the fact that this Nation has identified emergency medical services as a dire need within this community, should be given serious consideration by Health and Welfare as the federal trust responsibility would indicate. Instead, the fear of setting precedence and limiting federal spending takes priority over life or death situations. As I am sure there are other Indian Nations with concerns over the provision of emergency medical care for their people, perhaps Health and Welfare should take heed and work toward meeting those unmet needs within their mandate. Akwesasne will no longer be a pawn between the provinces and the federal government; who thus far have bounced responsibility back and forth and placed us in a "Catch 22" situation.

As you are aware, Indian and Northern Affairs is pressuring Akwesasne to seek resolution to the issue as our deficit situation is increasing largely due to the provision of our ambulance service. The time frame that Akwesasne is working under is late June 1987. Akwesasne, therefore, requests that Health and Welfare live up to their committment to assist us in seeking final resolution to this issue.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

I am available to meet with you at your earliest convenience to discuss the progress on this issue further. Meetings at the advisory or technical level has thus far proved fruitless.

Sincerely,

MOHAWK COUNCIL OF AKWESASNE

Michael Mitchell, Grand Chief
Mohawk Council of Akwesasne

cc: Gary Wouters, Director General, INAC
Georges Erasmus, National Chief,
Assembly of First Nations

lmaccaf;gm

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

(SG)
PA-6585-1

May 22, 1987

181168

1987 MAY 25 A 8:31

Your file / Votre référence

Our file / Notre référence

4119-1-150

National Health & Welfare
100 Park Street
Room 147
Kenora, Ontario
P9N 3X6

ATTENTION: Maurice Goodin
Zone Consultant

RE: B.C.R. #818 -ISLINGTON-MERCURY HEALTH COMMITTEE

Attached is the above-mentioned document.

Yours truly,

Norman R. R. Coulter

Norman R. R. Coulter
District Manager
Department of Indian Affairs
100 Park Street
Kenora, Ontario
P9N 3X6

NRRC:dvs

c.c.: Eugene Harrigan
Chief Henry

ATTACH:

Canada

#7,25-05-87

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada
Indian and Inuit Affairs / Affaires indiennes et inuit

MAY 19 1987

Chronological No. – *Numéro consécutif*: 818

File Reference – *N° de réf. du dossier*: 4119-1-150

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE: The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds
NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

THE COUNCIL OF THE / *LE CONSEIL DE LA BANDE INDIENNE*: ISLINGTON BAND # 29

AGENCY / DISTRICT: KENORA

PROVINCE: ONTARIO

PLACE / *NOM DE L'ENDROIT*: WHITEDOG

DATE: 13 (DAY – *JOUR*) 05 (MONTH – *MOIS*) AD 19 87 (YEAR – *ANNÉE*)

Current Capital Balance / *Solde de capital* $

Committed – *Engagé* $

Current Revenue balance / *Solde de revenu* $

Committed – *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

That Kerry Carpenter of the Islington Band # 29 be appointed to sit as a member of the Mercury Health Fund Committee representing the Islington Band # 29.

Be it further resolved that Kerry Carpenter be reimbersed travel expenses and a per diem rate of $ 55.00 from the band.

A quorum for this Bande / *Pour cette bande le quorum est* consists of / *fixé à* 5 Council Members / *Membres du Conseil*

Anthony Henry (Chief – Chef)

(Councillor – conseiller)

Gordon Bushie (Councillor – conseiller)

Allan Carpenter (Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

(Councillor – conseiller)

FOR DEPARTMENTAL USE ONLY – RÉSERVÉ AU MINISTERE

1. Band Fund Code / *Code du compte de bande*	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue – *Revenu* $	3. Expenditure / *Dépenses* $	4. Authority – *Autorité* Indian Act Sec / *Art. de la Loi sur les Indiens*	5. Source of Funds / *Source des fonds* ☐ Capital ☐ Revenue / *Revenu*

6. Recommended – *Recommandable*

Date ..... Recommending Officer – *Recommandé par* .....

Approved – *Approuvable*

Date ..... Approving Officer – *Approuvé par* .....

IA 135 (5-79) 7530-21-023-466

000437

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

PA

Tel: (416) 973-6208

6585-1

~~4785-7~~ (E10)

May 8, 1987

Dr. N. Fraser
c/o National Health and Welfare
55 St. Clair Avenue E.
Toronto, Ontario

Re: Immunization

Dear Dr. Fraser:

Further to our conversation yesterday, please find attached a preliminary Operating Memorandum that we will be using for all Federal Schools in our Region. This memorandum on Immunization is at the draft stage. If you have any suggestions for additions, etc., please please feel free to comment.

I look forward to hearing from you on the other matters that we discussed at yesterday's meeting. I appreciate you taking time to meet with me and discuss mutual concerns and views.

Yours truly,

Glen Brennan
A/Superintendent of Education
Georgian Bay/Bruce

25 St. Clair Ave. E.
5th Floor
Toronto, Ontario
M4T 1M2

/bb

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AUG 27 1986

Ministry of Community and Social Services
Ministère des Services sociaux et communautaires
Ontario

1986 AUG 28 A 9:24

037228

INCOME MAINTENANCE BRANCH
3rd Floor - Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 1E9

Tel: (416) 965-2316

AUG 28 1986

PA 6585-1

August 14, 1986

MEMORANDUM TO:

Social Service Administrators - Municipalities
- Indian Bands

Clerk Treasurers

Re: Ministry of Health
Assistive Devices Program Expansion

In a letter dated May 12, 1986, information was sent to you concerning the expansion of the Assistive Devices Program (ADP). At that time you were advised that further information regarding procedures to be adopted would be provided to you.

In this regard I can advise that, for social assistance programs, the existing procedures pertaining to ADP remain basically the same. However, as the ADP expansion will permit a greater number of social assistance referrals to ADP than is currently the case, I would like to take this time to review the ADP expansion and its impact on the General Welfare Assistance program.

1. ADP Expansion

o Effective July 1, 1986:

. persons who were age 22 or younger on July 1, 1986 became eligible to apply for any item provided under ADP. (Previously only persons age 21 or younger could apply to ADP. However, the age of eligibility for all categories is to be increased by one year each July 1st. Accordingly, next year on July 1, 1987, the age limit for young people

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

will be expanded to include age 23 and younger); and

- persons of any age became eligible to apply for items of prostheses supplied by ADP. (There is no longer an age restriction for prosthetic devices.) Note that wheelchairs are considered a separate category under ADP and are not included as an item of prostheses.

o Effective September 1, 1986:

- persons of any age will be able to apply for respiratory items supplied by ADP except for oxygen and oxygen equipment which will continue to be supplied to young persons. (There will no longer be an age restriction for most respiratory items.)

2. Impact on General Welfare Assistance Program

The ADP expansion will result in significant savings to municipalities which provide assistive devices as an item of special need under the General Welfare Assistance programs of Special Assistance and Supplementary Aid.

For example, prostheses account for a large percentage of municipal expenditures on assistive devices. As most prostheses are provided to persons on Family Benefits and Old Age Security under the General Welfare Assistance program of Supplementary Aid, the current municipal expenditure on these items represents 20% of the total cost. The balance of 80% is funded by the Ministry. With the expansion of ADP on July 1, 1986, 75% of the total cost of prostheses will, in future, be covered by the Ministry of Health. This will leave a balance of 25% which will result in a municipal share of 5% after 80/20 cost sharing. This represents a considerable savings to municipalities. Additional savings will be made for items provided under Special Assistance. The municipal share of the cost would be reduced from the current 50% ratio to 12 1/2%.

For more information on the expansion of the Assistive Devices Program, please contact the program area directly at the toll free number 1-800-268-6021.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

A recent bulletin on the ADP expansion is attached for your information.

Robert Cooke

Robert Cooke
Director
Income Maintenance Branch

LP/bmc

Attach.

cc: Review Officers
Head Office Staff

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Ontario

Shop Canadian
Magasinons à la canadienne

Ministry of Health / Ministère de la Santé

July, 1986

ASSISTIVE DEVICES PROGRAM EXPANSION

The Minister of Health, the Honourable Murray Elston, has announced his commitment to the expansion of the Assistive Devices Program (ADP).

The Assistive Devices Program

ADP is a program of the Ontario Ministry of Health which provides Ontario residents, who have a long term physical disability, with assistance in paying for certain medically necessary equipment and supplies. ADP pays 75 per cent of the cost of equipment which is eligible for coverage. The eligible equipment is divided into the following general equipment categories:

- hearing aids
- visual aids
- communication aids
- incontinence supplies
- ostomy supplies
- orthotic devices
- prosthetic devices
- respiratory equipment
- wheelchairs and mobility aids

Program Expansion

On May 9, 1986, Mr. Elston announced that ADP was to be expanded to cover all eligible Ontario residents, regardless of their age. Prior to this announcement, only Ontario residents 21 years of age and under were eligible for assistance from ADP.

This expansion is to be implemented in phases, an equipment category at a time, until all of the equipment categories listed above have the expanded coverage. The expansion plan which Mr. Elston announced on May 9, 1986, includes the following:

(a) Prosthetic Devices Category

Effective July 1, 1986, all Ontario residents, regardless of their age, are eligible for ADP's assistance in paying for prosthetic devices. These devices are standard artificial limbs, myoelectric arms, artificial eyes, breast prostheses, and maxillo-facial prostheses.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

(b) Respiratory Equipment Category

Effective September 1, 1986, all Ontario residents, regardless of their age, will be eligible for ADP's assistance in paying for respiratory equipment, excluding medical gases and related equipment. This equipment includes ventilators, suction machines, compressors, postural drainage boards, percussors, and tracheostomy sets.

(c) Other Equipment Categories

The dates for expansion of the remaining equipment categories, including medical gases and related equipment, have yet to be announced. However, the maximum age of eligibility for all of these remaining equipment categories was increased to 22 years of age effective July 1, 1986, and will continue to increase to ensure that no one currently eligible for ADP loses his or her coverage.

Other Financial Assistance

Information concerning assistance with the 25 per cent portion of the cost not covered by ADP, or with the cost of equipment not eligible for coverage under ADP, may be obtained from: various voluntary agencies (e.g. March of Dimes, Cancer Society, Easter Seals), municipal social services departments, other provincial programs, or ADP directly.

Vocational Rehabilitation Services (VRS) clients who seek VRS assistance with the 25 per cent portion must obtain approval from their VRS counsellor prior to ordering any equipment.

It should be noted that people in receipt of benefits from the Workers' Compensation Board, and people who are members of the Armed Forces or the RCMP, are not eligible for assistance from ADP. This is because they are eligible for assistance from these organizations.

Conclusion

Please share this information with all others whom you think may be able to benefit from ADP. Feel free to direct any questions you may have about ADP and its expansion to:

Assistive Devices Program
15 Overlea Blvd.
Toronto, Ontario
M4H 1A9

Telephone: (416) 963-1956 (In Toronto)
1-800-269-6021 (Toll Free)
1-800-268-6023 (T.D.D.)

Thank you for your interest.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

July 10, 1986

6585-1 (SD2)

Dr. A. R. Kempton
Indian Health Program
Medical Services Branch
Room 315
55 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

RE: Anishnabe Health Centre

Pursuant to our telecon of this morning, please find enclosed a copy of the information we received from the Anishnable Health Centre, Toronto.

Yours truly,

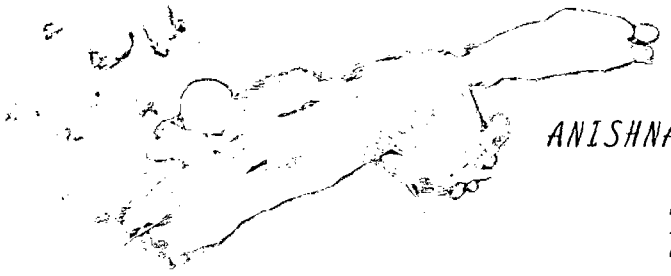
ORIGINAL SIGNED BY
R. CHOPRA

R. CHOPRA
Manager
Social Development
Ontario Region
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

RC:czl

Enclosed: a/s

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information



ANISHNABE HEALTH TORONTO
14 Vaughan Road
Toronto, Ontario
652-0334

JUL 09 1986
1986 JUL -9 A 9:22
0 2643 1

4 July 86

Dear Community:

Anishnabe Health held its Annual Meeting June 23, 1986, at which time a new Board of Directors was elected: Gordon Johnston (President); A. E. (Gus) Ashawasega (Vice-President); Francine Mendoshkin (Secretary); Bonnie Ashawasega (Treasurer); Carol Farkas; George Kenny; Joyce Maracle-McIntee; John McLeod; and Elizabeth Pike.

It was a rewarding evening to feel the enthusiasm of concerned people that Anishnabe Health develop and establish resources and networks to make an Urban Native Health Clinic a reality. The board directed the Executive to meet to discuss priorities that will enable Anishnabe Health realize its goals and objectives.

Anishnabe Health has a mandate, and along the way a survey on urban Native health will be conducted to support the clinic's establishment. WE NEED AND WOULD APPRECIATE ANY COMMENTS, SUGGESTIONS AND CONCERNS THAT YOU AND/OR YOUR ORGANIZATION MAY HAVE. YOUR INPUT IS WELCOMED! Please contact us as the above address to begin establishing Anishnabe's network of Native people and organizations.

The Executive met on June 26th, and July 3rd and concluded that the Anishnabe Health goal is to establish a multi-service clinic in downtown Toronto. We will be working towards:

1. Urban Native Health Council
   - Native community representatives to discuss and advise specialized needs.

2. Health Education
   - Educating Native people through community lectures, films, pamphlets (alcohol, diabetes, epilepsy, nutrition, etc.)
   - Medical Native Practitioners (training centre)
   - Sensitizing existing health services to special needs of Native people

3. Family Counselling/Outreach Social Workers
   - Counselling
   - Network of community resources (i.e., housing, benefits)

. . . /2

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

4. Health Care/Preventative Medicine
   - Native public health nurses
   - Traditional Native care
   - Rehabilitation

5. Medical Professional Unit
   - General Practitioners
   - Psychiatrists and/or psychologists
   - Dentists
   - Technicians

We have also hired Gary Peltier as Research Co-ordinator. Gary's background, in research on Native/Canadian themes at York University and Administrative Studies, will be an asset in developing and establishing resources and networks for Anishnabe Health.

Become involved, share your ideas! Give Gary a call if you or your organization can assist us, we sincerely welcome your input.

Yours sincerely,

Gordon Johnston
President

GJ:ba

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

July 10, 1986

6585-1 (SD2)

Dr. A. R. Kempton
Indian Health Program
Medical Services Branch
Room 315
55 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

RE: Anishnabe Health Centre

Pursuant to our telecon of this morning, please find enclosed a copy of the information we received from the Anishnable Health Centre, Toronto.

Yours truly,

ORIGINAL SIGNED BY
R. CHOPRA

R. CHOPRA
Manager
Social Development
Ontario Region
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

RC:cal

Enclosed: a/s

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ANISHNABE HEALTH TORONTO

14 Vaughan Road
Toronto, Ontario
652-0334

JUL 09 1986

1986 JUL -9 A 9:22

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. . . /2

Document disclosed under the *Access to Information Act*
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Yours sincerely,

Gordon Johnston
President

GJ:ba

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WRITER	
DEPARTMENTAL SECRETARIAT	
MINISTER'S OFFICE	
DEPUTY MINISTER'S DIARY FILE	
DEPUTY MINISTER'S OFFICE	
ADM	
DAILY DIARY FILE JUN JUIN 25 1986	

PA 6585-1

SA-0152
A 66272

024866

1986 JUN 27 A 8:28

Chief George Kakeway
Rat Portage Band No. 38B
P.O. Box 1850
KENORA, Ontario
P9N 3X8

Dear Chief Kakeway:

Thank you for your letter of April 15, 1986 regarding better delivery of health services in your community.

Mr. L. McCafferty, Regional Director, Medical Services Branch of Health and Welfare Canada had his staff review the circumstances applying to the provision of health services in your community. I am informed that the funding of a 'referral clerk' has been designated as a number one priority for the Region and the Zone of Medical Services Branch. The position will be funded as soon as a freeze on new contributions is lifted by that department and funds allocated to it.

I understand that the Medical Services Branch included in its capital plan for 1987-1988, a medical services building for your community. The building is expected to be completed in 1988-1989.

With regards to the transportation for medical reasons, it is my understanding that the band administrator has been authorized to approve any emergency trips on days other than Wednesdays.

In order that the issues identified in your letter are followed up by the Medical Services Branch, I am sending a copy of this letter to my colleague the Honourable Jake Epp.

Kindest regards. Take care.

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE
David Crombie

Information: E. Harrigan
Writer: LEGAULT/rjl/Disk 25(Jo)(SA-28)
May 28, 1986
c.c. Director General, Ontario
(y.f.: 6585-1(SD2))
c.c. The Honourable Jake Epp, P.C., M.P.
c.c. Parliamentary Relations

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

June 02, 1986

6585-1 (SD2)

Department of Indian
and Northern Affairs
Indian and Inuit Affairs
Ottawa, Ontario

ATTENITON: Daniélle Legault, Docket Co-ordinator

RE: DOCKET No. A-69944

Further to the above-mentioned docket, I am providing background information on the subject and a suggested response as attached.

Orig signed by

Garry Wouters
Regional Director General
Ontario Region
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

attach.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

DOCKET NO. A69944

BACKGROUND:

Dr. Judy C. Martin is concerned about the decision of Health and Welfare Canada to discontinue payment of bus fare to those patients referred to her by another doctor from Marathon for orthodontic treatment. The decision not to reimburse patients for bus fare was conveyed to Dr. Martin by Ms. Diane McKenzie of Health and Welfare Canada who sets up dental appointments for patients of Mobert Clinic and Heron Bay Band Clinic.

SUGGESTED RESPONSE

"Dear Dr. Martin,

I thank you for bringing to my attention your concern regarding the decision of Health and Welfare Canada not to reimburse patients for bus fare who are referred to you for orthodontic treatment, from Mobert and Gull Bay.

I wish to inform you that health services, including transportation for dental treatment for on-reserve Indians remain the responsibility of Medical Services Branch, Health and Welfare Canada. However, I am pleased to forward your letter of May 07, 1986 to my colleague, the Honourable Jake Epp, Minister of Health and Welfare Canada for his consideration.

I hope that this situtation will be resolved to your satisfaction. Take care."

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

16585-D19

(RDI)

health Care / dental care to Indian children

EXECUTIVE CORRESPONDENCE ACTION SHEET
FEUILLE DE SUIVI POUR LA CORRESPONDANCE DES CADRES

1986 MAY 16 A 9:04

DOCKET: 018716
DOSSIER: A699447

DEADLINE for return to the Executive Secretariat with all appropriate approvals is:
DÉLAI du Secrétariat des cadres pour retourner le dossier avec les approbations nécessaires: May 29

113

The LEAD ROLE in responding to this docket has been assigned to:
Le RÔLE PRINCIPAL dans ce dossier a été assigné à:

1. Social Development ONTARIO REGION

A SUPPORT ROLE in responding to this docket has been assigned to:
Le RÔLE ACCESSOIRE dans ce dossier a été assigné à:

2. _____

3. _____

COPY SENT FOR INFORMATION ONLY TO:
COPIE ENVOYÉE À TITRE DE RENSEIGNEMENT SEULEMENT À:

___ DEPUTY
___ NAP-SOC
___
___ ED-ADM
___ FPS-ADM
___ IS-ADM
___ LRT-ADM
___ HR-ADM
___ SG-ADM

___ CB-DG
___ FS-DG
___ LS-GC
___
___ PARLIAMENTARY RELATIONS
___ OTHER _____

Return to the Executive Secretariat, Attention:
Prière de retourner au Secrétariat des cadres à l'attention de:

Danielle Legault
994-7205

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Dr. Judy C. Martin, D.M.D., M.S. Pediatric Dentist

380 Syndicate Avenue S., Suite 303
Thunder Bay, Ontario P7E 1C9
Telephone (807) 623-1412

CABINET DU MINISTRE
DEPARTMENTAL SECRETARIAT
REÇU
14 MAI 1986
RECEIVED

SA. 91-14

May 7, 1986.

2 | 3

Mr. David Crombie
Minister of Indian Affairs
Ottawa.

Dear Mr. Crombie,

I was greatly dismayed when I was recently informed by a Diane McKenzie, who sets up dental appointments for patients of Mobert Clinic, Mobert ((phone # 821-2626, code 807)) and Heron Bay Clinic, ((phone # 229-1836, code 807)) that she was informed by a person working on behalf of Health + Welfare Canada, that Health and Welfare Canada would not approve reimbursement for bus fare for those patients referred to me by Dr. Farquhar, in Marathon, for treatment in Thunder Bay. Ms McKenzie was told that patients referred to Thunder Bay for orthodontic treatment, to an orthodontist, and those referred to oral surgeons would still be reimbursed for bus fare for the trip, but that "since Dr. Martin just preferred treating children" was not sufficient reason to undergo the expense of bus fare for their treatment.

dell Ont.

I have seen numerous patients from Mobert Reserve and other reserves, and the personnell in Sudbury know I am certified as a Paedodontist - which is a specialist in treating children's dental needs. I am registered by the Royal college of Dental Surgeons and certified in that specialty - which is as valid a specialty as Orthodontics and Oral surgery (and requires 2 years post-graduate training in addition to a dental degree). Dr. Farquhar was also distressed, as now a route for treatment of difficult cases of child patients has been cut off from him and his patients.

I am disturbed that a bureaucrat would refer to my profession in such an obviously uninformed way, and I am particularly distressed that the patients who are no longer

A69944

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Dr. Judy C. Martin, D.M.D., M.S. Pediatric Dentist

200 Syndicate Avenue S., Suite 303
Thunder Bay, Ontario P7E 1C8
Telephone (807) 623-1412

able to travel to Thunder Bay are not going to receive optimal dental treatment. Several children have had treatment stopped before completion, and I imagine several children who are in need of the specialized treatment provided by myself will not receive it.

I am also puzzled that this has become such an obstacle to treatment, because many of the treatment plans approved by Health and Welfare Canada are in the range of several hundred dollars, and the amount of bus fare in consideration here is small in comparison.

To point out the need for such services - many of these children have not had any dental restorations and have diets very conducive to dental decay. Also, many of the very young children (under four years of age) have extensive restorative requirements that can best be met by a specialist such as myself, trained in giving sedations, and having hospital privileges to use general anesthetic in cases that warrant it.

I would implore you to examine this policy and revise it so that these children do not have to suffer from dental neglect.

Yours sincerely,
Judy MacMartin

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A-66272

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

PA 1/3A

6585-1

May 07, 1986

Your file / Votre référence

Our file / Notre référence

6585-1 (SD2)

Department of Indian
and Northern Affairs
Indian and Inuit Affairs
Ottawa, Ontario

ATTENTION: Danielle Legault, Docket Co-ordinator

RE: SA0152/A66272

Further to the above-mentioned docket, I am providing background information on the subject and a suggested response as attached.

Eugene Harrigan
Regional Director General
Ontario Region
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

attach.

FAX
DATE: May 15/86
TIME: 3:40 P.M.
OPERATOR:

Canada

Document disclosed under the *Access to Information Act*
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2/3A

DOCKET NO. - SA0152/A66272

BACKGROUND

Chief George Kakeway of Rat Portage band refers to the Band Council Resolution of March 26, 1985 requesting Medical Services Branch to fund the position of a referral clerk. The Chief also has concerns about the lack of a medical services building and transportation for emergency health services.

The Regional Director Medical Services Branch, National Health and Welfare, Mr. L. McCafferty has responded (interim reply) by stating that he has asked Dr. Norm Frazer and Bob McCulloch, Zone Director, Thunder Bay to review the circumstances applying to the provision of health services at Rat Portage band.

The Medical Services Branch further responded to Chief Kakeway on March 11, 1986 by stating that the funding of the 'referral clerk' position is a top priority with Medical Services Branch, Ontario Region. Due to lack of funds and freeze on new contributions, it is not possible for their department to fund the position immediately. We are informed by the Medical Service Branch that the construction of a medical building has been included in their capital plan for 1987/1988 to be completed in 1988/1989. Emergency medical transportation can also be authorized by the band administrator on days other than Wednesdays.

SUGGESTED RESPONSE

"Dear Chief Kakeway,

Thank you for your letter of April 15, 1986 concerning the delivery of health service to the members of your community.

Mr. L. McCafferty, Regional Director, Medical Services Branch had his staff review the circumstances applying to the provision of health services in your community. I am informed that the funding of a 'referral clerk' has been designated as a number one priority for the Region and the Zone of Medical Services Branch. The position will be funded as soon as a freeze on new contributions is lifted by the Department of Health and Welfare and funds allocated to it.

..../2

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3/3A

DOCKET NO. - SA0152/A66272

I understand that the Medical Services Branch included in their capital plan for 1987/1988, a medical services building for Rat Portage band. The building is expected to be completed in 1988/1989.

With regards to the transportation for medical reasons, it is my understanding that the band administrator has been authorized to approve any emergency trips on days other than Wednesdays.

In order that the issues identified in your letter are followed up by Medical Services Branch, I am sending a copy this letter to the Honourable Jake Epp, Minister of Health and Welfare Canada."

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1986 APR 25 A 11:41

099458

EXECUTIVE CORRESPONDENCE ACTION SHEET
FEUILLE DE SUIVI POUR LA CORRESPONDANCE DES CADRES

TO: DEX
À: ONT

DOCKET: SA 0152
DOSSIER: A66272

DUE IN SEC: 615
ÉCHEANCE DU SEC:

Social Development

ALSO SENT TO:
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- [ ] ED-ADM
- [ ] FPS-ADM
- [✓] IS-ADM
- [ ] LRT-ADM
- [ ] NAP-ADM
- [ ] SG-ADM
- [ ] CB-DG
- [ ] ES-DG
- [ ] LS-GC
- [ ] PB-DG
- [ ] PARLIAMENTARY RELATIONS
- [ ] OTHER _____

- [ ] AMH
- [ ] ONT
- [ ] MAN
- [ ] QUE
- [ ] SASK
- [ ] ALTA
- [ ] ALTA/IND. MIN. WEST
- [ ] BC
- [ ] NW-I
- [ ] YT-I
- [ ] NW-N
- [ ] YT-N

PLEASE RETURN TO:
PRIÈRE DE RETOURNER À:

DANIELLE LEGAULT
994-7205

April 25/86
11:59 A.M.

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RAT PORTAGE BAND 38 B

MINISTER'S OFFICE
I.N.A.C.
CABINET DU MINISTRE

P.O. BOX 1850
KENORA, ONTARIO
P9N 3X8.

APR 21 11 43 AM '86

REFERRED SP

FILE NO. 190-14

SA-0152

April 15, 1986

DEPARTMENTAL SECRETARIAT
REÇU
23 AVR 1986
RECEIVED
SECRÉTARIAT DU MINISTÈRE

Honourable David Crombie
Minister of Indian Affairs
and Nortern Development
House of Commons of Canada
OTTAWA, Canada

Dear Minister Crombie,

Last year when you spoke to the Chiefs on Rat Portage Reserve 38B, you spoke with emphasis about communicating directly with the Chiefs. We valued your expression to support the chiefs and attain a better status and standard of living for the Native peoples of Canada.

I should like to bring to your attention a matter of concern for community, regarding better delivery of Health Services. To explain the backgroundof attempts to rectify the situation. I enclose a copy of our letter to Mr. McCafferty, and his response to us. We feel the answer is not complete either in information data, nor does it answer our questions as to why we are not nor now being considered in terms of budgeting for our requests.

Understanding your personal commitment to improving communication with people for a more assured future of self- Government. May I request that you intercede this matter. I would appreciate a meeting with yourself or a reply as soon as conveniently possible.

Cordially Yours,

Chief George Kakeway

A66 000460

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Document divulgué en vertu de la Loi sur l'accès à l'information
E-015

Health and Welfare Canada / Santé et Bien-être social Canada

Ontario Region,
Medical Services Branch,
Union Electric Building,
370 Catherine Street,
Ottawa, Ontario.
K1A 0L3

Your file / Votre référence

Our file / Notre référence

150-1-X217

February 24, 1986

Chief George Kakeeway,
Rat Portage Band 38b,
P.O. Box 1850,
KENORA, Ontario.
P9N 3X8

Dear Chief Kakeeway:

Thank you for your letter dated 13 February, 1986. I have asked Dr. Norman Fraser to review the circumstances applying to the provision of health services in your community, together with Mr. Bob McCulloch, Zone Director from Thunder Bay.

I hope to have a more complete response to your concerns by March 17, 1986. I would like, however, to advise you that I am not at this time expecting an increase in the resources available to me to expand health services beyond existing provisions for fiscal year 1986/87.

Yours truly,

Larry McCafferty,
Regional Director.

LMcC:eg

c.c.-Dr. N.L. Fraser
-R. McCulloch

Canada

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12.2.86

4/4

Dear Mr. Mc Cafferty,

On 26 March 1985, we passed a Band council resolution requesting a Referral Clerk to work on Rat portage Band 38B. This was an updated B.C.R. dated 16 November 1982.

The community has expanded since 1982 - when it was originally acknowledged that a referral clerk and a medical services building were important to the well being of the community. We now have a population of 310 ,with a large number of young mothers and babies and a growing number of older residents. Although the location is fairly close to Kenora, the severe lack of transport makes it extremely difficult for many of the Band members to take advantage of the social/medical services on a regular basis. Medical trips may only be paid for on a Wednesday and unfortunately people and emergencies are not always so obliging as to fall on that day.

With the improved housing standards and economic developments, should come improved social services. There is a real need at the very least for a referral clerk. With such a person the services could become more accessible to the Band members, and they in turn could be better informed of the availability of the variety of services in Kenora.

We understand that at one point Rat Portage was put on a list of reserves requiring a Medical Centre and a referral clerk. It has become obvious by the lack of response to our requests, that we have been "shafted" completely. Perhaps you could explain why we no longer seem eligible for such services? We have met with Mr. McCullock, the Zone Director who was unfortunately unable to help us.

Therefore, I am requesting a meeting with you at your earliest convenient time to discuss these matters. I would appreciate a reply as soon as possible; I can be reached through the Band Office at the above address and number.

000462

Yours truly

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May 07, 1986

P.A-76585-1 (SD2)

Department of Indian
and Northern Affairs
Indian and Inuit Affairs
Ottawa, Ontario

ATTENTION: Danielle Legault, Docket Co-ordinator

RE: SA0152/A66272

Further to the above-mentioned docket, I am providing background information on the subject and a suggested response as attached.

Original Signed By
E. Harrigan

Eugene Harrigan
Regional Director General
Ontario Region
25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

attach.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

DOCKET NO. - SA0152/A66272

BACKGROUND

Chief George Kakeway of Rat Portage band refers to the Band Council Resolution of March 25, 1985 requesting Medical Services Branch to fund the position of a referral clerk. The Chief also has concerns about the lack of a medical services building and transportation for emergency health services.

The Regional Director Medical Services Branch, National Health and Welfare, Mr. L. McCafferty has responded (interim reply) by stating that he has asked Dr. Norm Frazer and Bob McCulloch, Zone Director, Thunder Bay to review the circumstances applying to the provision of health services at Rat Portage band.

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SUGGESTED RESPONSE

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DOCKET NO. - SA0152/A66272

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65C-4 PA

APR 25 1986 1986 APR 25 A 11:41 (RDI)

099458

EXECUTIVE CORRESPONDENCE ACTION SHEET
FEUILLE DE SUIVI POUR LA CORRESPONDANCE DES CADRES

TO: DEX
À: ONT

DOCKET: SA0152
DOSSIER: A66272

DUE IN SEC:
ÉCHEANCE DU SEC: 615

Social Development

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- ☐ NAP-ADM
- ☐ SG-ADM
- ☐ CB-DG
- ☐ ES-DG
- ☐ LS-GC
- ☐ PB-DG
- ☐ PARLIAMENTARY RELATIONS
- ☐ OTHER _____

- ☐ AMH
- ☐ ONT
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- ☐ SASK
- ☐ ALTA
- ☐ ALTA/IND. MIN. WEST
- ☐ BC
- ☐ NW-I
- ☐ YT-I
- ☐ NW-N
- ☐ YT-N

PLEASE RETURN TO:
PRIÈRE DE RETOURNER À:

DANIELLE LEGAULT
994-7205

April 25/86
11:59 AM

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RAT PORTAGE BAND 38 B

MINISTER'S OFFICE
I.N.A.C.
CABINET DU MINISTRE

APR 21 11 43 AM '86
REFERRED SA
FILE NO. 190-14

P.O. BOX 1850
KENORA, ONTARIO
P9N 3X8.

SA-0152

April 15, 1986

Honourable David Crombie
Minister of Indian Affairs
and Nortern Development
House of Commons of Canada
OTTAWA, Canada

DEPARTMENTAL SECRETARIAT
REÇU
23 AVR 1986
RECEIVED
SECRÉTARIAT DU MINISTÈRE

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A66 000467

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Health and Welfare Canada / Santé et Bien-être social Canada

Ontario Region,
Medical Services Branch,
Union Electric Building,
370 Catherine Street,
Ottawa, Ontario.
K1A 0L3

Your file / Votre référence

Our file / Notre référence

150-1-X217

February 24, 1986

Chief George Kakeeway,
Rat Portage Band 38b,
P.O. Box 1850,
KENORA, Ontario.
P9N 3X8

Dear Chief Kakeeway:

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Yours truly,

Larry McCafferty
Regional Director.

LMcC:eg

c.c.-Dr. N.L. Fraser
-R. McCulloch.

990-1498
952-0108

Canada

Ally good

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12.2.86

4/4

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000469

Yours truly

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P.A ~~6550-1~~ 6585-1

AKWESASNE (St. Regis Band) BRIEFING NOTE

HEALTH SERVICES STUDY PROPOSAL

TOPIC:

1. Proposal for Akwesasne Home for the Aged.
2. Proposal for St. Regis Geriatric Care.
3. Environmental Assessment Proposal.

ISSUE:

1. Absence of national Social Development Program Policy on Adult Care.
2. Quebec Social Services report documenting administration and service delivery short-falls at the Band's Home for the Aged.

BACKGROUND:

The Quebec Social Services Department reviewed the band's Home for the Aged in July 1985 and made specific recommendations required prior to licensing. The band wants $24,600 to hire a management consultant to meet these recommendations. The band has also submitted a seven million dollar proposal for St. Regis geriatric care. Furthermore a proposal has been submitted for an environmental assessment of the reserve.

CURRENT STATUS:

The band's Home for the Aged does not meet provincial standards and all the medical needs of the residents are not adequately met. The band is initiating capital construction of retirement homes using CMHC funding.

The band has been referred to the Department of Health and Welfare to review the environmental assessment proposal.

RECOMMENDATIONS:

1. The Minister may wish to express his support in prinicple for $24,6000 to hire a consultant for Akwesasne Home for the Aged.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

AKWESASNE (St. Regis Band) BRIEFING NOTE

ON RESERVE AMBULANCE SERVICE

TOPIC:

1. On Reserve Ambulance Service

ISSUES:

1. Ambulance services are predominantly the jurisdication of the Province of Ontario.

2. Medical Services Branch of the Department of Health and Welfare (NHW) is not willing to fund the band ambulance service.

BACKGROUND:

1. Several meetings have been held with Medical Services Branch (NHW), the Department and St. Regis band to explore potential funding sources. The Department has no jurisidiction for ambulance services since it is essentially health related. Medicial Services Branch has indicated that jurisdication resides with the provincial Ministry of Health.

CURRENT STATUS:

The band is operating ambulance services without adequate funds for equipment or training of staff. The band incurs part of the cost for services provided; 60% of the costs per trip is reimbursed by National Health and Welfare and 40% of the costs are left with the band.

RECOMMENDATIONS:

It is recommended that the Minister advise the band to initiate discussions with the provincial Ministry of Health, and the Department of Health and Welfare, Medical Services Branch to resolve the outstanding funding requirements for on-reserve ambulance services.

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AKWESASNE (St. Regis Band) BRIEFING NOTE

STUDENT SUMMER EMPLOYMENT

TOPIC:

1. Student Summer Employment Creation using Social Assistance savings through a work opportunity program.

ISSUES:

The band is requesting a social assistance dollar transfer of $42,800 for employment creation in a "lucp" sum, contrary to program regulations and requirements.

BACKGROUND:

In fiscal year 1986/1987 the band is seeking 042,800 from Social Assistance to blend with I.C.H.R.S funds of $25,000 already committed by the Peterborough District for a student employment progran. The matter has been under consideration of the Econonic and Employment Development and Social Development Programs at Ontario Region.

CURRENT STATUS:

An approval has been granted by the Employent and Economic Development for $67,000 for the student employment program, as requested by the band. The District Superintendent of Economic and Employment Development, Peterborough District will be assisting the band to prepare the contribution arrangement.

RECOMMENDATION:

The Minister may inform the band of the approval of $67.000 for the student employment program.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

District Managers
including BRUCE

ATTN: All District Superintendents
of Band Support

PA-6585-1 (SD2)

Jules A. Hebert
Director
Social Development
Ontario Region

April 02, 1986

Wheelchairs

As a result of our objection to accept financial responsibility for wheelchairs, Headquarters has now provided a copy of correspondence dated March 13, 1986 which clarifies the issue.

Please note that all requests for wheelchairs, prosthetic devices and other assistive devices must be forwarded to the Zone Director, Medical Services Branch in your area. As stated in Mr. Nicholson's letter, the request from status Indian clients, whether in an institution or at home will be considered by their Department on an individual basis.

ORIGINAL SIGNED BY
J. HÉBERT

Jules A. Hebert

enel.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

Ottawa, Ontario K1A 0H4

APR 01 1986

MAR 26 1986

095037

1986 APR -1 A 8:46

Your file Votre référence

PA

Our file Notre référence

6585-1(SD2)

Jules Hébert
Regional Director
Ontario Regional Office
Social Development
(Indian Services)

Wheelchairs

In reply to your request by memorandum dated February 4, 1986, for clarification concerning financial responsibility for purchase of wheelchairs for status Indian people, I enclose copies of correspondence recently exchanged with Medical Services Branch which I believe satisfactorily resolves the issue.

R. Wagner
National Coordinator
Income Maintenance
Social Development Branch

Encl.

cc: C. Latham
E. Laurier

Canada

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Health and Welfare Canada
Santé et Bien-être social Canada

Assistant Deputy Minister
Sous-ministre adjoint

Medical Services Branch
Direction générale des services médicaux

Room 1940
Jeanne Mance Building
Tunney's Pasture
OTTAWA, Ontario
K1A 0L3

Your file Votre référence

Our file Notre référence

MAR 13 1986 9 04 AM '86

Mr. John S. Rayner
Assistant Deputy Minister
Indian Services
Indian and Northern Affairs Canada
OTTAWA, Ontario
K1A 0H4

Dear Mr. Rayner:

I refer to your letter of February 24, 1986, requesting assistance in clarifying the question of financial responsibility for the provision of wheelchairs to physically handicapped Indian people in nursing homes.

I have investigated the action taken by the Ontario Region of Medical Services Branch, and in this instance, the Zone Office interpreted that, in accordance with the Memorandum of Understanding between Medical Services Branch and the Department of Indian Affairs and Northern Development, dated May 28, 1984, the financial responsibility for a wheelchair, comes under section 1.4 of Annex "A" of the Memorandum of Understanding, listed as "personal-use items and special appliances".

Medical Services Branch does provide wheelchairs, prosthetic devices and other assistive devices to Status Indian clients whether in an institution or at home, on an individual basis. However, Medical Services Branch does not provide such items as a matter of course. Each request is reviewed by a medical officer or a delegated officer to determine the medical necessity of the item, but the Branch does not pay for such items where funding is available from other agencies. For example, the Government of Ontario operates an Assistive Devices Program which covers seventy-five percent of selected prescribed assistive devices. In this case Medical Services Branch would pay twenty-five percent of the cost.

... 2

Canada

V66 000475
KITN55656

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

s.19(1)

Mr. John S. Rayner

With respect to the wheelchair for [redacted] of the Chippewas of Nawash Band, our Zone Office will be pleased to review the request and take the appropriate payment action based on the above interpretation. Please forward the invoice and other supporting documentation to:

Zone Director
Southern Ontario Zone
Medical Services Branch
Department of National Health and Welfare
55 St. Clair Ave. East
3rd Floor
TORONTO, Ontario
M4T 1M2

The Ontario Regional Office of Medical Services Branch has advised its Zone Offices to implement the above interpretation. I am enclosing a copy of the Memorandum of Understanding for your information.

I trust the foregoing explanation assists you in clarifying this issue.

Yours truly,

David

J.D. Nicholson

Encl.

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

Assistant Deputy Minister
Indian and Inuit Affairs

Sous-ministre adjoint
Affaires indiennes et inuit

Ottawa Canada
K1A 0H4

May 28, 1984

le 28 mai 1984

DISTRIBUTION LIST

Memorandum of Understanding on Adult Care

In recent months it has become clear that greater understanding among DIAND and MSB staff is required as to where responsibility lies for Adult care services for Indian people on-reserve. For this reason, the attached Memorandum of Understanding has been prepared.

Although the Memorandum is self-explanatory, the following points are highlighted to ensure that the intent of this document is clear:

1. The Memorandum neither implies nor establishes new policy direction. It merely documents an agreed-upon delineation of responsibilities for the various components of adult care.

2. Should any operational changes result from this Memorandum, the implementation process should be structured to minimize any problems the receiving Department may experience and to not impact upon services received by clients.

LISTE DE DISTRIBUTION

Protocole d'entente concernant les soins pour adultes

Au cours des derniers mois, il est devenu clair qu'il doit y avoir chez le personnel du Ministère des Affaires indiennes et du Nord Canadien et de la Direction générale des services médicaux une meilleure entente de la délimitation des responsabilités concernant les services de soins pour adultes prévus pour les Indiens habitant sur une réserve. Voilà donc pourquoi le Protocole d'entente ci-annexé a été préparé.

Bien que le Protocole d'entente se passe d'explication, nous tenons à faire ressortir les points qui suivent afin de nous assurer que l'objet du document est clair:

1. Le Protocole d'entente n'établit ni ne sous-entend de nouvelle orientation de principe. Il ne fait que donner la délimitation des responsabilités pour les diverses composantes des soins pour adultes.

2. Si des changements quelconques d'ordre opérationnel devaient résulter du Protocole d'entente, le processus de mise en oeuvre devrait être structuré de sorte à minimiser tout problème que pourrait éprouver le Ministère visé et à ne pas influer sur les services que reçoivent les clients.

../2

Canada

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3. This Memorandum does not affect the broader view of service delivery issues proposed by the Prime Minister at the recent First Minister's Conference.

In summary, the intention of this agreement is to provide greater program clarity on the federal side with respect to Adult Care services to ensure that the present services are delivered to Indian people in the most efficient and effective way while the discussions at the national level focus on the broader issues related to the new relationship with Indian people.

Should you have any further queries on the Memorandum of Understanding or related issues, please feel free to pursue them through the normal communication channels.

Donald K. Goodwin
Assistant Deputy Minister
(Indian and Inuit Affairs)

3. Le Protocole d'entente n'influe pas sur l'examen plus approfondi des questions liées à la prestation des services que le Premier ministre a proposé à la récente Conférence des premiers ministres.

En résumé, l'entente a pour objet de mieux préciser, du côté fédéral, les programmes concernant les services de soins pour adultes afin d'assurer que les services actuels sont offerts au peuple indien de la façon la plus rentable et la plus efficace alors que les délibérations au niveau national, pour leur part, sont axées sur les questions plus générales liées aux nouveaux rapports établis avec le peuple indien.

Si vous avez des questions supplémentaires à poser au sujet du Protocole d'entente ou de points connexes, n'hésitez pas à vous renseigner en ayant recours aux réseaux de communication habituels.

L. M. Black
Assistant Deputy Minister
(Medical Services Branch)

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Memorandum of Understanding Regarding the Delineation of Responsibility Between the Medical Services Branch of the Department of National Health and Welfare and the Department of Indian Affairs and Northern Development For Adult Care for Elderly, Disabled and Handicapped Indians.

Both the Medical Services Branch (MSB) of the Department of National Health and Welfare and the Department of Indian Affairs and Northern Development (DIAND) provide and/or fund services which, taken together, can be said to comprise an Adult Care program for elderly, disabled and handicapped Indian people. Of late, confusion has arisen as to which department is responsible for the funding and management of the various components of Adult Care. The purpose of this Memorandum of Understanding, therefore, is to clearly delineate where these responsibilities lie in order to minimize or eliminate administrative delays resulting from this confusion, which may affect the provision of services. No new policy direction is established or implied in this Memorandum.

Through this Memorandum of Understanding, the following points are agreed:

1. The delineation of responsibility for the various components of Adult Care shall be as described in Annex "A". The listing of components, however, shall not be construed to oblige either department to provide any or all of the components, in a particular location. Rather, they should be understood in the context that if they were to be provided, they would be the responsibility of the indicated department. Their availability in a particular location will remain subject to the criteria of identified need, availability of financial and human resources, etc.

2. In the event that agreement cannot be reached between officials of the two departments on where responsibility lies for an Adult Care service not explicitly mentionned in Annex "A", the matter shall be referred to the MSB/DIAND Steering Committee on Adult Care composed of the Director General, Policy, Planning and Liaison, MSB; Director General, Operations, MSB; Director General, Education and Social Development, DIAND; and the Director General, Corporate Policy, DIAND.

3. This Memorandum of Understanding shall be superceded at such time as Cabinet gives approval to a formal mandate and delineation of responsibilities for Adult Care for DIAND and MSB.

JUN - 5 1984

Assistant Deputy Minister
Medical Services Branch
Department of National
Health and Welfare

Date

Assistant Deputy Minister
Indian and Inuit Affairs Program
Department of Indian Affairs
and Northern Development

Date

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DELINEATION OF RESPONSIBILITY FOR COMPONENTS OF ADULT CARE

Forward

Adult Care comprises a range of health and social services for adults which have, as their goal, the maximization of individual self-sufficiency through the maintenance of individual functionning and, as necessary, through encouraging the disabled and elderly to receive care within the context of the family and community. These health and social services are designed to provide assessment, treatment, rehabilitation and supportive care as well as to prevent or minimize disability of adults suffering from chronic physical, developmental, or emotional impairments. These services are provided to individuals, their families and their communities in a variety of health and social care settings, including the home.

The following is a list of the principal components of Adult Care and an identification of which Department, Indian Affairs and Northern Development or National Health and Welfare, has responsibility for their funding and management. As indicated in the Memorandum of Understanding, the list of components is not to be considered as either exhaustive or obligatory. The availability of these components will vary depending on the resources of the individual, the Band and the responsible Department.

	Component	Responsibility for funding	Responsibility for management
N.B.:	In addition to the Adult Care services listed below, non-insured health benefits are available from MSB to all status Indians and Inuit whether in an institution or at home.		
1.	Home Support		
1.1	Health Care Services		
1.1.1	Nursing and nurse supervised home nursing care**	Province/MSB	MSB
1.1.2	Physiotherapist	Province*/MSB	MSB
1.1.3	Dietician	Province*/MSB	MSB
1.1.4	Chiropodist	Province*/MSB	MSB
1.1.5	Podiatrist	Province*/MSB	MSB

* MSB will fund only those services which are provincially insured; MSB's participation is limited to payment of the patient's portion of the cost of the insured service.

** Due to resource constraints, MSB involvement is limited to patient assessment and urgent clinical procedures. The provision of further home nursing care services will be contingent on the availability of additional financial and human resources.

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	Component	Responsibility for funding	for management
1.1	Home Support (cont'd)		
1.1.6	Medical Technician and Technologist	Province*/MSB	MSB
1.1.7	Assistant to any of the above	Province*/MSB	MSB
1.1.8	Speech Therapist	MSB	MSB
1.1.9	Community Health Representative (CHR)	MSB	MSB
1.1.10	Alcohol Counsellor (NNADAP)	MSB	MSB
1.1.11	Mental Health Worker	MSB	MSB
1.2	Ambulatory Care Services		
1.2.1	Day Centres/Drop-in Centres		
	i) capital	multiple: DIAND/CMHC/ Band (not necessarily MSB)	DIAND
	ii) O&M	multiple: Band/DIAND	
1.3	Social Services		
1.3.1	Homemakers assisting with the activities of daily living	Individual/ DIAND	DIAND
1.3.2	Handyman services for home chores.	Individual/ DIAND	DIAND
1.3.3	Non-medical transportation	Individual/ DIAND	DIAND

* MSB will fund only those services which are provincially insured; MSB participation is limited to payment of the patient's portion of the cost of th insured service.

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Document divulgué en vertu de la Loi sur l'accès à l'informatio

	Component	Responsibility for funding	Responsibility for management
1.3	Social Services (Cont'd)		
1.3.4	(Band and) DIAND Welfare Worker services	DIAND	DIAND
1.3.5	Meals-on-Wheels and Wheels-to-Meals	Individual/ DIAND	Band/Volunteer Agency
1.3.6	Friendly visitors; security checks for the homebound; telephone reassurance	Band/DIAND	Band
1.4	Personal Environment		
1.4.1	Renovations to bring homes up to accepted standards	multiple: Individual/ DIAND/CMHC/ Band	DIAND
1.4.2	Adaptations to meet special needs i) to homes	multiple: Individual/ DIAND/CMHC/ Band	DIAND
	ii) to personal-use items e.g., transportation, clothing	multiple: Individual/Band/ private philanthropic agencies	Individual
1.4.3	Special appliances e.g., bath-tub lifts, elevators	multiple: DIAND/individual/ private philanthropic agencies	DIAND
2.	Residential Care		
2.1	Private Homes (foster homes)	Individual/ DIAND/MSB*	DIAND/MSB*
2.2	Group Homes (licensed or approved)	Individual/ DIAND	DIAND

* When required by patients receiving short-term medical treatment away from home. In addition, related transportation costs are covered by MSB.

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	Component	Responsibility for funding	Responsibility for management
2.	Residential Care (Cont'd)		
2.3	Institutions		
2.3.1	Hostels	Individual/ DIAND	DIAND
2.3.2	Homes for the Aged (type I care)	Individual/ DIAND	DIAND
2.3.3	Nursing Homes (type II care)		
	i) user fees	Individual/ DIAND	DIAND
	ii) all other costs and services	DIAND	DIAND
3.	Prevention		
3.1	Health Education	MSB	MSB
3.2	Counselling Service		
3.2.1	CHR	MSB	MSB
3.2.2	Nutritionist/Dietician	MSB	MSB
3.2.3	Alcohol Counsellor (NNADAP)	MSB	MSB
3.2.4	Mental Health Workers	MSB	MSB
3.2.5	Social Worker	DIAND	DIAND
4.	Case Management		
4.1	Care Assessment		
4.1.1	For provincial programs/institutions	-	Province (with MSB/DIAND, Band participation)

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	Component	Responsibility for funding	Responsibility for management
4.	Case Management (Cont'd)		
4.1.2	For federally run or sponsored programs/ institutions	-	multiple: Band/MSB/DIAND
4.2	Case Supervision including referral, follow-up, record-keeping, service co-ordination	-	multiple by: i) service provider ii) service sponsor (co-ordinated by CHR and CHN)

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Government of Canada / Gouvernement du Canada

ACTION REQUEST / FICHE DE SERVICE

To — À	File No. — Dossier N°
SOCIAL SERVICES	Date

From — De

☐ Please call / Prière d'appeler	Tel. No. — N° de tél.	Ext. — Poste

☐ Returned your call / Vous a rappelé	☐ Will call again / Vous rappellera	☐ Wants to see you / Désire vous voir

Date	Time — Heure	Message received by / Message reçu par

☐ Action / Donner suite	☐ Approval / Approbation	☐ Note & return / Noter et retourner
☐ Comments / Commentaires	☐ Draft reply / Projet de réponse	☐ Note & forward / Noter et faire suivre
☐ As requested / Comme demandé	☐ Signature	☐ Note & file / Noter et classer

PA 65-85-1

000485

GC 12E

7540-21-868-3907

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

MAR 26 1986

February 10, 1986

089985

(CA)

1986 FEB 24 A 8:59

Your file / Votre référence

Our file / Notre référence
6585-1

P.A.

Director Band Support
ONTARIO REGION

Rocky Bay Band Council Resolutions
#387 and #386

-- The above Band Council Resolutions are for your information and records. We received copies and presume originals went to National Health and Welfare.

D. T. Allan
A/District Manager
LAKEHEAD DISTRICT

905 E. Victoria Avenue
THUNDER BAY, Ontario
P7C 1B3

ATTACHMENTS

Jeannette
N. note & PA
Ram.

Canada

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

FEB-7.86 19165

Indian and Northern Affairs — Affaires indiennes et du Nord

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

Chronological No. — *Numéro consécutif* #386.

File Reference — *N° de réf. du dossier* 6585-1
4215-4-197

NOTE: The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditure of Band Funds.
NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraître dans toutes les résolutions portant sur des fonds de même les fonds des bandes

THE COUNCIL OF THE
LE CONSEIL DE LA BANDE INDIENNE ROCKY BAY INDIAN BAND

AGENCY

DISTRICT LAKEHEAD

PROVINCE ONTARIO

PLACE
NOM DE L'ENDROIT MACDIARMID

DATE 30 (DAY — *JOUR*) JANUARY (MONTH — *MOIS*) AD 19 86 (YEAR — *ANNÉE*)

Current Capital Balance
Solde de capital $

Committed — *Engagé* $

Current Revenue balance
Solde de revenu $

Committed — *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

that the ROCKY BAY INDIAN BAND hereby withdraws as a member of the THUNDER BAY DISTRICT HEALTH UNIT, effective date, FEBRUARY 1, 1986.

A quorum for this Band
Pour cette bande le quorum est
consists of
fixé à 3
Council Members
Membres du Conseil

Chief Michael Bend Sr. (Chief — Chef)

Mike Esquega (Councillor — *conseiller*)

Edna Pardo (Councillor — *conseiller*)

(Councillor — *conseiller*) (Councillor — *conseiller*) (Councillor — *conseiller*)

(Councillor — *conseiller*) (Councillor — *conseiller*) (Councillor — *conseiller*)

(Councillor — *conseiller*) (Councillor — *conseiller*) (Councillor — *conseiller*)

FOR DEPARTMENTAL USE ONLY — *RÉSERVÉ AU MINISTÈRE*

1. Band Fund Code *Code du compte de bande*	2. COMPUTER BALANCES — *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue — *Revenu* $	3. Expenditure *Dépenses* $	4. Authority — *Autorité* Indian Act Sec *Art. de la Loi sur les Indiens*	5. Source ☐ Capital

6. Recommended — *Recommendable*

Date Recommending Officer — *Recommandé par*

Approved — *Approuvable*

Date Approving Officer — *Approuvé par*

IA 198 (9-74) 7530-21-023-4662

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

FEB-7.86 19166

Indian and Northern Affairs Affaires indiennes et du Nord

Chronological No. – *Numéro consécutif* 387

File Reference – *N° de réf. du dossier* 4215-4-197 6585-1

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

Words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds

Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraître dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

AT A MEETING OF THE COUNCIL OF THE *LE CONSEIL DE LA BANDE INDIENNE* ROCKY BAY INDIAN BAND

AGENCY

DISTRICT LAKEHEAD

PROVINCE ONTARIO

PLACE *LIEU DE RENDROIT* MACDIARMID

DATE 30 *DAY – JOUR* JANUARY *MONTH – MOIS* AD 19 86 *YEAR – ANNÉE*

Current Capital Balance *Solde de capital* $

Committed – *Engagé* $

Current Revenue balance *Solde de revenu* $

Committed – *Engagé* $

BE IT OTHERWISE RESOLVED:
IL EST PAR LES PRÉSENTES RÉSOLU:

that the ROCKY BAY INDIAN BAND hereby request membership and services of NATIONAL HEALTH and WELFARE in all areas regarding health matters, effective date FEBRUARY 1, 1986.

The quorum for this Band *Le quorum de cette bande est* consists of *fixé à* 3 Council Members *Membres du Conseil*

Chief (Chief – Chef)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTÈRE*

2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR*		3. Expenditure *Dépenses*	4. Authority – *Autorité* Indian Act Sec *Art. de la Loi sur les Indiens*	5. Source of Funds *Source des fonds*
A. Capital	B. Revenue – *Revenu*			☐ Capital ☐ Revenue *Revenu*
$	$	$		

Recommended – *Recommandable*

Approved – *Approuvable*

Recommending Officer – *Recommandé par*

Date Approving Officer – *Approuvé par*

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Please put blue copy
file # 6585-1e

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PA

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

PA 6555-2
4c 6590-D13

s.19(1)

January 27th, 1986 085510 1986 JAN 31 A 8:59

Your file / Votre référence

Our file / Notre référence
EP-238-122

Director General, Ontario.

Attn:- Mr. Ram Chopra,
Manager,
Social Services,
Ontario Region.

Wheelchair Purchase -
Nursing Home Patient.

For many years the Department of National Health & Welfare have purchased Wheelchairs for patients from Saugeen or Chippewas of Nawash Band who are resident in local Nursing Homes and/or Homes for Aged. Recently a Wheelchair was ordered by Nurse-in-Charge, National Health & Welfare, on behalf of [redacted] No. [redacted] Chippewas of Nawash Band, who is a patient in Golden Dawn Nursing Home, Lion's Head, Ontario. The Invoice for wheelchair was submitted by Nurse-in-Charge to her Department for payment. Ontario Regional Office, Department of National Health & Welfare officials advise that they are no longer responsible for payment of wheelchairs as Department of Indian Affairs and Northern Development now pay for such items.

In view of above, I attach Invoice No. 08839, in the amount of $780.00, payable to Parkers Pharmacy, Hollidays Pharmacy Inc., 1050 Second Avenue East, Owen Sound, Ontario. N4K 2H7, for payment from your Budget. Also, please confirm if item will be included on your inventory or will it be transferred to our Inventory.

Your comments in above connection would be appreciated.

Mrs M. J. Jones

(Mrs.) M. J. Jones,
Officer-in-Charge,
Bruce District Office,
P. O. Box 640,
SOUTHAMPTON, Ontario. N0H 2L0

MJJ/pr

c.c. - Mrs. Barb Flaherty,
Nurse-in-Charge.

Canada

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(SD2)

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

6555-2

JAN 31 1986

c/c 6590-D13

s.19(1)

January 27th, 1986 085510

1986 JAN 31 A 8:59

Your file / Votre référence

Our file / Notre référence
EP-238-122

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Your comments in above connection would be appreciated.

Mrs. M. J. Jones

(Mrs.) M. J. Jones,
Officer-in-Charge,
Bruce District Office,
P. O. Box 640,
SOUTHAMPTON, Ontario. NOH 2LO

MJJ/pr

c.c. - Mrs. Barb Flaherty,
Nurse-in-Charge.

Canada

[illegible]'S PHARMACY INC.
1050 SECOND AVE. E.
OWEN SOUND, ONTARIO
N4K 2H7

08839

s.19(1)

TO. Bruce District Office
• Box 640,
• Southampton Ontario N0H 2L0.

DATE attention: Marie Jones.

AMOUNT OF REMITTANCE

PLEASE RETURN THIS TOP PORTION WITH YOUR REMITTANCE

DATE	DETAILS	CHARGES	CREDITS	BALANCE
	BALANCE FORWARD			
Dec. 12/85				
RE: [redacted]				
	Golden Dawn Nursing Home			
	1 - L & J Wheelchair	#780.00		
	1 - U8AHE-260-760			
	charged K.E.			
				$780.00

IN ACCOUNT WITH

PAYMENTS MADE AFTER DATE SHOWN SHALL APPEAR ON NEXT STATEMENT.

STATEMENT

LAST AMOUNT IN THIS COLUMN IS BALANCE OF YOUR ACCOUNT AT THE DATE SHOWN.

REDIFORM 8S293E MOORE BUSINESS FORMS 1

000492

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s.19(1)

Mrs. M. J. Jones
Officer-in-Charge
Bruce District

P.A 6585-1 (SD2)

Jules A. Hebert
Director
Social Development
Ontario Region

February 04, 1986

Re: Wheelchair Purchase
Nursing Home Patient

We acknowledge your letter of January 27, 1986 concerning the financial responsibility of wheel chair for a Indian client in a Nursing Home.

In a previous instance of a request for wheel chair, we consulted Headquarters Social Development Directorate and were informed that Medical Services continues to be responsible for wheel chairs. The memorandum of understanding on Adult Care does not change the financial responsibilities except for the Homemakers program in which Medical Services Branch contributed 20% prior to this memorandum.

We have also consulted our Headquarters on [redacted] case and they are of the opinion that we do not accept financial responsibility on wheel chairs. It is therefore suggested that you return the bill to the nurse-in-charge who ordered the wheel chair.

We will be requesting our Headquarters to clarify the situation with Health and Welfare so that no conflict arises on financial responsibility for the purchase of wheel chairs on behalf of status Indians.

Jules A. Hebert

encl.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

February 04, 1986

P.A. 6585-1 (SD2)

Ovila Gobeil
Director
Social Development Directorate
Ottawa, Ontario
K1A 0H4

Re: Wheel Chairs

This is pursuant to our telecom (Chopra/Grady) of January 31, 1986 pertaining to the financial responsibility for wheel chairs between Medical Services and our Department.

There has been several instances where the personnel of Medical Services Branch consider this item being the financial responsibility of the Department of Indian and Northern Affairs. We are enclosing a copy of the letter from our Bruce District Office which is self-explanatory. (The bill has been returned to MSB in consultation with Keith.)

We are requesting that Headquarters Social Development Directorate clarify the situation with Health and Welfare Canada so that no conflict arises in the future regarding financial responsibility for the purchase of wheel chairs on behalf of status Indians.

ORIGINAL SIGNED BY
J. HÉBERT

Jules A. Hebert
Director
Social Development
Ontario Region

encl.

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PA

(E)

Health and Welfare Canada / Santé et Bien-être social Canada
Medical Services Branch
Southern Ontario Zone
25 St. Clair Avenue East
7th Floor
Toronto, Ontario
M4T 1M2

973-8162

Your file Votre référence 4965-121

Our file Notre référence 6585-1

086580

1986 FEB -7 A 9:16

January 27, 1986

Ms. Shirley Wheeler
Ministry of Community & Social
Services
P.O. Box 2112
119 King Street West
HAMILTON, Ontario
L8N 3Z9

Dear Ms. Wheeler,

Another inspection was conducted at the Six Nations Day Care Centre in Ohsweken, Ontario on January 15, 1986.

The Centre is now in compliance with all the health standards.

Thank you for your co-operation.

Yours truly,

Gary Kaar

Gary Kaar
Environmental Health Officer

Canada

ORIGINAL ON
000495
4965-121

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

TEMPORARY FILE SLIP
FICHE TEMPORAIRE DE DOSSIER

Date of Document – Date du document: Nov 27/85

File No. – Dossier: 6585-1

This slip is used for passing documents when the main file is charged out. This slip must not be removed from document.
Cette fiche sert à transmettre le document lorsque le dossier principal est sorti. Ne pas détacher cette fiche du document.

Referred to Destinataire	Purpose Objet	Date	Initial Initiales	P.A. Date Date de rangement	B.F. Date Date de rappel	Initial Initiales	Records Inspection Examen du service des archives
RDI	077472	85.12.2		4/12/85			
L	77472	4/12/85		5/12/85			
L1	— " —	5/12/85		85/12/10			
L5	77472	85/12/10		85.12.16	—		

Main file is charged to – Dossier principal inscrit au nom de: SD

Date: 85. 11. 22

Branch – Direction: Reg Dir Gen

Subject – Sujet: HEALTH SERVICES
General

Records Office Recall Date
Date de rappel du Bureau des documents

10-87 (11-83) 7530-21-023-4487

000496

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Health and Welfare Canada
Santé et Bien-être social Canada

Medical Services Branch
Ontario Region
Union Electric Building
370 Catherine Street
Ottawa, Ontario
K1A 0L3

Your file 077472
Our file

Votre référence
1985 DEC -2 A 9:20
Notre référence

November 27, 1985

Mr. Eugene Harrigan
Director General, Ontario Region
Indian and Northern Affairs Canada
55 St. Clair Avenue East
TORONTO, Ontario
M4T 2P8

6585-1(CRO1)

Dear Mr. Harrigan:

I have been requested by Mr. Larry McCafferty, Regional Director, Ontario Region, Medical Services Branch, to inform you that I will be the Ontario Region Coordinator responsible for acquiring and disseminating information on Medical Services Branch's policy regarding the implementation of Bill C-31 as it relates to the provision of uninsured health services to Status Indians.

You or your staff may contact me at:

Ontario Region, Medical Services Branch
Health and Welfare Canada
Union Electric Building
370 Catherine Street
Ottawa, Ontario
K1A 0L3
(613) 995-6361

Yours truly,

Abu Nazir
Regional Manager,
Financial Services

cc: L. McCafferty

→ Ted Hanlon

Canada

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Nov. 26, 85 10:00 Called Janet Parent and informed that we have no background inf. about this Docket. We would like to get tel: # of DR. Williams so that he can be contacted.

Nov 26 2pm Janet called DR Williams tel: # is 651-5743

Nov 26 2:30pm Called DR. Williams who was not available. Left a message for him to call us.

Nov 27 10:30 Discussed with DR. Williams who teaches Community Medicine at UFT. He is intenested to know the process of transfer of Services to Indoan Groups under the Local Government concept and how this effort is co-ordinated with the Medical Services Branch. He spoke to Dr. Kempton of Southern Zone and was given to understand that transfer of program under the Indian Act would be the responsibility of INAC. Dr. Williams was intenested in overall process of delivery and not one program. I spoke to him about the NADAP program its administration. Dr. Williams will be sent information on the Local Govt. Concept

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27/11/85

Also called Wendy Sarath and gave her the U/S date. Dr. Williams will be requesting Ontario Region's specific request and information will be provided at that time. NO further action is required until letter is received.

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Government of Canada / Gouvernement du Canada

ACTION REQUEST / FICHE DE SERVICE

To — À: Ram M	File No. — Dossier N°
	Date: 27/11/85
From — De: Don Williams	

☐ Please call / Prière d'appeler	Tel. No. — N° de tél.: 651-6743	Ext. — Poste
☐ Returned your call / Vous a rappelé	☒ Will call again / Vous rappellera N	☐ Wants to see you / Désire vous voir
Date	Time — Heure M	Message received by / Message reçu par

☐ Action / Donner suite	☐ Approval / Approbation	☐ Note & return / Noter et retourner
☐ Comments / Commentaires	☐ Draft reply / Projet de réponse	☐ Note & forward / Noter et faire suivre
☐ As requested / Comme demandé	☐ Signature	☐ Note & file / Noter et classer

3:30 office

000500

GC 12E

7540-21-868-3907

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Williams.

651-5743.

Wendy Jarrett.

DR. Williams.

2 - c.

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11M/22D 20:19 GMT IN@ HQ HULL QUEBEC MACHINE-2 [redacted]

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

COMMUNICATION FORM
FORMULAIRE DE COMMUNICATION

6585-1
C/C 1195-1

1985 NOV 22 P 3:56

Priority / Priorité: [V] High / Élevée [ ] Medium / Moyenne [ ] Low / Faible

0-16172

1/4

To – A	From – De	Program Code – Code de programme
Mr. Eugene Harrigan Regional Director General Ontario Regional Office	J. Parent Branch – Direction: Indian and Inuit Affairs Division:	2Y0742

PLEASE CONTACT DR. WILLIAMS TO PROVIDE HIM WITH THE INFORMATION HE IS SEEKING.

Pam - Please call.

FAX

DATE: Nov 22/85

TIME: 3:45 P.m.

OPERATOR: MBR

613 (997-0133) Deputy min. office - Karen Allen

If further space is required please use a second page – Si cet espace est insuffisant veuillez utiliser une deuxième feuille

Message Prepared by – Message rédigé par	Telephone No. – No de téléphone
J. Parent	997-9944
Signature of Person Authorizing Message – Signature de la personne autorisant l'envoi du message	Date: November 22, 198

1984 (84-03) 7530-21-023-4490

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11M/22D 20:20 GMT IN@ HQ HULL QUEBEC MACHINE-2[redacted]

214

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Deputy Minister / Sous-ministre

21.11.85

Janet Parent

I gather Dr Williams has not heard from any of the Regional people - could you light a fire under the appropriate person & make sure someone calls him. Many thanks

Karen Allen

Canada

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Deputy Minister

Ottawa, Canada
K1A 0H4

997-0002

NOV - 6 1985

Wendy Jarath
Office of the

Agnes?

It is difficult to respond to Dr. William's request as we are unsure what type of information he is looking for. If it is a health related issue, the responsibility for providing or accessing health services for Indian people, rests with the Department of National Health and Welfare (NHW), Medical Services Branch. If it is a social services related issue the Department of Indian Affairs and Northern Development (DIAND) has accepted funding responsibility for providing or accessing social services for Indian people residing on-reserve.

One program that both Departments have a shared interest in is the National Native Alcohol and Drug Abuse Program (NNADAP). This program is established under the authority of the Minister of National Health and Welfare. DIAND takes an active interest in the program and has ex-officio membership on the Advisory Council.

The only formal arrangement between NHW and DIAND is a Memorandum of Understanding (copy attached) signed in 1984 by the two Assistant Deputy Ministers (Medical Services Branch: NHW and the Indian and Inuit Program: DIAND). The Memorandum delineates responsibility for services and funding of programs to on-reserve Indian adults who due to age, mental or physical disabilities require additional services.

.../2

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4/4

If Dr. Williams would like more detailed information it is recommended he contact the following people:

DIAND - Mr. Jules Hébert
Regional Director
Ontario Regional Office
Social Development
(Indian and Inuit Affairs)
Arthur Meighen Building
25 St. Clair Avenue East
5th Floor
Toronto, Ontario
M4T 1M2

(416) 973-1265

NHW - Zone Director
~~Seven~~ Southern Ontario Zone
Medical Services Branch
Department of National Health
and Welfare
55 St. Clair Avenue, East
3rd Floor
Toronto, Ontario
M4T 1M2

(416) 973-6241

Karen Allen
Executive Assistant

Attach.

Wendy -
I've asked that the regional IAND people call Dr Williams to see what info. permission we can pro
Karen Allen

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

September 20, 1985

PA
6585-1 (SD2)

Ms. Barbara Cochrane
General Delivery
GRASSY NARROWS, Ontario
POX 1BO

Dear Ms. Cochrane:

Re: New Horizon Program

As requested, please find enclosed copies of our correspondence on the "New Horizon" program offered by the Department of Health and Welfare.

Yours sincerely,

ORIGINAL SIGNED BY
J. HÉBERT

Jules A. Hebert
Director
Social Development
Ontario Region

Attach.

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_ St. Clair Avenue East
Toronto, Ontario M4T 1M2

August 13, 1985

PA

4270-D10 (SD2)
cc: 6585-1

R. McCulloch, Zone Director
Medical Services Branch
Thunder Bay Zone
Health & Welfare Canada
Thunder Bay Hydro Building
6th Floor
34 North Cumberland Street
Thunder Bay, Ontario
P7A 4L4

Dear Mr. McCulloch:

Re: Band Council Resolution #1531 - Wikwemikong Band

We are enclosing a copy of B.C.R. #1531, Wikwemikong Band, requesting our Department to provide funding and get involved in the training of Community Health Specialists.

It is our understanding that the Community Health Specialist Program is the responsibility of the Medical Services Branch. We are therefore asking your office to contact the Band and take appropriate action regarding the Band's request.

We thank you for your anticipated co-operation.

Yours sincerely,

ORIGINAL SIGNED BY
J. HÉBERT

Jules A. Hebert
Director, Social Development
Ontario Region

cc: L. Dokis, Sudbury District

Encl.

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada
Indian and Inuit Affairs / Affaires indiennes et inuit

Chronological No. – *Numéro consécutif*: 1531

File Reference – *N° de réf. du dossier*: 4270-175

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE: The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds
NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraître dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

THE COUNCIL OF THE / *LE CONSEIL DE LA BANDE INDIENNE*	WIKWEMIKONG BAND
AGENCY / DISTRICT	411A/SUDBURY
PROVINCE	ONTARIO
PLACE / *NOM DE L'ENDROIT*	WIKWEMIKONG
DATE	2 (DAY – *JOUR*) JULY (MONTH – *MOIS*) AD 19 85 (YEAR – *ANNÉE*)

Current Capital Balance / *Solde de capital* $
Committed – *Engagé* $
Current Revenue balance / *Solde de revenu* $
Committed – *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

That we request the Department of Indian Affairs to enable the Wikwemikong Band to initiate a training program for a Community Health Specialist Project and which will be undertaken within this fiscal year, 1985-86, and in preparation for forthcoming expansion of medical services;

That we request Chief Ron Wakegijig to negotiate with Mr. Jules Hebert, Director of the Social Development Program, DIA, Regional Office, Toronto, Ontario for the obtaining of the necessary funding for this Project.

INDIAN AND ESKIMO AFFAIRS
SUDBURY DISTRICT OFFICE
JUL 9 1985

A quorum for this Bande / *Pour cette bande le quorum est*
consists of / *fixé à*
Council Members / *Membres du Conseil*

(Chief – Chef)
(Councillor – conseiller)

	(Chief – Chef)	
(Councillor – conseiller)	(Councillor – conseiller)	(Councillor – conseiller)
(Councillor – conseiller)	(Councillor – conseiller)	(Councillor – conseiller)
(Councillor – conseiller)	(Councillor – conseiller)	(Councillor – conseiller)
(Councillor – conseiller)	(Councillor – conseiller)	(Councillor – conseiller)

FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTÈRE*

1. Band Fund Code / *Code du compte de bande*	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue – *Revenu* $	3. Expenditure / *Dépenses* $	4. Authority – *Autorité* Indian Act Sec / *Art. de la Loi sur les Indiens*	5. Source of Funds / *Source des fonds* ☐ Capital ☐ Revenue / *Revenu*

6. Recommended – *Recommandable*
Date ..... Recommending Officer – *Recommandé par* .....

Approved – *Approuvable*
Date ..... Approving Officer – *Approuvé par* .....

000508

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Health and Welfare Canada | Santé et Bien-être social Canada
Medical Services
Southern Ontario Zone
973-8011

55 St. Clair Avenue East
Room 315
Toronto, Ontario
M4T 1M2

(SD)

061961

1985 AUG -8 A 11: 13

Your file / Votre référence 6585-1

Our file / Notre référence

August 7, 1985

Mr. Jules Hébert,
Director, Social Development,
Dept. of Indian & Northern Affairs,
25 St.Clair Avenue East,
Toronto, Ontario,
M4T 1M2.

Dear Mr. Jules Hébert:

Re: Uninsured Services Directives

As you requested, please find attached our draft directives concerning uninsured services, together with a copy of a memorandum detailing anticipated changes. These directives are still in the "draft" stage and have not been formally approved by our Regional Director.

If you have any questions, please feel free to contact me.

Yours truly,

M. Dellert

Atts.

Canada

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 23

DATE OF ISSUE: March 1, 1985

SUBJECT: STATEMENT OF BENEFIT ENTITLEMENT

PAGES: 3

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1. PURPOSE

The purpose of this Directive is to identify persons entitled to benefits under the Indian Health Policy, 1979.

2. AUTHORITY

- Indian Act, consolidated February, 1983
- Indian Health Policy, 1979
- Telex from D. Crombie, Minister of National Health and Welfare, dated September 19, 1979, to Noel Starblanket, National Indian Brotherhood (refer also to Communique No. 1979-88).
- Martin V. Chapman, Supreme Court of Canada pronouncement March 24, 1983.
- The "Jock" Case County Court Interpretation, 1980.
- Memorandum of Understanding on Adult Care, 1984, between DIAND and MSB.
- Branch Directive: Payment of Non-Insured Health Benefits for Registered Indians and Inuit Outside Canada.

3. APPLICATION

This Directive is to be used when questions arise about who is entitled to health care benefit coverage under MSB's Indian Health Policy (1979).

The Indian Health Policy recognizes the special health needs of the Indian people and is based on the three pillars of community development, the traditional relationship of the Indian people to the Federal government, and a single inter-related Canadian health system consisting of Federal Provincial and community-based elements.

With respect to registered Indians residing permanently off-reserve, the policy reiterates that they should receive health services from the province or municipality of residence, but if such services are denied, the Federal Government will attempt to ensure their provision.

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SUBJECT: STATEMENT OF BENEFIT ENTITLEMENT

4.1 Determination of Indian Status

Medical Services Branch has neither the mandate nor responsibility for determining who is entitled to be registered as an Indian under the provisions of the Indian Act. The on-going responsibility for this rests with the Indian Registrar, DIAND.

However, it is worth knowing that Section 2 of the Indian Act, Chapters 1-6 (1983) defines an Indian as "a person who, pursuant to the Act, is registered as an Indian or is entitled to be registered as an Indian". A person is registered as an Indian only when his or her name is recorded in the Indian Register which is maintained by the Registrar in Ottawa.

The Indian Health Policy (1979) applies only to registered Indians.

Sections 11 and 12 of the Act provide the basic criteria persons must meet to acquire and retain Indian status. Section 11 of the Act deals with persons who may be registered and Section 12 of the Act specifies persons who are not entitled to be registered.

All membership sections based on sex and lineage are, of course, subject to change pending the approval of legislative amendments intended to eliminate the discriminatory sections of the Indian Act. However, until such time, the Registrar continues to apply the relevant Sections of the Indian Act and interpretations resulting from the "Martin" and "Jock" cases.

4.2. Determination of Benefit Coverage for Inuit Persons

For administrative purposes, Medical Services Branch considers Inuit eligible for non-insured health benefits coverage in accordance with provisions of the Indian Health Policy.

Verification of Inuit eligibility may be provided by the Territorial governments.

Residency or marital status will not have any bearing on an individuals eligibility.

5. EXAMPLES

5.1 Martin v. Chapman, 1983

The Registrar interpreted Section 11(1) (c) of the Indian Act to only refer to "legitimate" male children of a registered Indian father (as described in S.11(1) (a) or (b)), and thus attempted to exclude illegitimate male offspring.

The judgment of the Supreme Court of Canada ruled in favour of Martin and against the Registrar, thus allowing the registration of illegitimate male offspring of registered Indian fathers as described previously.

Application by DIAND of the same principle to illegitimate female offspring has not been accepted.

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JBJECT: STATEMENT OF BENEFIT ENTITLEMENT

5.2 The "Jock" Case, 1980

A County Court review of the Registrar's decision, pursuant to Section 9, Indian Act.

This interpretation has local application regarding eligibility for entitlement by American Indians in the St. Regis area to be registered.

5.3 Adoption

There is no provision in the Indian Act for a change in status by reason of adoption. Indian children retain their entitlement to be registered as Indians whether they are adopted by Indians or non-Indians. Non-Indian children do not gain Indian status when adopted by Indians.

5.4 Common-Law Relationships

There is no provision in the Indian Act for a change in status by reason of a common-law relationship. The male partner in a common-law situation does not have his status altered. Similarly, the female does not gain or lose status because of the arrangement.

Eligibility for registration by the offspring of a common-law relationship is influenced by the "Martin" case.

NOTE: Eligibility for entitlement under Section 11 of the Indian Act should be supported in writing by the Band.

6.0 NON-INSURED BENEFIT COVERAGE FOR ENTITLED PERSONS RESIDING OUTSIDE OF CANADA

Refer to Branch Directive 16/7: Payment of Non-Insured Health Benefits for Status Indians and Inuit Outside of Canada.

L. McCafferty
Regional Director
Ontario Region

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 24

DATE OF ISSUE: March 1, 1985

SUBJECT: STATEMENT OF BENEFITS AVAILABLE TO ENTITLED PERSONS

PAGES: 2

---

1. PURPOSE

The purpose of this Directive is to identify health care benefits which are available to entitled persons under the Indian Health Policy, 1979.

2. AUTHORITY

- Indian Health Policy, 1979
- Memorandum of Understanding on Adult Care between DIAND and MSB, 1984.
- Statement on Transfer of Level I and II Care to DIAND - Memorandum of Director General, September 28, 1978.
- Canada Health Act, 1984.

3. DEFINITIONS

3.1 "Insured Service" - includes hospital services, physician's services and surgical - dental services provided to insured persons as defined in the Canada Health Act.

Excluded from MSB responsibility are Adult Residential Care (Type I) and Nursing Home Intermediate Care (Type II) services which have been transferred to DIAND.

3.2 "Non-insured Service" - is a health service, aid or device accepted as a benefit under the Indian Health Policy, 1979, and authorized by an accredited health professional. These include, but are not restricted to, the following:

IHD CHW CHR

- prescription drugs and substances; → with yours
- corrective lenses;
- hearing aids;
- wheelchairs;
- orthotics (braces, splints, etc.) aid orthopedics;
- prosthetics;
- genito-urinary and ostomy supplies, etc.;
- contraceptive devices and supplies; — prescribed

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3. DEFINITIONS

3.2 (cont'd).

- dental services;
- medical transportation, accommodation and meals; and
- such other services as may be required, and fulfill the recommendations of acceptable medical practitioners and meet fair and comparable Canadian standards.

4. APPLICATION

4.1 This Directive is a general list of services, and may be referred to when identifying services covered by the Indian Health Policy. It is expected that the list will be revised as developments occur, particularly with reference to the last point in paragraph 3.2. Additional examples may be found by referencing Subject 6.3 of the Financial Management Manual.

4.2 Pursuant to the Memorandum of Understanding on Adult Care, Types I and II Insititutional Care (Adult Residential Care and Nursing Home Intermediate Care, respectively) are the responsibility of DIAND.

L. McCafferty
Regional Director
Ontario Region

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 25

DATE OF ISSUE: March 1, 1985

SUBJECT: NON-INSURED SERVICES: ASSISTIVE DEVICES (INCLUDING PRESCRIPTIVE LENSES)

PAGES: 2

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1. PURPOSE

The purpose of this Directive is to identify the Assistive Devices available to entitled persons.

2. AUTHORITY

- The Indian Health Policy, 1979
- Memorandum of Understanding on Adult Care between DIAND and MSB, 1984.

3. APPLICATION

This Directive generally describes those devices, equipment and supply items provided or paid for, in part or in total, by MSB.

3.1 Prescriptive Lenses

Corrective Lenses - authorized by an Optometrist or Opthalmologist. The cost of frames exceeding the current years rate is borne by the individual supplied.

Contact Lenses - are provided when recommended by an Opthalmologist (Medical Eye Specialist). Contact lenses are not supplied when they are requested for purely cosmetic reasons.

3.2 Assistive Devices

Medical Services Branch will cover expenses (listed following) for entitled persons over the age of 18 years, and through the Government of Ontario, the Assistive Devices Program will cover 75% of the costs of selected and prescribed assistive devices (listed following) for all persons who are 18 years of age or younger and who have O.H.I.P. coverage. Medical Services Branch will pay 25% of the cost - an amount which would be the individual's share under this program.

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NO. 25

SUBJECT: NON-INSURED SERVICES: ASSISTIVE DEVICES (INCLUDING PRESCRIPTIVE LENSES)

DATE OF ISSUE: March 1, 1985

The following types of supplies and equipment are covered under the Program:

(a) Hearing Aids

Hearing Aids are provided as recommended by an Audiologist or an Otolaryngologist.

(b) Wheelchairs

Manual and powered wheelchairs or alternates.

(c) Orthotics

Includes braces and splints, seating inserts, and positioning systems, pressure modification devices, custom orthopedic footwear and modifications.

(d) Prosthetics

Artificial limbs, electric or myoelectric arms, artificial eye lenses and eyeballs, breast prostheses.

(e) Genito-urinary

Genito-urinary and ostomy supplies, etc.

(f) Contraceptive Devices

(g) Respiratory Supplies and Equipment

Ventilation equipment, inhalers, oxygen equipment and supplies.

(h) Miscellaneous

Insulin pumps, glucometeres, and other specialized individual equipment recommended by a qualified practitioner and approved by appropriate Medical Officers of Health and Welfare, Canada.

Special appliances (such as bathtub lifts, elevators) are not the responsibility of MSB. Refer to Memorandum of Understanding on Adult Care, Annex "A".

4. Note: All of the above are provided on the basis of the recommendation of a qualified medical practitioner, or by specialists to whom the individual has been referred. Special approval of individual items resulting from revisions to the Assistive Devices Program list may be required by the Regional Director.

L. McCafferty
Regional Director
Ontario Region

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 26

DATE OF ISSUE: March 1, 1985

SUBJECT: NON-INSURED HEALTH BENEFITS: PATIENT TRANSPORTATION

PAGES: 2

---

1. PURPOSE

The purpose of this Directive is to identify the circumstances under which entitled persons are provided with transportation for medical/dental reasons.

2. AUTHORITY

- Indian Health Policy, 1979.

3. APPLICATION

Medical Services Branch, Ontario Region will provide payment of all non-insured costs of properly authorized patient and escort travel under the terms of this Directive. All entitled persons shall be provided such transportation as may be required to ensure that they receive necessary and appropriate treatment at the nearest facility appropriate to their needs.

Provincial and Regional Ambulance Services and Provincial Air Ambulance Services are an Insured Service and should be used when appropriate. It is important for each Zone Office to be familiar with the operation of the Regional Ambulance Services in their area(s) and know the criteria which allow patients to qualify for travel under this service. Medical Services will pay the non-insured costs (patient's share) of authorized ambulance travel.

Under all general conditions, Zone Officers must negotiate with providers of patient transportation services, the terms and conditions under which Medical Services will assume responsibility for payment. This may be accomplished under several alternative arrangements.;

(i) Contribution Agreements with a Band

(ii) Contracts with providers of Patient Transportation Services including an agreed rate schedule.

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4. AUTHORIZATION

The Zone Director will determine those individuals who have the authority to authorize patient and escort transportation. This list may include medical practitioners and nurses as well as non-public servants such as referral clerks and CHRs. Under this delegation of authority, the Zone Director must ensure that the recipient is fully aware of all agreements, contracts, terms and conditions in effect in the communities in which they are involved.

Specimen signature card for each authorized person stated must be on file in the Zone Office.

In all circumstances, the safety of the patient and escort must be assured and all insurance requirements must have been met.

Means of transportation shall be that deemed to be most appropriate under the circumstances and in the context of budgetary restraints.

5. EXPENSES ELIGIBLE FOR MEDICAL SERVICES BRANCH REIMBURSEMENT

Examples may be found in the Financial Management Coding Manual.

Exceptions must receive prior authorization from the Zone Director.

Accommodation and meals for medical referrals and their escorts will be reimbursed at the applicable Treasury Board rates.

L. McCafferty
Regional Director
Ontario Region

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 27

DATE OF ISSUE: March 1, 1985

SUBJECT: NON-INSURED SERVICES: OBTAINING PRESCRIPTION DRUGS

PAGES: 1

---

1. PURPOSE

The purpose of this Directive is to identify how prescription drugs may be obtained by entitled persons.

2. AUTHORITY

- Indian Health Policy, 1979.

3. APPLICATION

Medical Services will fund the purchase of, or supply in isolated communities, drugs, medications and therapeutic agents (e.g. vaccines, sera) when prescribed by a licensed physician or dentist. Excluded from coverage are food, food substitutes, clothing and proprietary preparations.

Persons who have alternative coverage, such as through Old Age Pension, work-related drug plans, or other plans should use this recourse to pay their drug bills.

Patients, on receipt of a prescription, may take it to any dispensing pharmacist, who should then bill the relevant Zone Office using the Pharmacist's Account form (MS-8610), which is available upon request.

In the unusual circumstance where an individual has directly paid for the prescription drugs, reimbursement of actual expenses will be undertaken by the Zone upon receipt of proof of purchase.

L. McCafferty
Regional Director
Ontario Region

Canada

000519

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Health and Welfare Canada | Santé et Bien-être social Canada

ONTARIO REGION

MEDICAL SERVICES BRANCH

DIRECTIVE

NO. 28

DATE OF ISSUE: March 1, 1985

SUBJECT: STATEMENT OF DENTAL SERVICES AVAILABLE FOR ENTITLED PERSONS

PAGES: 2

---

1. PURPOSE

The purpose of this Directive is to identify how, and in what manner, dental services may be obtained by entitled persons.

2. AUTHORITY

- Indian Health Policy, 1979.

Medical Services will provide to entitled persons necessary and approved dental services. Under the direction and approval of the Regional Dental Officer, Ontario Region, Medical Services will provide for transportation necessary to obtain emergency services.

3. APPLICATION

(a) Basic dental care (emergency services for the relief of pain including extractions, fillings) and/or routine services including cleaning and diagnostic X-rays (posterior bite-wing, and necessary single films, but not full mouth service) up to a Medical Services allowance of $200.00 in one calendar year can be performed for all entitled persons without prior approval.

(b) All elective basic care services anticipated to go beyond the initial $200.00 require prior approval from the Regional Dental Officer.

(c) All prostheses and specialized services require prior approval.

(d) All referrals require prior approval unless such services are required as a result of emergency situations or of conflict with on-going medical treatment.

Canada

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

SUBJECT: STATEMENT OF DENTAL SERVICES AVAILABLE FOR ENTITLED PERSONS

3. APPLICATION (cont'd)

(e) All denture repairs requiring impressions require prior approval.

(f) All denture relines or rebase require prior approval.

L. McCafferty
Regional Director
Ontario Region

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Government of Canada / Gouvernement du Canada

NOTE DE SERVICE

Dr K. Craig -
could you
comment please
for my sign.
note deadline
Thanks M

TO / A: SEE DISTRIBUTION I

SECURITY - CLASSIFICATION - DE SÉCURITÉ:

OUR FILE – N / RÉFÉRENCE: 110-1-6

YOUR FILE – V / RÉFÉRENCE:

FROM / DE: Chairman
Uninsured Services

DATE: July 31, 1985

SUBJECT / OBJET: Uninsured Services Directives

These Directives were sent to all Zones and Provincial Treaty Organizations for comment. The Zones have accepted the March 1 directives as written, two of the Provincial Treaty Organizations did not respond, and the other two made some suggestions which I will attempt to deal with in this memo.

Association of Iroquois and Allied Indians suggested that **Directive #25** should allow for replacement of contact lenses for people who normally wear them. These Directives are only meant to clarify existing policy and since their request is for a change in policy, it is felt that the directive should stand as is until new policies are negotiated.

Union of Ontario Indians commented that in **Directive #23** - non-Indians do acquire status if legally adopted by status Indians. In checking with Department of Indian Affairs and Northern Development, I find that under the present situation this is not the case, however, this whole area is currently being changed and I, therefore, recommend that **Directive #23** be changed as follows: elimination of Section 5 examples and the complete underlining of the sentence under 4.1 - The on-going responsibility for this rests with the Indian Registrar, DIAND - and the addition to that sentence - therefore all questions concerning the status of individuals should be verified with DIAND.

Directive #24 - suggest that categories of professional and non-professional should be spelled out and a list drawn up. While such a list could easily be drawn up, it may become restrictive and, therefore, my recommendation is to leave this open ended as written.

Directive #25 Prosthetics - comment that this list of aids is changing and expanding, would like a clarification of the approval route. I suggest that the last sentence of Section 4 be changed to read as follows: "Approval of individual items not on the Assistive Devices Program list should be requested through the local Medical Services Branch Office who will prepare a Form 8432 and attach the Medical Practitioner's prescription or written recommendation. This application will be forwarded through the Zone Office to the Regional Director or his delegate for approval".

.....2

Document disclosed under the *Access to Information A*
Document divulgué en vertu de la *Loi sur l'accès à l'informatic*

Directive #28 - Section 3(b). The limit for initial elective basic care service has now been raised from $200 to $350.

It is my hope that you will all agree with the above-noted comments and changes, and would ask that you confirm this to me in writing by August 16 so that the final version of these Directives may be sent to the Zones and Provincial Treaty Organizations for dissemination to Bands and Health Workers.

R.B. McCulloch.

RBM:as

DISTRIBUTION LIST

Assist. Regional Director, Operations,
Ontario Region.

Zone Directors - Sioux Lookout Zone
Moose Factory Zone
Southern Ontario Zone

Health Directors - Assoc. of Ioquois & Allied Indians;
Union of Ontario Indians;
Grand Council Treaty No. 3;
Nishnawbe-Aski Nation.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

WRITER	
DEPARTMENTAL SECRETARIAT	
MINISTER'S OFFICE	
DEPUTY MINISTER'S DIARY FILE	
DEPUTY MINISTER'S OFFICE	
ADM	
DAILY DIARY FILE	

SA-5788
A18849

061871

1985 AUG -8 A 8:32

AUG 2 1985
AOUT

Mr. Robert Corbiere
Executive Director
United Chiefs and Councils of Manitoulin
Excelsior Post Office
WEST BAY, Ontario
P0P 1G0

Dear Mr. Corbiere:

I appreciate your notifying me of your concerns about the relocation of the Regional Dental Office from Sudbury to Ottawa.

The provision of health services in Indian communities remains the responsibility of Medical Services Branch, National Health and Welfare. I am forwarding a copy of your correspondence to my colleague, the Honourable Jake Epp, the Minister of Health and Welfare Canada, for his consideration. I am sure he will review the facts and endeavour to find a satisfactory solution.

Your proposal for a medical services zone office located in Sudbury to serve that city, Sault Ste. Marie, Timmins, North Bay, and Manitoulin Island Districts is an ambitious venture. Therefore, I would also recommend that you write the Ontario Minister of Health to see if there are any provincial funds which may be accessed. You may write to:

Hepburn Block, Queen's Park
Toronto, Ontario
M7A 1R3

Hope all is well. Take care.

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE

David Crombie

Information: E. Harrigan
Writer: Wood/bjm/1803r
June 25, 1985
c.c. Indian Program Secretariat
c.c. Director General, Ontario
(y.f. 6585-2 (SD2))

Orig
6585-2

Document disclosed under the Access to Inform
Document divulgué en vertu de la Loi sur l'accès à l'in

6.1 7.0 6.9

INAC
MANITOBA
REGION

AUG 6 1 38 PM '85

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

SA-5788
A18849

The Honourable Jake Epp, P.C., M.P.
Minister of National Health
and Welfare
OTTAWA, Ontario
K1A 0K9

AUG AOUT 2 1985

Dear Jake:

I am enclosing, for your consideration, a letter from Mr. Robert Corbiere, Executive Director, United Chiefs and Councils of Manitoulin, who is concerned about the relocation of the Medical Services, Regional Dental Office from Sudbury to Ottawa. He has also suggested the possibility of establishing a medical services zone office in Sudbury to serve Sault Ste. Marie, Timmins, North Bay, Sudbury and Manitoulin Island Districts.

Since health services fall within the jurisdiction of Health and Welfare, would you please have your officials review the situation and advise Mr. Corbiere accordingly.

Hope all is well. Take care

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE
David Crombie

09.217

Encl.

Information: E. Harrigan
Writer: Wood/bjkm/1803r
June 25, 1985
c.c. Indian Program Secretariat
c.c. Director General, Ontario
(y.f. 6585-2 (SD2))
c.c. Parliamentary Relations

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Soc. Svcs.
FYI + PA to CA

PA-6555-2 (RDI)

SA-3893
A 5179

6610-1

JUN 25 1985

056220

1985 JUN 26 A 9:27

Ms Heather Kinmond
Vice-Chairman
The Grey Bruce Regional
Health Centre Foundation Inc.
Box 1001
OWEN SOUND, Ontario N4K 6H6

Dear Ms Kinmond:

I note in your letter concerning a usage-based federal capital contribution for the construction of a hospital at Owen Sound, that the Saugeen and Cape Croker Bands have approached Health and Welfare Canada for financial assistance.

I will be pleased to discuss the issue with my colleague, the Honourable Jake Epp, Minister of National Health and Welfare. It is my sincere hope that our discussions will lead to a satisfactory resolution of the matter.

Hope all is well. Take care.

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE

David Crombie

Information: E. Harrigan
Writer: LAJOIE/pml/1154r
April 10, 1985
c.c. Indian Program Secretariat
c.c. Parliamentary Relations
c.c. Director General, Ontario
(Y.f. 6610-1 (SD2))
c.c. The Honourable Jake Epp, P.C., M.P.
c.c. Chief James Mason
c.c. Chief Peter Akiwenzie

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

SA-3893
A 5179

JUN 25 1985

The Honourable Jake Epp, P.C., M.P.
Minister of National Health and Welfare
OTTAWA, Ontario
K1A 0K9

Dear Jake:

I am enclosing a copy of a letter from Ms Heather Kinmond, Vice-Chairman of the Grey Bruce Regional Health Centre Foundation Inc. requesting a federal capital contribution for the construction of a hospital at Owen Sound, Ontario. Ms Kinmond is requesting this contribution on behalf of the Saugeen and Chippewas of Nawash Bands on the basis of their usage of the hospital facility. A copy of my reply is also enclosed.

I understand that the Zone Director, Medical Services Branch, Southern Zone, has forwarded the request for $87,000 from the two Bands to the Regional Director, Medical Services Branch for consideration. It is also my understanding that capital contributions for hospitals fall within the jurisdiction of Health and Welfare Canada.

May I request that you have your officials of the Medical Services Branch review the proposal from the two Bands and consider it for a federal capital contribution towards the Grey Bruce Regional Health Centre.

I would be pleased to discuss this matter with you and offer any assistance.

Trust all is well with you. Take care.

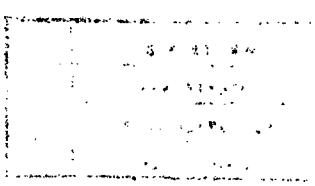
Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID

David Crombie

Encl. (2)

Information: E. Harrigan
Writer: LAJOIE/pml/1425r
June 3, 1985
c.c. Indian Program Secretariat
c.c. Parliamentary Relations
c.c. Director General, Ontario
(Y.f. 6585-2 (SD2))
c.c. Chief James Mason
c.c. Chief Peter Akiwenzie



Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

Tel: 807-737-2800
P.O. Box 369
Sioux Lookout, Ontario
POV 2TO

0 6 1 6 1 9

Your file / Votre référence
1985 AUG -1 A 8:21

Our file / Notre référence
6585-1 (LG)
4375-4

4375-1
6585-1

August 1, 1985

Regional Director
Band Support
ONTARIO REGION

RE: BCR #11 & 14/85
Requests for Health & Telephone Services
Wawakapewin Band

Attached you will find the above two original resolutions dated July 24th, 1985 for your information and chronological files. Copies of these resolutions have been forwarded to Medical Services Branch and Bell Canada for their reply. No action is required on your behalf.

R Papiernik

Richard Papiernik
Dist. Supt. of Local Government
Sioux Lookout District

/jo

Encl.

Note: for D/O Only
12/8/85

Canada

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada
Indian and Inuit Affairs / Affaires indiennes et

DEPT. OF INDIAN AFFAIRS & NORTHERN DEVELOPMENT
AUG 1 1985
006351
Sioux Lookout, Ontario

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

Chronological No. – *Numéro consécutif*: 11/85

File Reference – *N° de réf. du dossier*: 6585-1

NOTE: The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds

NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

THE COUNCIL OF THE / *LE CONSEIL DE LA BANDE INDIENNE*: WAWAKAPEWIN BAND

AGENCY / DISTRICT: SIOUX LOOKOUT

PROVINCE: ONTARIO

PLACE / *NOM DE L'ENDROIT*: WAWAKAPEWIN

DATE: 24 (DAY – *JOUR*) 07 (MONTH – *MOIS*) AD 19 85 (YEAR – *ANNÉE*)

Current Capital Balance / *Solde de capital* $

Committed – *Engagé* $

Current Revenue balance / *Solde de revenu* $

Committed – *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

MEDICAL SERVICES

WHEREAS, no health care facilities or personnel are in place to service the needs of the Wawakapewin Band, and;

WHEREAS, there is an urgent need for health care services at the community level;

THEREFORE BE IT RESOLVED THAT, the Medical Services Branch of National Health and Welfare should act immediately to provide the Wawakapewin Band with proper health services.

A quorum for this Bande / *Pour cette bande le quorum est*

consists of / *fixé à*

Council Members / *Membres du Conseil*

Henry Sloan
(Chief – Chef)

Mary Sloan
(Councillor – *conseiller*)

(Councillor – *conseiller*) (Councillor – *conseiller*)

(Councillor – *conseiller*) (Councillor – *conseiller*) (Councillor – *conseiller*)

(Councillor – *conseiller*) (Councillor – *conseiller*) (Councillor – *conseiller*)

(Councillor – *conseiller*) (Councillor – *conseiller*) (Councillor – *conseiller*)

FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTERE*

1. Band Fund Code / *Code du compte de bande*	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue – *Revenu* $	3. Expenditure / *Dépenses* $	4. Authority – *Autorité* Indian Act Sec / *Art. de la Loi sur les Indiens*	5. Source of Funds / *Source des fonds* ☐ Capital ☐ Revenue / *Revenu*

6. Recommended – *Recommendable* ..... Date ..... Recommending Officer – *Recommandé par*

Approved – *Approuvable* ..... Date ..... Approving Officer – *Approuvé par*

000530

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Band Support
FYI.
BMG

Minister of Indian Affairs and Northern Development

Ministre des Affaires indiennes et du Nord canadien

056220

1985 JUN 26 A 9:24

The Honourable David Crombie

L'honorable

AUG 21 1985

JUN 21 1985

P.A. → 6585-1

Chief Martin Restoule
Dokis Indian Band
Dokis Bay
Monetville
Ontario
POM 2KO

Dear Chief Restoule:

I enjoyed meeting with you on April 19. Any opportunity which allows me to become more familiar with the concerns of the Dokis Band is indeed appreciated.

As we discussed, I had my officers look into the matter of the cancellation of the capital project for the health station in your community. After consulting with the Medical Services Branch, Health and Welfare Canada, they obtained the following information.

Medical Services approved, in principle, the plan for the construction of a health station at Dokis Bay in 1985-1986. However, the Ontario Region had to defer several capital projects due to a reduction in capital allocation from $12 million to only $5.5 million for the 1985-1986 fiscal year. As a result, the construction of the Dokis health station has also been deferred until 1988-1989.

I understand that you met with Mr. R. McCullough, Zone Director of the Medical Services Branch, Thunder Bay on May 23, and that plans to construct the health station at an earlier date were discussed. Please let me know if I can be of further assistance.

Kindest regards.

Sincerely,

David Crombie

Ottawa, Canada K1A 0H4

000531

Original
6585-1

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

TI 0383(A)
A 13501

Chief Martin Restoule
Dokis Indian Band
Dokis Bay
MONETVILLE, Ontario
P0M 2K0

Dear Chief Restoule:

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Kindest regards.

Sincerely,

David Crombie

Information: O. Gobeil
Writer: WOOD/ml/1
May 29, 1985
c.c. Indian Program Secretariat
c.c. Director General, Ontario
(Y.F.: 6585-1 (SD2))

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

(RDI)

6585-1

Minister of Indian Affairs and Northern Development

CANADA

Ministre des Affaires indiennes et du Nord canadien

The Honourable / L'honorable
David Crombie

056220

1985 JUN 26 A 9:25

JUN 21 1985

Chief Martin Restoule
Dokis Indian Band
Dokis Bay
Monetville
Ontario
POM 2KO

Dear Chief Restoule:

I enjoyed meeting with you on April 19. Any opportunity which allows me to become more familiar with the concerns of the Dokis Band is indeed appreciated.

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Kindest regards.

Sincerely,

David Crombie

Ottawa, Canada K1A 0H4

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

TI 0383(A)
A 13501

Chief Martin Restoule
Dokis Indian Band
Dokis Bay
MONETVILLE, Ontario
P0M 2K0

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Kindest regards.

Sincerely,

David Crombie

Information: O. Gobeil
Writer: WOOD/ml/1
May 29, 1985
c.c. Indian Program Secretariat
c.c. Director General, Ontario
(Y.F.: 6585-1 (SD2))

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

s.19(1)

June 20, 1985

PA

6585-1 (SD2)

Dr. A.R. Kempton
Indian Health Program
Medical Services Branch
Room 315
55 St. Clair Avenue East
Toronto, Ontario
M4T 1M2

Dear Dr. Kempton:

Attached is an audiology report from Chedoke-McMaster Hospital on behalf of [redacted] It appears that the report has been delivered to our Department in error.

Yours truly,

ORIGINAL SIGNED BY
R. CHOPRA

Ram Chopra
Manager
Social Development
Ontario Region

Attach.

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

s.19(1)

Chedoke-McMaster Hospitals

Operating Division
CHEDOKE HO[illegible] L
Sanatorium Road, Hamilton
L8N 3Z5
(416) 388-0240

Box 2000, Station 'A', 1200 Main Street West, Hamilton, Ontario L8N 3Z5 (416) 521-2100

Operating Division
McMASTER UNIVERSITY
MEDICAL CENTRE
1200 Main Street West, Hamilton
L8N 3Z5
(416) 521-2100

DEPARTMENT OF COMMUNICATIVE DISORDERS

IDENTIFIED PATIENT: [redacted] CHART #:

ADDRESS: R. R. #6 Hagersville THERAPIST: Carol Pavey

DATE OF BIRTH: [redacted] DATE SEEN: June 7, 1985

REFERRAL SOURCE: Dr. Lowcock DATE DICTATED: June 7, 1985

AUDIOLOGY

[redacted] was seen today for a comparative hearing aid evaluation following audiometric testing one month ago. At that time she demonstrated a mild to moderately severe sensorineural hearing loss bilaterally which was slightly more pronounced on the right side. As [redacted] has complained of increased communicative difficulties, amplification was recommended for her for at least a trial period.

Three aids were tried in a controlled sound field situation today coupled to [redacted] right ear. The best results were found with the Danivox 125-1 PPAGC-IH hearing aid. The speech reception threshold was 10 dB which was slightly better than a warble tone average of 25 dB. Auditory word discrimination was 96%, both at normal conversational level and within a background of competing noise. Warble tone thresholds fell at borderline normal hearing limits across all frequencies.

In summary, today, a Danivox 125-1 PPAGC-IH hearing aid has been recommended for [redacted] to wear on her right ear, adjusted at power, gain, and tone at 12 o'clock, compression 4 o'clock. [redacted] will visit a hearing aid specialist in her local area for further ear mould and hearing aid services. It was suggested that she return in one year for a reassessment so any changes in hearing can be documented. Please contact me at this Centre if I may be of further assistance.

CP/jw
June 10, 1985
cc Dr. Lowcock
Dep't of Indian Affairs

Carol Pavey, M.A., CCC-A
Clinical Audiologist

Document disclosed under the
Document divulgué en vertu de la *Loi*

Social Services

FYI & PA

to CH.

M

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

PA 6585-1

SA-4329

1985 MAY 27 A 8:24

6585-1

MAY 24 1985 051799

Mr. John Parry, M.P.
Room 648-D, Centre Block
House of Commons
OTTAWA, Ontario
K1A 0A6

Dear Mr. Parry:

I appreciated receiving a copy of your letter of February 25 to Mr. Don J. Sweeney, concerning an expansion program for the Lake of the Woods district hospital.

My colleague, the Honourable Jake Epp, is responsible for the provision of medical services in Indian communities. Since he has also been made aware of Mr. Sweeney's request, I am sure he will review the matter and endeavour to find a satisfactory solution.

Please do not hesitate to contact me if I can be of any other assistance. Hope all is well. Take care.

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE

David Crombie

Information: E. Harrigan
Writer: CHABOT/pml/1216r
April 22, 1985
c.c. Indian Program Secretariat
c.c. Parliamentary Relations
c.c. Director General, Ontario
(Y.f. 6585-1 (SD))
c.c. The Honourable Jake Epp, P.C., M.P.

Document disclosed under the
Document divulgué en vertu de la *Lo*

Socio Services

PYI + PA

to cr.

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Document disclosed under the Access to Information A
Document divulgué en vertu de la Loi sur l'accès à l'informatio

s.19(1)

PA
SA-3872 4310-8
1985 JUN -3 A 4864
6585-1

MAY 31 1985

052670

[redacted]
Whitefish Lake Reserve No. 6
[redacted]
NAUGHTON, Ontario
P0M 2M0

Dear [redacted]

I was indeed sorry to hear about the problems you are having on the Reserve and about your wife's health.

My staff contacted your Band Council, which is responsible for the housing program, and it seems that the Council has made serious efforts to resolve your housing problems. Although you did not qualify for help under the Rural Rehabilitation Assistance Program, I suggest that you try again to discuss your needs with the Chief and Council. Your Band's housing committee may also be able to provide advice.

As to your proposed move to Sudbury, you should speak to your Band Welfare Administrator who can determine whether you qualify for assistance to cover your moving expenses. If you qualify, the Administrator will request written approval from the provincial Ministry of Community and Social Services.

Regarding medical transportation for your wife, you may consider getting in touch with the Zone Director, Medical Services Branch, Health and Welfare Canada, Thunder Bay Hydro Building, 6th Floor, 34 North Cumberland Street, Thunder Bay, Ontario, P7A 4L3. All health matters come under the responsibility of that Department and I unfortunately cannot be of help in this regard.

I regret I am unable to provide you with immediate solutions to your difficulties but urge you to continue trying to resolve them with your Band Council. If there is anything I can do or if you have any other concerns, please let me know. I appreciated your taking the time to inform me of your situation. Take care.

Sincerely,

ORIGINAL SIGNED BY
ORIGINAL SIGNÉ PAR
DAVID CROMBIE

David Crombie

Information: E. Harrigan
Writer: CHABOT/pml/1227r
April 30, 1985
c.c. Indian Program Secretariat
c.c. Director General, Ontario
(Y.f. 6950-8 (SD2)
4310-8 (CA17))

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Social Svcs - FYI HPA to CR

PA 6585-1

SA 3836

MAY 21 1985 051197 1985 MAY 22 A 8:41

The Honourable Warren Allmand, P.C., M.P.
Room 783 - CB
House of Commons
OTTAWA, Ontario
K1A 0A6

Dear Warren:

Please accept my apologies for the delay in responding to your letter of January 30, concerning the Whitefish Lake Band's requirement for the services of a nurse.

As you will recall, health services for Indian bands are within the jurisdiction of my colleague, the Honourable Jake Epp so I have sent him a copy of your letter for further consideration. I would nevertheless like to thank you for bringing the Whitefish Lake Band's request to my attention.

Hope all is well. Take care.

Sincerely,

Original Signed by
Original signé par
DAVID CROMBIE

David Crombie

Attach.

Information: E. Harrigan
Writer: Chabot/bjm/B5
March 22, 1985
c.c. Indian Program Secretariat
c.c. Parliamentary Relations
c.c. Director General, Ontario
(y.f. 6585-1 (SD2)
c.c. The Honourable Jake Epp, P.C., M.P.
c.c. Chief Larry Naponse

Origin
6585-1

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

SA 3836

MAY 21 1985

The Honourable Jake Epp, P.C., M.P.
Minister of National Health and Welfare
House of Commons
OTTAWA, Ontario
K1A 0K9

Dear Jake:

I am pleased to enclose copies of a letter I received from the Honourable Warren Allmand, and of my reply concerning a request for the services of a nurse for the Whitefish Lake Band in Ontario.

I would be grateful if you would review the matter and inform me, as well as Mr. Allmand and Chief Naponse, of any action your Department intends taking in this connection.

Hope all is well. Take care.

Sincerely,

Original Signed by
Original signé par
DAVID CROMBIE

David Crombie

Encl. (2)

Information: E. Harrigan
Writer: Chabot/bjm/B8
March 22, 1985
c.c. Indian Program Secretariat
c.c. Parliamentary Relations
c.c. Director General, Ontario
(y.f. 6585-1 (SD2))
c.c. The Honourable Warren Allmand, P.C., M.P.
c.c. Chief Larry Naponse

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

25 St. Clair Avenue East
Toronto, Ontario M4T 1M2

May 15, 1985

Department of Indian Affairs
and Northern Development
Indian and Inuit Affairs
Ottawa, Ontario

PA
6585-1 (SD2)

Attention: Gloria Foad, Program Secretariat

Re: DOCKET #T1 383A

Further to the above mentioned docket, I am providing briefing notes and a draft response as follows.

ISSUE

The Dokis Band, which is served by the Thunder Bay zone office of the Medical Services Branch, considers that the existing health services to their Band are inadequate. The Band wants to establish a 'Health Station' in the community as soon as possible.

BACKGROUND

For the past ten years, the Band has been operating public health services with the help of a community health representative and a visiting nurse. The health office is located in the same building as the Band office and the facility is considered inadequate.

The Medical Services Branch, Ontario Region, originally approved in principle the capital plan for the establishment of a 'Health Station' at Dokis Band for 1985-1986. However, the Regional capital budget was reduced from 12 million to only 5.5 million for the fiscal year 1985-1986. As a result, several capital projects had to be deferred to later years and the Dokis 'Health Station' was rescheduled to be completed during 1988-1989.

CURRENT STATUS

Mr. Robert McCullough, Zone Director, Thunder Bay zone, has scheduled a meeting with the Dokis Band Council on May 23, 1985 to discuss the possibility of bringing forward the capital project for the Health Station to 1987-1988. He is prepared to recommend to the Regional Director, Medical Services Branch, that a contribution be provided for a project feasibility study in 1986-1987.

/...2

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SUGGESTED REPLY

"Dear Chief:

I refer to our meeting of April 19, 1985 whereby the Council brought to my attention their concern regarding the cancellation of the capital project for the Health Station in your community. As promised, I had my departmental personnel review this matter with the Medical Services Branch and have received the following information.

It is true that the Medical Services Branch approved, in principle, the capital plan for the construction of a 'Health Station' at Dokis Band during 1985-1986. However, Medical Services Branch, Ontario Region had to defer several capital projects due to their reduction of capital allocation from 12 million doallars to only 5.5 million dollars for the fiscal year 1985-1986. As a result the construction of the Dokis 'Health Station' was also deferred to 1988-1989.

As you are aware, Mr. R. McCullough, Zone Director, Medical Services Branch, Thunder Bay, has scheduled a meeting with your Council on May 23, 1985 to discuss the possibility of moving forward the construction of the 'Health Station' to an earlier date. I hope a solution can be found to the satisfaction of your Council.

I am also in support of moving forward the construction of the 'Health Station' to an earlier date and will be discussing this possibility with my colleague, the Honourable Jake Epp."

Original Signed By
E. Harrigan

Eugene Harrigan
Regional Director General
Ontario Region

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Document divulgué en vertu de la Loi sur l'accès à l'information

Social Dev't

4310-8-218

BY DEX TO:

ONTARIO REGION

1985 MAY -9 P 3:30

DOCKET NO.: T1 383A

DUE DATE: MAY 15

Please Address Response to:

INDIAN AND INUIT AFFAIRS PROGRAM
PROGRAM SECRETARIAT (994-1260)
ROOM 1606

ATTENTION: GLORIA FOAD

42D

RECEIVED PAR - SENT BY
COMCEN

1985 MAY -9 14 32

may 9/85
3:37 P.m.
MSR

RUDNICKI

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ADVANCE NOTICE

CONTROL NO. TI-0383(A)

MINISTER'S COMMITMENTS AND MANDATES

2/2P

LOCATION: SAULT STE. MARIE

DATE: APRIL 19, 1985

At a meeting with DORIS BAND

Regarding NEW HEALTH CLINIC FIRST APPROVED THEN REFUSED BY HEALTH & WELFARE CANADA

the Minister said: WILL EXPLORE REASONS FOR REFUSAL WITH NHW. IF DISAGREES WITH REASONING WILL TAKE UP CASE FOR BAND.

He was given documentation consisting of N/A

Recommended action to be taken by Department to follow up:

IIAP-HQ AND ONTARIO REGION TO INVESTIGATE REFUSAL; PROVIDE BRIEF FOR MINISTER'S CONSIDERATION WITH RECOMMENDATIONS; DRAFT RESPONSE FOR HIS SIGNATURE.

A typewritten complete briefing note is forthcoming.

DATE	OFFICIAL ASSIGNED	ACTION TO BE TAKEN	DUE DATE	DATE COMPLETED

RECEIVED
DEPARTMENTAL SECRETARIAT
MAY 1985
REÇU

NO EXTENSION
MAY 16

A-135

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Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

043243

1985 MAR 22 A 11:58

Your file / Votre référence

Our file / Notre référence

6585-D19

March 20, 1985

National Health & Welfare
34 N. Cumberland Street
6th Floor
THUNDER BAY, Ontario
P7A 4L3

PA-1

Attention: The Director

Band Council Resolution #351
Rocky Bay Band

The above-mentioned Band Council Resolution is forwarded for your information and action.

In addition, I would ask that when you meet with the Band, you review the funding arrangements regarding patient transportation as this is continuing to cause problems.

D. T. Allan
District Superintendent
of Band Support
Lakehead District

905 E. Victoria Avenue
THUNDER BAY, Ontario
P7C 1B3

ATTACHMENT

CC: Director, Band Support
Ontario Region

Canada

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

MAR 11.85 204

Chronological No. – *Numéro consécutif*: B.C.R. #357

File Reference – *N° de réf. du dossier*: 6585-1 / 4215-4-197

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

NOTE: The words "From our Band Funds" "Capital" or "Revenue", which ever is the case, must appear in all resolutions requesting expenditures from Band Funds

NOTA: Les mots "des fonds de notre bande "Capital" ou revenu" selon le cas doivent paraitre dans toutes les résolutions portant sur des dépenses à même les fonds des bandes

THE COUNCIL OF THE / *LE CONSEIL DE LA BANDE INDIENNE*: ROCKY BAY INDIAN BAND

AGENCY / DISTRICT: LAKEHEAD

PROVINCE: ONTARIO

PLACE / *NOM DE L'ENDROIT*: MACDIARMID

DATE: 11 (DAY – *JOUR*) March (MONTH – *MOIS*) AD 19 85 (YEAR – *ANNÉE*)

Current Capital Balance / *Solde de capital* $

Committed – *Engagé* $

Current Revenue balance / *Solde de revenu* $

Committed – *Engagé* $

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

That we, the Chief and Council of the Rocky Bay Band requests that the present position of part time Health Worker-Referal Clerk , be designated a full time position, at an annual salary of $16,000.00.

Further, that the said position be effective APRIL 1, 1985.

A quorum for this Bande / *Pour cette bande le quorum est* consists of / *fixé à* 3 Council Members / *Membres du Conseil*

Michael Landry J. (Chief – Chef)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

(Councillor – conseiller) (Councillor – conseiller) (Councillor – conseiller)

FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTERE*

1. Band Fund Code / *Code du compte de bande*	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capital $	B. Revenue – *Revenu* $	3. Expenditure / *Dépenses* $	4. Authority – *Autorité* Indian Act Sec / *Art. de la Loi sur les Indiens*	5. Source of Funds / *Source des fonds* ☐ Capital ☐ Revenue / *Revenu*

6. Recommended – *Recommendable* ..... Date ..... Recommending Officer – *Recommandé par*

Approved – *Approuvable* ..... Date ..... Approving Officer – *Approuvé par*

000548

IA 135 (5-79) 7530-21-023-4662

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

MAR 11.85 204

Chronological No. – *Numéro consécutif*: B.C.R. #357

File Reference – *N° de réf. du dossier*: 6585-1 / 4215-4-197

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE

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THE COUNCIL OF THE / *LE CONSEIL DE LA BANDE INDIENNE*: ROCKY BAY INDIAN BAND

AGENCY / DISTRICT: LAKEHEAD

PROVINCE: ONTARIO

PLACE / *NOM DE L'ENDROIT*: MACDIARMID

DATE: 11 (DAY – *JOUR*) March (MONTH – *MOIS*) AD 19 85 (YEAR – *ANNÉE*)

Current Capital Balance / *Solde de capital* $

Committed – *Engagé* $

Current Revenue balance / *Solde de revenu* $

Committed – *Engagé* $

DO HEREBY RESOLVE:
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FOR DEPARTMENTAL USE ONLY – *RÉSERVÉ AU MINISTERE*

1. Band Fund Code / *Code du compte de bande*	2. COMPUTER BALANCES – *SOLDES D'ORDINATEUR* A. Capitul $	B. Revenue – *Revenu* $	3. Expenditure / *Dépenses* $	4. Authority – *Autorité* Indian Act Sec / *Art. de la Loi sur les Indiens*	5. Source of Funds / *Source des fonds* ☐ Capital ☐ Revenue / *Revenu*

6. Recommended – *Recommendable* ..... Date ..... Recommending Officer – *Recommandé par*

Approved – *Approuvable* ..... Date ..... Approving Officer – *Approuvé par*

000549

IA 135 (5-79) 7530-21-023-4662

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *Loi sur l'accès à l'information*

March 20, 1985

P.A.

6585-1 (SD)

Department of Indian Affairs
and Northern Development
Indian and Inuit Affairs Program
Ottawa, Ontario

ATTENTION: Departmental Secretariat

RE: DOCKET SA-4329

Further to the above-mentioned docket, I am providing background information on the subject and a suggested response as follows:

BACKGROUND INFORMATION

John Parry, M.P., Kenora-Rainy River, is requesting a federal contribution from the Department of Indian and Northern Affairs to assist in an expansion program for the Lake of the Woods District Hospital . Since the provision of Health Services in Indian communities remains the responsibility of Medical Services Branch, National Health and Welfare, this matter should be referred to the Honourable Jake Epp for response.

SUGGESTED RESPONSE

It is suggested that the Minister respond as follows:

"Dear Mr. Parry:

I thank you for your letter dated February 25, 1985 concerning funding of an expansion program for the Lake of the Woods District Hospital. The provision of Health Services in Indian communities remains the responsibility of Medical Services Branch, National Health and Welfare.

As indicated in your correspondence, the Hon. Jake Epp, Minister of Health and Welfare, has also been contacted. I am sure he will review the information you have provided and endeavour to find a satisfactory solution to this matter."

DENNIS WALLACE

Eugene Harrigan
Regional Director General
Ontario Region

25 St. Clair Ave. East
Toronto, Ontario M4T 1M2

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Sous Sair

5 DAY MAXIMUM
NO EXTENSIONS

MINISTER : RUSH
MINISTRE FAIRE VITE

5 JOURS AU MAXIMUM
AUCUN DÉLAI

PA 6585-1

BY HAND OR DEX

1985 MAR 19 P 3:

PAR PORTEUR

DEPARTMENTAL SECRETARIAT : PRIORITY CORRESPONDENCE
SECRETARIAT DU MINISTÈRE - CORRESPONDANCE PRIORITAIRE

MP

To: / A: Dep Toronto I.A.		
Docket: / Dossier: SA-4329	Acknowledged on: / Accusé réception le: March 1	Answer due no later than: / Réponse requise au plus tard le: March 26 Am
For signature of: / Pour la signature de: Minister	Also sent to: / Envoyé également à: /	Date: March 19 Am

Deborah Gill
DEBORAH GILL
Chief/Chef
Departmental Secretariat/Secrétariat du Ministère

DATE: March 19/85
TIME: 3:10 P.M.
OPERATOR: MRL

DEAN VALLEE
DOCKET CO-ORDINATOR
994-2366

Document disclosed under the *Access to Information Act*
Document divulgué en vertu de la *loi sur l'accès à l'information*

2/3
cc. Nancy

J PARRY, M.P.
(KENORA-RAINY RIVER)
HOUSE OF COMMONS
OTTAWA, CANADA
K1A 0A6
(613) 992-3384

JSE OF COMMONS
BRE DES COMMUNES
CANADA

February 25, 1985

Mr. Don J. Sweeney
Chairman-Board of Directors
Lake of the Woods District Hospital
21 Sylvan St. W.
Kenora, Ontario
P9N 3W7

MINISTER'S OFFICE
INAC
CABINET DU MINISTRE

FEB 20 ... PM
RE: SA
FILE NO. 190-13
190-14

SA-4329

Dear Mr. Sweeney:

As I indicated to Mr. Muir in our telephone conversation, I should like to extend my apologies to the Board for the delay in replying to your letter. This arose from a misunderstanding by one of my staff.

By copy of this letter I am requesting three Ministers to examine their programs and budgets to determine if they can assist the Hospital in this very necessary expansion, which as Mr. Muir notes will benefit some 23,000 people in the Kenora area, of whom some 6,000 are Natives. The Ministers are:

cc. EP PR ADM

RECEIVED
DEPARTMENTAL SECRETARIAT
MAR 18 1985 PM
REÇU
SECRÉTARIAT DU MINISTÈRE

The Hon. Jake Epp
Minister of Health and Welfare

The Hon. Bill McKnight
Minister of Labour (C.M.H.C.)

The Hon. David Crombie
Minister of Indian and Northern Affairs

I will also be conveying your request to meet with Mr. Epp.

Please accept my best wishes for the success of this ambitious and very promising project.

Sincerely,

John Parry, M.P.
Kenora-Rainy River

c.c. Hon. Bill McKnight
c.c. Hon. David Crombie

c.c. Hon. Jake Epp

DRYDEN 223-2137 FORT FRANCES 274-2275 KENORA 547-2875 RED LAKE 727-2240
SIOUX LOOKOUT 737-1499 Other communities — ZENITH 34600

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3/3

March 1, 1985

Mr. John Parry, M.P.
Room 648-D
Centre Block
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Mr. Parry:

On behalf of the Honourable David Crombie, I wish to thank you for a copy of your letter dated February 25, 1985, addressed to Mr. D.J. Sweeney.

Please be assured that your correspondence will be brought to the Minister's personal attention.

Yours sincerely,

Paulette Francoeur
Head
Correspondence Unit

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Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

March 11, 1985

Your file / Votre référence

Our file / Notre référence

PA 6610-1 (SD2) 6585-1

Department of Indian Affairs
& Northern Development
Indian & Inuit Affairs
Ottawa, Ontario

Attention: Departmental Secretariat

Re: DOCKET #SA-3893

Further to the above-mentioned docket, I am providing background information on the subject and a suggested response as follows:

BACKGROUND

Ms. Heather Kinmond, Vice Chairman of the Grey Bruce Regional Health Centre Foundation Inc., is requesting our Minister's attention to facilitate the request for a federal capital contribution from Health and Welfare Canada for the construction of a hospital at Owen Sound.

Mr. Barry Brown, the Zone Director of Medical Services Branch, has forwarded their request for $87,000.00 capital contribution on behalf of Saugeen and Cape Croker bands to his Regional Director, Medical Services Branch, Ottawa for consideration.

SUGGESTED RESPONSE

It is suggested that the Minister respond as follows:

"Dear Ms. Kinmond:

I thank you for your letter of December 3, 1984, concerning usage based Federal capital contribution on behalf of Saugeen and Cape Croker Bands for the construction of a hospital at Owen Sound.

I would be pleased to discuss this matter with my colleague, the Honourable Jake Epp, the Minister of Health and Welfare Canada. I sincerely hope that our discussions will assist in the satisfactory resolution of this matter."

Original Signed By
E. Harrigan

Eugene Harrigan
Regional Director General
Ontario Region

25 St. Clair Ave. East
Toronto, Ontario M4T 1M2

Canada

000554