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STATEMENT ON INDIAN HEALTH POLICY

OTTAWA - Health and Welfare Minister David Crombie today released the attached telegram which he sent to Mr. Noel Starblanket, President of the National Indian Brotherhood on the subject of the federal government's new policy on Indian health.

A copy of the policy statement is also attached.

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NOEL STARRBLANKET
PRESIDENT
NATIONAL INDIAN BROTHERHOOD

PLEASE EXPRESS MY PERSONAL GREETINGS AND BEST WISHES TO THE NATIONAL INDIAN BROTHERHOOD 1979 GENERAL ASSEMBLY AND EXTEND MY SINCERE REGRETS THAT I AM UNABLE TO PARTICIPATE IN YOUR PROCEEDINGS.

LATE YESTERDAY THE CABINET APPROVED A NEW FEDERAL POLICY FOR INDIAN HEALTH THAT:

- WITHDRAWS GUIDELINES FOR UNINSURED HEALTH BENEFITS;
- ESTABLISHES PROFESSIONAL MEDICAL OR DENTAL JUDGEMENT TO FAIR AND COMPARABLE CANADIAN STANDARDS AS THE CRITERIA FOR HEALTH SERVICES DELIVERY;
- REAFFIRMS THE HISTORICAL ROLES OF THE FEDERAL GOVERNMENT AND THE PROVINCES IN THE PROVISION OF HEALTH SERVICES; AND
- PROMOTES CONSULTATION AND PARTICIPATION IN THE ADMINISTRATION AND DELIVERY OF HEALTH PROGRAMS.

A STATEMENT OF THE FEDERAL GOVERNMENT'S INDIAN HEALTH POLICY WILL BE RELEASED LATER TODAY. IN SUMMARY IT RECOGNIZES THE SPECIAL HEALTH NEEDS OF THE INDIAN PEOPLE AND STATES THAT THE POLICY 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.

THE POLICY EMPHASIZES INCREASED PARTICIPATION OF INDIAN BANDS IN HEALTH CARE DELIVERY, WHERE SOUGHT BY CHIEF AND COUNCIL AND PROVIDES FOR CLOSE CONSULTATION AT BAND, PROVINCIAL AND NATIONAL LEVELS ON HEALTH PROGRAMS, FINANCES AND ALLOCATION OF RESOURCES.

THE POLICY STATEMENT RECOGNIZES AND SUPPORTS THE STUDIES OF HEALTH POLICY AND PRACTICE BEING UNDERTAKEN BY YOUR BROTHERHOOD AND SOME PROVINCIAL INDIAN ASSOCIATIONS AND COMITS THE FEDERAL GOVERNMENT TO A FUNDAMENTAL REVIEW OF ISSUES INVOLVED IN INDIAN HEALTH WHEN INDIAN REPRESENTATIVES HAVE DEVELOPED THEIR POSITION. SUCH REVIEW COULD SUPERSEDE THIS POLICY.

I WOULD PERSONALLY HAVE WISHED TO CONSULT WITH YOU PRIOR TO THIS ANNOUNCEMENT BUT THE URGENT NEED TO INFORM YOUR ASSEMBLY OF THE FEDERAL GOVERNMENT'S DECISION REGRETFULLY MAXES THIS IMPOSSIBLE.

PLEASE CONVEY TO THE LEADERS OF THE INDIAN PEOPLE GATHERED AT YOUR GENERAL ASSEMBLY MY TRUST AND CONFIDENCE THAT THEY WILL VIEW THIS POLICY AS THE BEGINNING OF A NEW ERA IN CO-OPERATION BETWEEN THE FEDERAL GOVERNMENT AND INDIAN PEOPLE.

1979-83

September 19, 1979

STATEMENT ON INDIAN HEALTH POLICY

OTTAWA - Health and Welfare Minister David Crombie today outlined the federal government's policy on Indian health services.

The goal of the policy the Minister explained is "to achieve an increasing level of health in Indian communities, generated and maintained by the Indian communities themselves."

Highlights of the policy, which is attached, include:

1. withdrawing the Guidelines for Uninsured Health Benefits and establishing the level of service during the moratorium as the norm for budgetary purposes;
2. establishing professional medical or dental judgement or other relevant Canadian standards as the criteria for health service delivery;
3. reaffirming the historical roles of the provinces and the federal government in the provision of health care to Indians; and
4. promoting consultation with Indians in the administration of community health programs.

The Minister has informed Mr. Noel Starblanket, President of the National Indian Brotherhood of the new policy in a telegram to the annual meeting of the NIB general assembly.

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GOVERNMENT OF CANADA

INDIAN HEALTH POLICY

The following statement represents current Federal Government practice and policy in the field of Indian health. It differs from the Indian Health Policy statement of November 1974 in that it emphasizes issues which the Federal Government considers to be of greatest significance in the immediate future. Studies relating to Indian health policy and practice are being undertaken by the National Indian Brotherhood and some provincial Indian associations, studies which National Health and Welfare supports. The Federal Government is committed to joining with Indian representatives in a fundamental review of issues involved in Indian health when Indian representatives have developed their position, and the policy emerging from that review could supersede this policy. As an indication of good faith, the Federal Government has withdrawn the Guidelines for the Provision of Uninsured Health Benefits to Indian and Inuit people of September 1978, which will be replaced by professional medical or dental judgement, or by other fair and comparable Canadian Standards.

The Federal Indian Health Policy is based on the special relationship of the Indian people to the Federal Government, a relationship which both the Indian people and the Government are committed to preserving. It recognizes the circumstances under which many Indian communities exist, which have placed Indian people at a grave disadvantage compared to most other Canadians in terms of health, as in other ways.

Policy for federal programs for Indian people, (of which the health policy is an aspect), flows from constitutional and statutory provisions, treaties and customary practice. It also flows from the commitment of Indian people to preserve and enhance their culture and traditions. It recognizes the intolerable conditions of poverty and community decline which affect many Indians, and seeks a framework in which Indian communities can remedy these conditions. The Federal Government recognizes its legal and traditional responsibilities to Indians, and seeks to promote the ability of Indian communities to pursue their aspirations within the framework of Canadian institutions.

The Federal Government's Indian Health Policy reflects these features in its approach to programs for Indian people. The over-riding fact from which the policy stems is the intolerably low level of health of many Indian people, who exist under conditions rooted in poverty and community decline. The Federal Government realizes that only Indian communities themselves can change these root causes and that to do so will require the wholehearted support of the larger Canadian community.

Hence, the goal of Federal Indian Health Policy is to achieve an increasing level of health in Indian communities, generated and maintained by the Indian communities themselves.

This increasing level of health in Indian communities must be built on three pillars. The first, and most significant, is community development, both socio-economic development and cultural and spiritual development, to remove the conditions of poverty and apathy which prevent the members of the community from achieving a state of physical, mental and social well-being.

The second pillar is the traditional relationship of the Indian people to the Federal Government, in which the Federal Government serves as advocate of the interests of Indian communities to the larger Canadian society and its institutions, and promotes the capacity of Indian communities to achieve their aspirations. This relationship must be strengthened by opening up communication with the Indian people and by encouraging their greater involvement in the planning, budgetting and delivery of health programs.

The third pillar is the Canadian health system. This system is one of specialized and interrelated elements, which may be the responsibility of federal, provincial or municipal governments, Indian bands, or the private sector. But these divisions are superficial in the light of the health system as a whole. The most significant federal roles in this interdependent system are in public health activities on reserves, health promotion, and the detection and mitigation of hazards to health in the environment. The most significant provincial and private roles are in the diagnosis and treatment of acute and chronic disease and in the rehabilitation of the sick. Indian communities have a significant role to play in health promotion, and in the adaptation of health.

services delivery to the specific needs of their community. Of course, this does not exhaust the many complexities of the system. The Federal Government is committed to maintaining an active role in the Canadian health system as it affects Indians. It is committed to encouraging provinces to maintain their role and to filling gaps in necessary diagnostic, treatment and rehabilitative services. It is committed to promoting the capacity of Indian communities to play an active, more positive role in the health system and in decisions affecting their health.

These three pillars of community development, the traditional relationship of the Indian people to the Federal Government, and the interrelated Canadian health system provide the means to end the tragedy of Indian ill-health in Canada.