--- Upon commencing on Monday, September 13, 2004
at 1000 / L'audience débute le lundi
13 septembre 2004 à 1000

RT. HON. PAUL MARTIN (PMO Canada): If I can call the meeting to order.

Tout d'abord, j'aimerais vous souhaiter tous la bienvenue.

I think we will begin with the opening ceremonies. Where are they? Where are the Elders?

--- Pause

I would like to take this opportunity to welcome Bill Two Rivers from the Iroquois Confederacy, Elder Elmer Courchene from the Sagkeeng First Nation, Elder Rita Gordon from the Métis Nation, to perform an opening prayer and ceremony to begin our meetings today.

--- Opening prayer / Prière d'ouverture

ELDER ELMER COURCHENE: Before I begin, I would like to acknowledge Elder Bill Commanda, who is not feeling well, who is at home, who is watching the proceedings as they are taking place now. I wish him well and I will relate his message that he would deliver today.

I regret that I am not able to be with you today. It is my health that keeps me away. But I am pleased to send you greetings and welcome you here to my territory, as my ancestors welcomed your ancestors to Turtle Island many hundreds of years ago, in a time when our land was not marked by devised boundaries.

Then, as now, we start in prayer. Our ancestors thought that our individual community wellbeing came from the balance of emotional, physical, mental and spiritual aspects of human nature. Thus, it was always important to remember the spiritual element as we went about our work and activities. We also knew that physical illness was generally a manifestation of deeper problems, but we strayed from the values that guided the medicine wheel of this land and today it is no wonder that health care presents a crisis to the nation.

My people, who history acknowledges were once strong and healthy, now face the greatest health challenges in a land that was once full of endless resources. We believe that our health is connected to the health of Mother Earth. Today she is suffering, and we suffer too, with cancer, and diseases unknown in the past.

Today, people are preoccupied with the health care crisis, but really we should also be concerned about the crisis in health. It is also time to realize that the newcomers cannot find the true healing while the injustice

suffered by the original peoples remain buried within the heart and spirit of the country.

In 1995, I participated in a Sunbow walk across North America for the healing of Mother Earth. Later, a young woman wrote a song: Grandfather send me on a walk to make medicine out of pain.

This is our challenge today, to make medicine out of pain. It is a new journey. We are now starting together. I pray that we come together with one heart, one mind, one love, and one determination, to forge a new path of healing, a path that will serve us well, the original peoples, the early settlers, and the newer immigrants.

That was the message from Elder Commanda.

As we journey today, let us all remember the message that has been relayed to us. It is strong, it is powerful and it hits home to all of us, our spirits, our minds and our love for one another.

That is a great message and I know the Creator has listened and he will guide us on this day. M'gwich.

ELDER RITA GORDON: Great Spirit, we thank you for allowing us to meet here on the territory of the Algonquin Nation. We turn to you, seeking your guidance as these meetings are about to begin.

Creator, we give you thanks for bringing together the Prime Minister of Canada, the Premiers of the provinces and territories, and the leaders of the Aboriginal Nations of Canada. Bestow a special blessing on them all and grant them courage and wisdom so that he they will all work together for the betterment of the people.

May peace fill our hearts, our homes and our nation.

Créateur, nous vous prions de guider tous assemblés ici. Nous vous remercions d'avoir réuni ensemble le premier ministre du Canada, les ministres des provinces et territoires, ainsi que les chefs des peuples autochtones du Canada.

Bon Dieu, nous vous demandons de guider les chefs. Qu'ils puissent reconnaître les besoins médicaux des citoyens à travers de notre pays.

Que nos coeurs, nos domaines et notre nation soient remplis de paix.

--- Aboriginal language spoken / Langue autochtone parlée

Amen, thank you. Merci.

ELDER ELMER COURCHENE: Thank you. Thank you very much.

ELDER RITA GORDON: Thank you very much.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much.

Leaders, of the national Aboriginal organizations, First Ministers, Ministers, ladies and gentlemen, welcome.

As the message of Elder Commanda said so well, this is a historic opportunity for all of us. It is an opportunity for us to work together to address the health of and the health services for Aboriginal people in Canada.
I know that many of you have worked very hard in this meeting and I want to thank you for your dedicated efforts in making it possible.

I know as well that many leaders around this table have taken important steps already to create health programs and services that are more response to the needs of the Aboriginal people. I congratulate you all for the leadership that you have shown.

Je tiens particulièrement à souligner les efforts de collaboration que les ministres de la santé ainsi que les cinq dirigeants des organismes nationaux autochtones ont déployés pour mieux aborder les questions de leur population.

As a result of the courageous work of the Aboriginal leadership and the dedication of health professionals, there has been progress made in closing the gap in health status between Aboriginal people and other Canadians.

For example, since 1980, life expectancy among First Nations has increased an average of 13 per cent and infant mortality rates have been declining steadily.

Cependant, malgré toutes ces amélioration, nous savons qu'il faut faire beaucoup plus. Il existe encore des écarts substantiels entre l'état de santé des Canadiens et des Canadiennes autochtones et des Non-Autochtones.

Par exemple, l'espérance de vie moyenne des femmes Inuit est de 14 ans de moins que celle des femmes non autochtones.

Nous savons aussi que, par rapport aux autres Canadiens et Canadiennes, pour les peuples autochtones, il existe encore des écarts importants dans la qualité et l'accessibilité des services.

We are here today to address these gaps together. Creating and maintaining the conditions for Aboriginal health is a shared responsibility. Progress will require dedicated efforts by all governments, by Aboriginal organizations and the individual Aboriginal communities.

Within our existing roles and mandates, we must demonstrate creativity, flexibility, accountability and determination. Together, we can and we must close the gap in health status. Together, we can and must build a health system that provides high quality care and ready access when needed.

Nous ne pouvons pas nous permettre d'avoir des programmes différents sur cette question.

Nous sommes conscients des tensions, des limites de compétence qui peuvent sembler rigides.

Il ne faut pas laisser ces obstacles nous empêcher d'édifier un système de santé qui répond efficacement aux besoins des peuples autochtones et améliore les résultats pour la santé, car les enjeux sont trop élevés.

As we begin to explore solutions it is important to take account the different perspectives, cultures and needs of the different Aboriginal peoples in Canada. We are not talking here about a one-size-fits-all model for Aboriginal health reform. As was made clear at the Canada-Aboriginal Peoples Round Table on April 19, 2004, a health reform plan for Canada has to address the health needs of Métis, the Métis Nation, off-reserve First Nations, Urban Inuit and non-status Indians, as well as the Rural Inuit and First Nations people on reserve.

We must envision a health care system that is sustainable, effective and comprehensive, a system in which Aboriginal people have equitable access to quality health services and in which Aboriginal people receive a seamless service from community to hospital.

Finally, we must envision a system in which Aboriginal people have an increased role and capacity in the management, in the planning and the delivery of health services.

Now, I believe that this vision can become a reality, but it will require a major effort from each of us to work together.

Je suis convaincu que nous pouvons façonner, programme commun, qui reposera sur un certain nombre de principes sur lesquels j'espère nous pourrons nous entendre.

Tout d'abord, il est clair que les peuples autochtones doivent participer pleinement à l'élaboration et à la mise en oeuvre du programme.

Second, the health system must operate as one integrated whole, providing seamless quality services in hospitals as well as in communities. Our focus must be on the patient and not the administration or jurisdiction providing the service.

Troisièmement, il faut adapter nos programmes de santé aux réalités culturelles, sociales et spirituelles des peuples autochtones.

Un des aspects de cette adaptation serait certainement d'accroître le nombre de professionnels autochtones de la santé.

Quatrièmement, nous devons faire en sorte que les

peuples autochtones bénéficient pleinement des réformes que nous effectuons dans le système de santé en général.

Par exemple, les mesures que nous prenons pour améliorer les soins de santé primaires et encourager leur cours aux soins de santé à domicile qui doivent profiter également aux peuples autochtones.

Finally, is the recognition that improved health outcomes are greatly influenced by upstream social and economic determinants and by disease prevention, wellness and health promotion efforts of governments, the private sector and the community. We all need to focus our attention more on these initiatives.

Fortunately, an agenda built on these principles is not hard to imagine. Across Canada we have many good examples of promising program models to draw on. In Sioux Lookout in Ontario the federal and provincial governments, the local hospital authority and the Nishnawbe-Aski Nation are working on the integration of the federal and provincial hospitals into one separate entity with clear provision to effect a First Nations role in their governance. They are also working together on a newly holistic primary health care system to better meet the needs of the people, all of the people in the area.

Au Québec, les conventions de la Baie-James et du Nord québécois ont fait que les Cris et les Inuit administrent maintenant avec succès leurs propres instances régionales de santé, qui sont intégrées au système provincial.

Le gouvernement du Canada continue à leur offrir du soutien financier.

In Nova Scotia, the Government of Canada, the province, the Eskisoni First Nation and Dalhousie University work together on Eskisoni primary care initiative that successfully now supports a new and more effective system of primary health care, that was integrated with public health, health promotion and other community health services. It also gave First Nations greater control of the services that are being provided.

In Manitoba, a new nursing station and renal health unit was opened this year to provide better health services to northern Manitoba.

This initiative was the result of the cooperation between the Island Lake First Nation, the Four Arrows Regional Health Authority, Health Canada, the Province of Manitoba, the University of Manitoba and the Winnipeg Regional Health Authority.

Ce ne sont ici que quelques exemples de la collaboration entre les peuples autochtones, le gouvernement du Canada et les gouvernements provinciaux,

qui se sont alliés pour offrir de meilleurs services de santé aux autochtones, et il existe de nombreux autres exemples partout au pays.

These are just a few examples, however we need many more of these if we are to provide Aboriginal people with the health care they need. This is a gap. We have come together today to see it closed.

At this point, I would now ask the Premier of Ontario to take the floor.

HON. DALTON McGUINTY (Ontario): Thank you very much, Prime Minister.

Chair of the Council of the Federation, I want to say that we Premiers extend a very warm welcome indeed to our Aboriginal leaders. We are very pleased to have you with us today.

This is an important session because Aboriginal health is an urgent and pressing issue. We simply must do better. This was brought home to all of us when we met with Aboriginal leaders at our meeting in Niagara on the Lake. What we heard then about the state of Aboriginal health was more than disturbing. It was devastating.

By almost every single measure the health of Aboriginal people is much worse than the health of Canadians as a whole. There are higher rates of illness and disease and poverty. As a result, Aboriginal peoples have a life expectancy that is 5 to 10 years lower than the rest of the population. Inuit women have a life expectancy 14 years shorter than the national average.

Aboriginal leaders can, and I'm sure will, describe the situation for eloquently than can I.

What we must do together is develop a holistic, culturally appropriate, fully integrated approach to improving the wellness and health of Aboriginal peoples.

In my own Province of Ontario, work is under way on a number of initiatives with Aboriginal groups. Our Ontario Aboriginal healing and wellness strategy is recognized as an innovative and successful partnership model. Under this model, 250 community-based and regional Aboriginal programs have been established. These include health access centres, shelters for abused women and their children, and healing lodges and treatment centres that blend traditional Aboriginal and western approaches.

D'autres provinces ont des programmes innovateurs dont les autres premiers ministres discuteront pendant la séance d'aujourd'hui.

Mais nous devons faire davantage et nous devons davantage travailler ensemble.

C'est la raison pour laquelle nous reconnaissons le rôle important que joue les chefs autochtones en travaillant avec nous à la recherche de solutions, et c'est pour cela que nous encourageons leur participation et que nous les avons invités à une rencontre spéciale, cette rencontre.

We recognize the responsibility of the federal government for Aboriginal peoples, but as provinces and territories charged with delivering health care, we want to work with you, Mr. Prime Minister, and Aboriginal leaders, to identify the next steps in an action plan. Given the disturbing state of Aboriginal health, all Canadians want action and our Aboriginal peoples need and deserve action. Thank you.

RT. HON. PAUL MARTIN (PMO Canada): Merci beaucoup, Monsieur McGuinty. Je pense que nous avons tous entendu les préoccupations et les points que vous avez soulevés, et nous sommes tous conscients de votre profonde détermination et celle des autres participants, dois-je dire : améliorer la santé des peuples autochtones.

Maintenant, j'aimerais profiter de cette occasion pour exposer certaines perspectives et propositions du gouvernement du Canada concernant la démarche à entreprendre.

Let me begin by acknowledging the fact, as you have just said, Premier McGuinty, that across Canada there is no shortage of ideas, no shortage of examples, no shortage of goodwill, I believe, to build upon in jointly addressing the issues before us. By focusing on the goals that are common to everyone at this table, I believe that we can work together in a sustained way to close the gap in health status and access to health services.

I recognize as well that while we need to work together on a common strategy for Aboriginal health, this strategy has to be adapted to the specific needs of each of the Aboriginal peoples. For example, the needs of the Inuit in Nunavut are not the same as those of the Métis living in Winnipeg. The needs of First Nations living in British Columbia are not the same as those of the non-status Indians living in Nova Scotia. Our plans have to be built to recognize these differences.

Alors, j'aimerais avoir votre avis sur les sujets qui pourraient constituer les trois grands thèmes sur lesquels nous pourrions travailler ensemble.

Premier thème : la nécessité de services de santé améliorés pour les peuples autochtones. L'accent porte sur un continuum hollistique de soins.

Il faudra pour cela prendre des mesures nécessaires maintenant afin de mieux intégrer et adapter les services de système de santé et de répondre ainsi aux besoins des peuples autochtones comme, par exemple, des programmes de santé communautaire intégrant des éléments de la culture autochtone.

Deuxièmement, des programmes de développement de la petite enfance adaptés aux besoins des autochtones dans les régions urbaines.

Et, troisièmement, des mesures visant à assurer une représentation des autochtones dans les institutions en santé telles les régies régionales.

The second theme is the need to provide greater focus on preventing illness and promoting good health, the so-called upstream approach, an approach that in the long term many of us believe holds out the greatest potential to close the gap in health status between Aboriginal people and other Canadians.

Third, the need for us to work collectively and within our own jurisdictions to ensure that Aboriginal people will benefit fully from reforms to the overall health system.

The federal government will support these directions with a number of specific commitments.

First, the creation of an Aboriginal health transition fund. This fund will be flexible. It will be responsive, enabling governments and communities to devise new ways to integrate and adapt existing services to better meet the needs of Aboriginal people. This fund will total $200 million over five years.

Second, the implementation of a new Aboriginal health human resources initiative to increase the number of Aboriginal health professionals, to better equip all health professionals to address Aboriginal health needs, and to improve the recruitment and the retention of health professionals working with Aboriginal people. This initiative will total $100 million over the next five years.

Third, a package of upstream investments, in health promotion and disease prevention that will include expansion of the Aboriginal diabetes initiative, implementation of the a national Aboriginal youth suicide prevention strategy, the enhancement of maternal and child health programs.

Expansion of the Aboriginal Health Headstart Program both on reserve and off reserve in urban, rural and northern areas.

These investments will total $400 million over the next five years. Altogether these commitments will amount

to $700 million in the next five years.

Finally, in addition to these commitments, the federal government will also increase its funding based on a reasonable rate of growth to support general program improvements to meet the needs of First Nations and Inuit populations.

À ce point, nous avons l'occasion d'avoir une discussion maintenant d'ordre général.

J'aimerais avoir vos commentaires sur la meilleure façon d'aller de l'avant.

Let us now begin the general discussion and let me begin this discussion by calling on the national chief, Phil Fontaine, of the Assembly of First Nations to give us his perspective on the issues.

Chief?

CHIEF PHIL FONTAINE (AFN): Thank you, Prime Minister. Greetings to all of you this morning.

I want to thank our Elders for their very kind and generous prayers this morning, and I also want to acknowledge the Algonquin Nation whose land we are on here today.

The Assembly of First Nations represents First Nations citizens in Canada: a population of more than 700,000 women, men, youth, Elders, and people with disabilities, living in First Nation communities and in urban and rural areas. We welcome this opportunity to meet with you today.

It is important that we be here. We are in every sense of the word your partners in Confederation. Many of our nations have treaties with the Crown that codify this relationship. Canada's Constitution recognizes our inherent Aboriginal and treaty rights.

We last met as partners during the constitutional discussions in Charlottetown in 1992. We were at table during the constitutional meetings in the 1980s. We have shown that we can work together and that we can achieve agreements. This is how Canada came into existence in the first place. We must remember and respect our Aboriginal relationships. It is time to put First Nations first. We are not second-class communities or second tier citizens. We must be an integral part of the decision-making process.

Today's session should be a first step towards full inclusion of realizing the Prime Minister's commitment for a full seat at the table for First Nations. As pointed out, we met with the Premiers at their council of the federation meeting in late July. I thank them for that opportunity. I have met with members of the Prime Minister's cabinet to press our case and to advance our

agenda. We met with Mr. Romanow, Roy Romanow, to discuss his landmark report and the details of our own plan.

There are strong political reasons for our inclusion and there are practical reasons as well. The federal government's obligations and responsibilities to the First Nations and the Inuit represents the eighth largest health care system in Canada. The First Nations population is greater than the population of five of the provinces and territories. We are major intergovernmental players. We are here to present a real plan for a way forward. Our ideas are constructive and productive. We are innovative in our thinking and bold in our vision.

The shameful conditions that confront our people on a daily basis have been acknowledged by the federal government. Canadians have heard the statistics. To be aware of this reality and not take any action would be irresponsible and morally wrong. The fact that we are here today shows our commitment to transformative change. We share many of your concerns when it comes to health care, dwindling resources and increasing demands, long waiting times, and in some cases no access at all to health care.

But the solutions to our situation will be different from those of other governments because we are different. The way health care is designed, delivered and administered for First Nations is unique. We must begin with the understanding that health is a right for First Nations. Section 35 of the Constitution recognizes our rights, including our right to govern ourselves and control the decisions that affect our lives and our health.

The Canadian Institute for Health Information stated in February:

> "For health gains to be achieved, Aboriginal communities need the resources and capacity to be able to move beyond responding to crises and begin to address the determinants of health. We have presented an action plan that is aimed at getting results. Our vision is a First Nations controlled and sustainable health system, one that adopts a holistic and culturally appropriate approach to health."

The key pillars that support this vision are sustainability and integration. Sustainability requires funding matched to population growth, health needs and real cost drivers as well as effective measures to monitor and track spending.

Integration is about making sense of overlapping and uncoordinated health programming at the federal, provincial and municipal levels. This process should be directed and

controlled by First Nations to ensure we eliminate the gaps in the current system. We are talking about streamlining programs and services and making better use of resources. Yes, we all need more money, but we can also be more effective and efficient in using our resources.

The First Nations Health Action Plan encompasses six key elements that target specific improvements in the health and wellbeing of our people regardless of where they choose to live.

I will cover the highlights but I want to assure you that our plan is detailed and comprehensive. We have provided you all with the full details of our plan.

First, we must shore up the existing First Nations health system and create stability. This is the anchor for all the other improvements. Sustainability means funding that matches the increasing needs of our young and growing population. An investment of 10 to 12 per cent is required to create a solid stable base for the future, and an appropriate annual escalator will be required to ensure sustainability.

Second, we must create the conditions for better service that will create better outcomes. We must develop and promote models of integration in primary and continuing care. We are calling on the federal government to commit to an integration fund that supports and expands successful models of First Nations community health access centres, as well as other innovative approaches to health care delivery.

Critical needs must be addressed through immediate investments that address diabetes and other acute needs, including a range of mental health measures such as addictions prevention. Preventive investments upfront will lead to savings in the future.

Our plan also calls for creating more opportunities and involvement for our people to get involved in the health human resource sector. Our population is young and dynamic. More than half of our people are under the age of 25. This is an enormous talent pool that represents Canada's workforce for tomorrow. We must reach out to ensure that they have opportunities and access to pursue positions in health care.

Culturally appropriate services are important. The work of the Aboriginal Healing Foundation has had a positive impact, and I am calling on all governments to continue to support the work of the foundation.

Finally, further work must include development of structures to link First Nations public health infrastructure to national, provincial and territorial

agencies. It would create the necessary capacity for First Nations to control their own health information management systems, as well as ensuring gaps are closed and needs are met.

First Nations control has a tangible measurable effect on health and wellbeing. For example, a research study in British Columbia demonstrated measurable reductions in suicide rates in First Nations that are exercising greater control over their governance. This is not just rhetoric.

Putting our plan into action will require our collective will to create transformative change. It will require the support of everyone in this room: the Prime Minister, the First Ministers, and our people. It will require both new resources and a new approach. It will take the cooperation of the provinces to work with us to ensure we are in control of our own health and wellness and to integrate the existing patchwork of programs and services to produce better outcomes.

Most of all, it will require the support of the Canadian people, our partners who I know want to see strong and vibrant First Nations citizens and communities.

Health is simply not about the individual. It involves education, economic development, housing and self-determination. They are all connected. The environment itself has become the primary determinant of health. Our traditional view of health and wellness is a holistic one. Science is just beginning to recognize the values of our traditional approach, our traditional medicines and cures. We can focus on health today, but I want to call on everyone in this room to agree to a First Ministers' meeting on our issues, including health, in the near future. This is the best way to move forward.

Today we are offering constructive, innovative and practical approaches to health care that will benefit the entire country, not just our people. Our action plan is a product of the collective wisdom of our people who are focusing on the fundamental challenges before us. It is about transformative change and tangible results. It is about partnership and progress. Most of all, it is about the health, wellbeing and quality of life for everyone in Canada. Our future is Canada's future. Let's use our collective strength to find collective and creative solutions that build a stronger country and a better future. This is why we are here today.

M'gwich.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Chief.

I will now call on President Jose Kusugak.

MR. JOSE KUSUGAK (President, ITK): (Native language spoken / Langue autochtone parlée)

Thank you and good morning, Prime Minister, ladies and gentlemen. My name is Jose Kusugak. I am President of the Inuit Tapiriit Kanatami, which is the only organization that represents Inuit in all parts of Canada, who were referred to as the Eskimos until the late 1960s.

I would like to introduce our Inuit delegation. Behind me is Mary Palliser, who is the President of Pauktuutit, the Inuit Women's Association. Franko Waskami* is representing the National Inuit Youth Council, and Larry Gordon is the chairperson for the National Inuit Committee on Health. And finally, Rhoda Grey is the Health Policy Adviser for Inuit Tapiriit Kanatami.

Canada's Inuit see this as a very positive step to build on the 2003 accord on health renewal. At that time we all agreed that all Canadians have timely access to health services on the basis of need and not ability to pay, regardless of where you live or move in Canada. That statement is at the heart of my short presentation this morning.

For us, if there is to be any meaningful change in the lives of Canada's Inuit, the outcome of this meeting must be a blueprint on health with an Inuit-specific component -- I think the Prime Minister alluded to that this morning, not just on Inuit but on other Aboriginal groups as well -- and make sure that the money allotted for certain medical reasons and other things is to be accountable for those. So I thank the Prime Minister for saying that this morning.

I was encouraged by Prime Minister Martin's commitment in his response to the Speech from the Throne. Mr. Martin said that health care is the nation's first priority. He also established a new Inuit secretariat with Indian and Northern Affairs to deal with the Inuit-specific issues. The Prime Minister also saw firsthand many of our challenges when he toured parts of the Arctic this summer.

In addition, the Premiers and territorial leaders have also shown their commitment to recognize the health concerns of Inuit when we last met at Niagara on the Lake. With such goodwill around this table, I feel certain optimism.

This meeting is not about improving health care only for Canadians who live in the south. It is about a better life for all citizens and residents of this great nation Canada, from Victoria to Labrador, from Windsor, Ontario, to Griese Fjord, or (Native language spoken / Langue

autochtone parlée) in Inuktituk.

I have been on a cross-Canada speaking tour since early June, when I saw fellow-Canadians, our local patrons and four Inuit revealing a maple leaf in the centre and the four Inuit representing the four land claim areas of Canada for Inuit. When we reveal the maple leaf in the middle, they understand that our message about being truly inclusive Canadians -- I am talking about the health status of Inuit. And saying that, what we are seeking is the same standard of living as other Canadians -- no more, and certainly no less. The call for a national pharmacare program has been the media focus, but from the standpoint of Canada's Inuit basic social realities need to be addressed first and foremost. This means like thinking outside the box, as the Prime Minister often says.

All the doctors, nurses and medication in the world won't improve the lives unless health care is addressed as part of the bigger social and economic picture. The Inuit approach has to be holistic, as the Premier of Ontario said so nicely this morning.

Rather than simply putting holes in the health care system, we believe there should be fundamental social change. If we simply attempt to address health issues in isolation of Inuit housing, education, employment and environment, the result will be a continuation of the current painful health statistics we live with every day in our communities.

Take housing, for instance. Overcrowding is unhealthy and contributes to the spread of communicable diseases. More than half of our people live in crowded conditions. The high rates of tuberculosis and chronic respiratory illness in small children are directly related to inadequate overcrowded living conditions. All these problems are interrelated and governments can no longer deal with them individually.

Recently, there was an inquest in Ottawa on the ambulance response time following a death of a rural patient. It is important to put access to proper care in perspective. In Ottawa, it was a question of a 20-minute delay. In Arctic communities, many people have to wait eight to 12 hours for an airplane to take them to see a physician in a southern location. Most Canadians take for granted that they can see their doctor whenever they are not feeling well, for eight in 10 Canadians have contact with a family physician every year and for Inuits living in the Arctic only about four in 10 get to see a doctor throughout the year.

I would now like to outline for you some of the

essential Inuit-specific elements I think this blueprint should reflect.

First, it should contain fundamental changes to the social policies that will improve employment, housing, education, the environment and food security. For example, only in the Arctic do Canadians have to import so much of what they eat at such high costs -- that is year round. The cost of a weekly food basket for Canadians is about $135. In the Arctic, the same food basket costs about $327, for people whose average income is considerably lower.

The Inuit-specific blueprint must also contain a serious commitment of resources for a mental wellness strategy for Inuit. The situation today is nothing less than tragic. The suicide rates in the majority of Arctic regions are six times higher than Canada's national average. We are calling on the Government of Canada to develop a national suicide prevention strategy with specific elements to addressing the crisis in four of our Arctic regions -- in all four of our Arctic regions.

In Inuit communities across Canada the first contact people have with the health system is usually a nurse, not a doctor. Even then we face a significant shortage in filling nursing positions in the Arctic. We know that a health -- human resources strategy that supports Inuit training will go a long way in improving overall community health. I think we graduated a couple of nurses last year, by the way.

The blueprint must include Inuit dedicated to Inuit -- the blueprint must include money dedicated to Inuit and reach communities in all four Arctic regions. These funds should provide not only sufficient health care workers, but also access to regional treatment centres and support programs to maintain health.

Inuit are committed to working together with Ottawa, the provinces and territories to ensure Inuit reach the same level of health as every other Canadian.

Thank you, sir.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Mr. President.

Let me just say, as you know, I was up -- you mentioned I was up in Nunavut. One of the things I participated in is the game where you lie on the floor and then you try to kick at something about seven or eight feet above your head. I want you to know that the Canadian record is not in jeopardy.

I would now like to call upon President Clem Chartier

of the Métis Nation.

MR. CLEM CHARTIER (President, MNC): Good morning, Elders, Prime Minister, First Ministers, fellow Aboriginal leaders and invited guests -- and this I bring on behalf of the Métis Nation leadership in Canada.

For the Métis Nation, today is an historic and exciting opportunity to enter a new era of inclusiveness, collaboration and partnership with other governments in Canada in efforts to improve the health status of the Métis people.

To start, I would like to thank you, Prime Minister, for making this meeting a reality. Your personal commitment in attempting to transform the relationship between Canada and the Métis Nation has been sincere and unwavering and it is truly appreciated. As well, I would like to thank the Premiers for their collective endorsement of including Aboriginal leadership in these important health discussions.

While I hope that one day very soon the participation of the Métis National Council will be a standard practice in all First Ministers' meetings, I believe today is a significant step in the right direction. The Métis Nation as a distinct Aboriginal people was born on these lands which we now know as Canada. We have a unique collective consciousness, a language, Michif, culture and a geographic homelands which spans part of Ontario through to the west. Our nation holds the inherent right of self-determination and we, ultimately, aspire to fully implement Métis self-government within the Canadian federation.

Across our homeland, our people are regionally represented by the Métis Nation of Ontario, the Manitoba Métis Federation, the Métis Nation of Saskatchewan, the Manitoba -- or the Métis Nation of Alberta and the Métis Provincial Council of British Columbia.

All of these Métis governments are mandated through regular province-wide ballot box elections and they come together to form the Métis National Council. As well, these Métis governments have long, incredible histories of providing much-needed socio-economic programs and services to our people in urban, rural and northern communities.

Unfortunately, today, in one of the most prosperous countries in the world, our people face many of the substandard health conditions that plague impoverished peoples worldwide. I am not going to quote frightening and faceless statistics; I am going to tell you what I see when I visit our communities. I see elders accepting the pain of arthritis because they cannot afford to travel to see

the doctor. I see entire families plagued by diabetes and, far too often, the loss of limbs. I see mothers and fathers working two to three jobs and still coming up short for proper diets in order to provide for their children.

I see communities torn apart by suicides of their best and brightest.

These dark realities demands urgent and sustained action on the part of all of our governments. However, it is important to note that solutions for improving Métis health outcomes require a different approach than those required by other Aboriginal peoples. Specifically, the long-standing federal and provincial positioning on whether Métis are included in section 91.24 of the Constitution Act, 1867, and are therefore within federal responsibility, has resulted in Métis people falling through the cracks of Canada's health care system, and every other system for that matter.

The Métis continue to be used as a political football in an unfortunate game of federal-provincial government bickering.

The result, Mr. Prime Minister, is that the Métis continue to be a forgotten people. First Ministers around this table should be very aware that the final outcome of this ongoing jurisdictional positioning is the loss of lives within our nation and the loss of potential within this great country.

Moreover, due to the lack of any reliable Métis-specific health statistics or studies, we find ourselves in the position of not knowing the full extent of the crisis. However, recent results from the Aboriginal People's Survey, as part of the 2001 census, show a disturbing trend that Métis people are now falling behind other Aboriginal peoples in some health indicators.

We collectively bear responsibility in order to turn these trends around. However, to do this will require a real willingness on the part of the federal and provincial governments from Ontario westward to work with the Métis Nation on a government-to-government basis. A new era of inclusion, collaboration and partnership is required.

We believe this new era is timely, in light of the new reality of the Métis Nation, and all governments face. I speak, of course, of the decision of the Supreme Court of Canada in R. v. Pawley. I would ask First Ministers: What would be key to our survival as an aboriginal people than the health and well-being of our communities?

In light of the Pawley decision without a doubt, legally, the Crown, federal and provincial, has an obligation to uphold the promise in section 35. No longer

can jurisdiction be used as an excuse to avoid providing Métis-specific services that are essential to our survival as an Aboriginal people.

In this connection, I wish to thank Premier McGuinty for moving forward with the Métis Nation of Ontario in concluding arrangements for Métis harvesting in Ontario and Premier Klein for the substantial progress being made in that province, as well, with the Métis Nation of Alberta. Traditional diet is key to our good health.

Today, we see the Prime Minister's proposed Blueprint for Action on Aboriginal Health as an important first step in this new era. Specifically, we applaud the explicit inclusion of the Métis in all three components of the proposed blueprint and look forward to being key partners in its implementation for the benefit of our people.

This historic inclusion cannot be in name only. The Métis have been witness to too many past initiatives where new Aboriginal resources are made available with great fanfare, yet we are left on the sidelines after the communiqué has been issued and the bureaucrats tell us how they are going to spend the money. However, today, we are optimistic that this blueprint is a new beginning. Only time will tell whether this meeting was actually a success for the Métis people.

Based on our optimism, I have tabled with you a Métis Nation Action Plan for Health. Within this action plan we have outlined various best practices that can be built upon for the successful implementation of today's commitments. Equally important to the blueprint's success I would like to suggest three guiding principles that we believe should permeate its implementation. These include: first, ensuring fairness and equity between First Nations, Inuit and Métis peoples. Currently, the Métis represent approximately 26 per cent of the Aboriginal population in Canada; however, our people receive less than 1 per cent of federal resources invested in Aboriginal health.

It is the position of the Métis Nation that the blueprint's resources allocation must be guided by the principles of fairness and equity. Only by committing to these important principles will we begin to address the systemic discrimination and inequity our people face when it comes to Aboriginal health programs and services.

Second, recognition and respect for the diversity and unique needs of First Nations, Inuit and Métis peoples. In order for the blueprint to be successful, the differences

and unique realities of Canada's three constitutionally recognized Aboriginal peoples must be respected in its implementation. While there is often a natural desire by governments and bureaucrats to adopt a "one size fits all" model for First Nations and Inuit and Métis peoples, it is no more feasible in the Aboriginal world than developing a pan-Canadian program that could not be properly tailored for the unique needs of the various regions of Canada.

With this, we agree with your earlier statement, Mr. Prime Minister, that one size does not fit all and that differences must be taken into account. We hope that this message is heeded by the bureaucracy.

Let me be clear. If pan-Aboriginal approaches and delivery structures, bureaucratic requests for proposal processes or the current Aboriginal strategy model are used for implementation, this blueprint will be an abysmal failure for the Métis people. The Métis Nation must be given real recognition, authority and responsibility to do what is needed. True, we cannot do it alone, but a starting point must be a nation-to-nation relationship that allows Métis governments real ownership and decision-making authority while ensuring transparency, accountability and value. These vital Métis health resources cannot be lost in transfers to the provinces or in building more bureaucracy in Ottawa.

Over the years, Métis-specific allocations and delivery models have equated to results and success. For example, in the area of labour market development and training, human resources, skills development, Canada's Aboriginal human resource development strategy has achieved significant and measurable outcomes for our people. We urge that a similar approach be adopted in the implementation of the blueprint.

To engage this new health partnership, we agree that collaboration is key for the Métis Nation. We believe implementation can best be achieved through expanding our

existing multilateral process with Canada and the provinces of Ontario westward to include health.

We would ask our fellow co-chairs of the Métis Nation multilateral process, namely Canada and Alberta, to engage in this process to embrace this suggestion.

The third principle is ensuring results and accountability in delivery.

Similar to how First Ministers around this table are accountable to their electorate -- of course so is the First Nations leadership -- so too are Métis governments. The implementation of the blueprint must respect our governments, not work around them through advocacy groups and service delivery organizations.

In many cases these groups and organizations will be important allies in our work. However, as elected leaders we must be ultimately accountable to our people. Collectively, as partners, we must set goals and targets and hold each other to our respective parts of the deal. We are not afraid of accountability and scrutiny to ensure value for money. However, in order to avoid the failures of the past, we cannot have terms and conditions developed by others while thrusting accountability for those decisions upon us.

In closing, I would once again like to thank you, Prime Minister, for convening this special meeting. For the Métis Nation we believe that this is an important first step towards addressing the discrimination our people currently face in Canada's health care system. We embrace the opportunity to work with Canada and the provinces from Ontario westward in a new era of partnership in the area of Aboriginal health.

Today in this room, sitting around this table, are some of the most powerful people in this great country. Throughout our communities people are watching and waiting. All Canadians are looking to us for our leadership and the wisdom to ensure that every Canadian, including the Métis,

will receive the best health care possible, no matter where they live or what they can afford. We believe this goal is achievable.

As the Métis have said throughout generations, let's keep Louis Riel's dream alive and preserve a strong Métis nation. We now also say to you around this table: Let's keep Tommy Douglas' dream alive and preserve a health care system that will be there for all Canadians for generations to come.

Thank you.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Clem.

I would now call upon Chief Dwight Dorey, CAP.

MR. DWIGHT DOREY (Chief, CAP): Elders, Prime Minister, premiers, territorial leaders, chiefs and fellow Aboriginal leaders, good morning.

I would like to begin by thanking the Prime Minister for this invitation to participate in this special meeting with the First Ministers on aboriginal health issues. I would also like to thank the premiers and the territorial leaders as well for their support in helping make today happen.

On the crucial subject of health, before we proceed to discuss health care, I want to tell you that a great friend and Aboriginal leader just passed away a week ago today. Harry Daniels, who many of you have known, died of cancer in Regina, at the age of 63, after a long and courageous fight with that terrible disease. Harry was a former president of the Congress of Aboriginal People and its predecessor, the Native Council of Canada. For more than 30 years his life was distinguished by accomplishment on behalf of Métis and non-status Indian people throughout Canada. Among the highest of his accomplishments was his vital role as president of the Native Council of Canada when he negotiated the word "Métis" into section 35 of the Constitution as one of the three recognized Aboriginal

Peoples of Canada.

That will be his legacy to those of us who knew and who loved him.

I ask you to join me in a moment of silence while we wish Harry a good journey in his next life.

--- Moment of silence / Moment de silence

MR. DWIGHT DOREY (Chief, CAP): There is much to be accomplished this morning in a very short period of time, so I will be brief in the hope that we can get on with our agenda quickly.

I am here in the hope of finding ways to address the very grave state of health among so many in the Aboriginal community in Canada. This will be not an easy task if past experience has taught us Aboriginals anything. It certainly will not be resolved during the two and a half hours that has been allotted to us today. There is so much to do and no time to waste in dealing with what has been identified as the number one priority in Canada at a crisis situation.

The fact is that the people sitting around this table today have the capacity to make an enormous difference in the manner that health care is designed, financed and delivered to the 1.4 million Aboriginal Peoples in Canada, wherever they live, whatever their age or gender and whatever their status of residency might be.

Remembering that the Aboriginal and treaty rights of all Aboriginal Peoples in Canada are constitutionally protected and preserved, who among us wants to deny any Aboriginal person in this country the right to decent health care because of the jurisdictional protectionism among governments or even within the Aboriginal community? Not me, my friends, not me.

The Congress of Aboriginal Peoples has been the national advocate for off reserve Aboriginal Peoples in urban, rural and remote settings in Canada for more than 33 years. With extremely limited resources and so many

obstacles placed before us, we have had to work very hard through the FPTA process and the other forums to put forward a health care agenda for Aboriginal Peoples that makes sense for all involved: you, me and primarily the people that we are elected to serve here at the congress.

We have been developing a cradle to the grave approach to Aboriginal health care, one that deals with the human body and mind from prenatal to palliative care. It is said that democracy is doing the greatest good for the greatest number of people. So let's find out how true that is today. Let's see what we can do in the few minutes we have to set the stage for real progress on a substantive and effective health care agenda for all Aboriginal people.

The fact is that poor health and disease among Aboriginal Peoples shows no regard for age, for gender, for status or for borders and boundaries. So in what we do today, and more specifically what you, the First Ministers, decide behind closed doors tomorrow, I would like to be sure that your collective goals are, to the greatest extent possible, targeted to all Aboriginal people, in all age groups, in both genders, on and off reserves, in cities, towns and villages, and those who are out on the land. By achieving that goal, the real people will know that we have achieved something worthwhile in this meeting.

More to the point, achieving that goal is something that will make all Aboriginal Peoples believe they are being well served by Canada's health care system, as it should be.

It is time for all at this table to take the jurisdictional barriers down to provide hope for all Aboriginal Canadians. By taking these barriers down and developing solutions together, there is no question in my mind we will save lives. I commend the Prime Minister on his demonstrated initiative that was just announced here this morning.

We need to remind ourselves that health care should

not be about politics but about providing the single-most important necessity of a human being, which is healthy living. Isn't that what we are here for?

The Congress of Aboriginal Peoples is committed to doing real things for real people and to working with each and every one of you, governments and fellow Aboriginal leaders, to that end.

I thank you for this opportunity to be here.

M'gwich, merci.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Chief.

I would now call on President Terri Brown of the Native Women's Association.

MS TERRI BROWN (President, NWAC): Good morning. It is an honour to meet with the Prime Minister, First Ministers and the leaders of the national Aboriginal organizations for this historic special First Ministers' meeting on health.

The Native Women's Association of Canada views this meeting as an opportunity to further the relationship between the federal government and Aboriginal Peoples and to ensure that the voices of First Nation and Métis women are heard when developing future Aboriginal health policy in Canada. I feel a great sense of responsibility being the only woman at the table today.

I would like to acknowledge the Algonquin people for welcoming us into their territory and Elder Courchene for his words in the opening prayer. Our prayers are with Elder Commanda and wish him a speedy recovery.

Although it would have been beneficial for our organization to be included in the First Ministers' meeting as a participant, we welcome the opportunity to discuss the issues of Aboriginal health and the impacts on Aboriginal women.

In the short time I have to speak today, I am going to briefly outline our position on the following issues:

violence against Aboriginal women and the related health costs; maternal and child health; diabetes, HIV and Aids; poverty and access to prescription drugs; racism and discrimination within the health care system; and positive steps for the future.

I will begin with violence against our women.

One of our main issues at the Native Women's Association of Canada is the issue of violence against Aboriginal women. We launched the Sisters in Spirit Campaign on March 22, 2004. In our campaign we want to raise public awareness and education levels as to the plight of over 500 missing or murdered Aboriginal women in this country.

We also want to create a toll free hotline, national registry, as well as research and policy development.

One of the main themes that have arisen from our campaign is the issue of violence against Aboriginal women, either in the form of racialized violence or partner abuse.

In a study completed by Health Canada, it was reported, and I quote:

> "The measurable health-related costs of violence against women in Canada exceeds $1.5 billion a year. These costs include short-term medical and dental treatment for injuries, long-term physical and psychological care, lost time at work and use of transition homes and crisis centres."

These statistics are astronomical, but it does not reflect the situation affected Aboriginal women. Currently, the rates of violence against Aboriginal women are the highest in Canada. We do not know the impact of violence against Aboriginal women and the related costs to the health care system. As such, we would call on Health Canada to work with the Native Women's Association of Canada to conduct a study on this issue so that proper statistics related to Aboriginal women are created.

In addition to the direct costs of violence against

Aboriginal women, there are related factors. The issue of the health-related impacts of Aboriginal children witnesses violence needs to be better understood as we search for interventions and solutions to improve our quality of life.

Second, there is the issue of mental health of Aboriginal women who experience violence. In some cases, doctors are prescribing antidepressants to help women cope with the trauma of experiencing violence. In remote or northern areas, antidepressants are generally not available in adequate supply. As a result, doctors are trying different types of antidepressants as they run out of one kind and switch to others. Therefore, Aboriginal women may end up taking several different types of antidepressants as clinics run out of supplies.

Consequently, we are seeing situations where interventions for women experiencing violence being medicalized whereas a better solution would be to deal with the root causes of violence against Aboriginal women.

Research and policy work is an integral part of our Sisters in Spirit Campaign and we have an opportunity to analyze the costs of violence against Aboriginal women on the health care system. When our Sisters in Spirit Campaign gets under way, we will assist in the research on the issue of violence against Aboriginal women and the impacts on the health care system and we will be in a better position to present a draft policy paper.

Maternal and child care. Maternal and child health is an extremely important health issue for our organization. Aboriginal Peoples have some of the highest rates of population growth in the country. The issue of equal access to birthing services or maternal and child services is of paramount importance.

In remote areas, Aboriginal women have to leave their home communities to give birth in the closest hospital. We know that the first few days of a baby's life are very important for the family to bond with the newborn. Bonding

is affected when mother and child have to leave their home community. Aboriginal people have been advocating for birthing centres to be constructed in their communities. It is important that these birthing centres include Aboriginal midwives which has and still is a traditional role for Aboriginal women.

It is also important for the provinces and territories to recognize this long-standing practice of Aboriginal Peoples. In Ontario, it has been demonstrated that an Aboriginal birthing centre has great potential to deal with the issue of maternal child care in her home community.

We are pleased that the Prime Minister has made maternal and child health a priority in his proposed Aboriginal health blueprint. It is our hope that the funding will be set aside from the Aboriginal health blueprint to establish more birthing centres in those Aboriginal communities that request it.

In addition, we hope that monies may be allocated from Human Resources Development for the training of Aboriginal midwives.

Our organization is worried about the high rates of gestational diabetes. The Canadian Diabetes Association reports that gestational diabetes affects up to 13 per cent of pregnancies among Aboriginal women. Generally, gestational diabetes goes away a few months after birth, but it poses a greater risk for the mother and child to have diabetes at a later date. Once you factor in the high rates of pregnancies in Aboriginal communities, gestational diabetes becomes a major issue for Aboriginal women.

Currently, the Government of Canada has been working in partnership with NWAC on the Aboriginal diabetes initiative. The Native Women's Association of Canada is one of the national Aboriginal organizations working in partnership with Health Canada, First Nations, Inuit Health Branch, that will hopefully begin to address the pandemic levels of diabetes among Aboriginal people, which is

especially higher among Aboriginal women. This strategy will be focusing on care and treatment, prevention and promotion and lifestyle support.

Our organization is also participating in a national coordinating committee on the national diabetes strategy. This strategy has been established to develop and design a national diabetes strategy and program with a special emphasis on Aboriginal people.

The Native Women's Association of Canada also sits on the Métis off-reserve Aboriginal and Urban Inuit Prevention and Promotion Program which is part of the Aboriginal diabetes initiative. The Native Women's Association of Canada is also concerned with the high rates of HIV/AIDS within our communities. Aboriginal women represent a higher percentage of cases of HIV/AIDS than non-Aboriginal women, 15.9 per cent versus 7 per cent. Within female Aboriginal AIDS cases, 50 per cent are attributed to intravenous drug use, in comparison to 17 per cent of all female cases.

It is our hope that the upstream investments that the Prime Minister referred to in his speech will include monies for Aboriginal diabetes, HIV/AIDS and other diseases affecting Aboriginal women. We welcome the opportunity to work with the federal government, provinces and territories to ensure that gender-specific programming is created in these areas.

On cutbacks to prescription drugs and poverty, many First Nations in this country have a treaty right to health care, and this treaty right includes prescription drugs. Over the past 20 years, we have seen this treaty right eroded. Many of the prescription drugs that should be available to First Nations have been restricted or pharmacists are required to provide a lesser drug. It has gotten to the point that the list of drugs not covered by the non-insured health benefits is almost as long as the list of drugs that they do cover.

The Native Women's Association of Canada is concerned about this trend. One of the pressing issues affecting Aboriginal women in this country is poverty. As we reported at the Canada-Aboriginal peoples round table, poverty amongst Aboriginal women is greater than that of Aboriginal men by a significant margin. 43 per cent of Aboriginal women live in poverty, compared to 35 per cent of Aboriginal men.

When you consider that when coverage to prescription drugs is denied, it means that Aboriginal women and their children will have longer recovery times to illnesses. It will also mean that Aboriginal people are receiving differential treatment from the health care system.

When we consider that Prime Minister Martin made the issue of poverty a priority issue in the last Throne Speech and that Aboriginal health is the focus of this meeting today, we need to discuss new ways to ensure that Aboriginal people are receiving proper coverage to prescription drugs. We must also ensure that there is equitable access for the Métis people.

In addition, it is important for First Ministers to discuss any potential changes to how they deal with the health care system with the national Aboriginal organizations so that we may advise them and work with them to ensure the best quality of care for Aboriginal Peoples.

Racism and discrimination within the health care system. At some point or another an Aboriginal woman or her family have been affected by racism or discrimination from someone in the health care system. We could spend the rest of the morning talking about this issue.

This past summer we read about the case of an Aboriginal woman receiving her dead foetus in the mail. It was later reported that this was the third case of a dead foetus being sent back to an Aboriginal woman living in northern Ontario.

What this case underlies is the need for cultural

sensitization of the health care system. Our organization would welcome the opportunity to work with the various sectors in the health care system to ensure that this work is done.

We have seen some positive steps. We have already seen that there is a possibility of working together on Aboriginal health issues.

We would like to acknowledge the success of the Aboriginal healing and wellness strategy. One of the current trends that we are seeing is a number of Aboriginal people returning to their traditional ways of using traditional medicines and going to see traditional healers. It is our belief that these traditional ways must be recognized by the health care system. This movement by our people represents a new path to healing.

In conclusion, there are a number of common health issues and women-specific issues that have been raised thus far. The Native Women's Association of Canada looks forward to working with the First Ministers in addressing our priorities and in working collaboratively. We feel that together we can develop strategic plans of action and address the myriad of outstanding issues previously mentioned.

I thank you (native language spoken) for listening to me.

(Native language spoken). Terri Brown, President of the Native Women's Association of Canada.

RT. HON. PAUL MARTIN: Thank you very much.

Just before going on, I have received a number of notes essentially saying that global warming does not exist within this room and that we are freezing.

I want you to know that in a unilateral act of federal intervention I have asked that the heat be put up.

D'abord, j'aimerais remercier les cinq leaders des communautés autochtones qui viennent de prendre la parole. Je pense qu'ils nous ont donné certainement des suggestions

et, vraiment, des perceptions qui sont très importantes.

Maintenant, je demanderai aux premiers ministres qui veulent prendre la parole, maintenant, de le faire. Je commencerai avec le premier ministre du Québec, monsieur Charest.

L'HONORABLE JEAN CHAREST (QUÉBEC) : Je veux saluer les anciens qui sont avec nous aujourd'hui, les chefs des Premières nations et les leaders des organisations autochtones. Également, le premier ministre du Canada et les collègues premiers ministres des provinces et territoires.

Le Québec apporte depuis longtemps une attention particulière aux besoins spécifiques des communautés autochtones en matière de santé et de services sociaux.

Dès 1983, le gouvernement du Québec a adopté officiellement 15 principes parmi lesquels figure celui voulant que les nations autochtones aient le droit d'avoir et de contrôler des institutions qui correspondent à leurs besoins dans des domaines comme la culture, l'éducation, la santé et également les services sociaux.

Et je vous rappellerai, Monsieur le Premier Ministre, que dès 1985 et à nouveau en 1989, l'Assemblée nationale du Québec a, à deux reprises, adopté des résolutions reconnaissant sur notre territoire l'existence de 11 nations autochtones.

Dans la foulée de ses orientations, le gouvernement du Québec a promu diverses initiatives dans ses relations bilatérales avec les premières nations et les communautés autochtones.

Ainsi, le Québec a conclu des ententes-cadres avec plus d'une quinzaine de communautés autochtones, et de nombreuses autres sont en négociation.

À l'intérieur du cadre défini par de telles ententes, les ministères et organismes sont invités à conclure avec les communautés autochtones des ententes sectorielles dont plusieurs portent sur la livraison des services de santé

aux communautés concernées.

Le gouvernement du Québec a également signé la Convention de la Baie-James et du Nord québécois et la Convention du Nord-Est québécois, respectivement en 1975 et en 1978, en vertu desquelles le Québec assume la responsabilité de la prestation et du financement des services de santé et de services sociaux aux communautés autochtones qui sont sont conventionnées, à savoir les nations Cri, Inuit et Naskapi.

À la suite de la signature de ces conventions, de nombreuses discussions ont eu lieu entre le gouvernement du Québec et les dirigeants autochtones conventionnés pour donner à ces derniers davantage d'autonomie dans la gestion et l'organisation des services de santé. Ces pourparler permettent d'espérer une entente prochaine sur la santé avec la nation crie tout en poursuivant une démarche structurante de planification et d'organisation des services au Nunavik avec les Inuits.

Il est à noter qu'indépendamment de ces discussions, les sommes versées pour le financement des services de santé aux communautés conventionnées ont augmenté sensiblement, passant de 60,7 millions de dollars en 1992-1993 à 107,2 millions de dollars en 2002-2003. Sur une période de dix ans les fonds ont augmenté de 77 pour cent.

De plus, le 17 juin 2003, j'ai convenu avec le chef de l'Assemblée des Premières Nations du Québec et du Labrador, au nom de mon gouvernement, d'établir un conseil conjoint des élus afin de concrétiser la volonté des parties d'échanger sur divers sujets dont, bien sûr, la santé. Ce Conseil des élus a déjà entrepris ses travaux dans un climat de respect mutuel. À noter que le gouvernement du Québec contribue depuis de nombreuses années au financement de la Commission de la santé et des services sociaux de l'Assemblée des Premières Nations du Québec et du Labrador. Cette commission a pour mission de coordonner l'organisation des services de santé et des services

sociaux pour l'ensemble des communautés autochtones afin d'atteindre une plus grande cohérence dans les services offerts à cette population.

Donc, de façon globale, le Québec travaille également à développer un meilleur arrimage entre son réseau de santé et des services sociaux et les services offerts par le gouvernement fédéral, sur les réserves autochtones ou dans des établissements autochtones afin de favoriser une continuité dans l'offre des services à ces populations.

En somme, au Québec, nous avons depuis longtemps fait le pari qu'une intervention plus fructueuse et plus soutenue dans le domaine de la santé des autochtones passait par des partenariats respectueux et ouverts à la collaboration entre les institutions québécoises et les nations autochtones.

Il faut toutefois préciser que, même si le Québec est très sensible aux besoins des autochtones en matière de santé et qu'il est proactif à plusieurs égards à ce sujet, nous croyons que le gouvernement fédéral, en tant que fiduciaire, doit assumer ses responsabilités constitutionnelles. Ainsi il lui appartient de procurer aux autochtones sur réserve et hors réserve les ressources nécessaires afin que ceux-ci puissent jouir des services de santé conformes à leurs besoins. Dans cette optique, je crois aussi important d'ajouter que l'état de santé d'une population ne dépend pas que de la qualité de ses services de santé, mais aussi et davantage -- et ça a été soulevé ce matin -- de nombreux autres déterminants, l'éducation, le logement, l'emploi, pour lesquels le gouvernement fédéral doit viser de meilleurs résultats.

En conclusion, je réitère l'engagement ferme du gouvernement du Québec à travailler à l'amélioration des services de santé pour les communautés autochtones, et ce, dans le respect de leur culture et aussi de leur autonomie.

Je suis fier de ce que mon gouvernement a accompli pour les autochtones au cours des derniers mois, et nous

savons que nous avons, compte tenu des besoins spécifiques des populations autochtones auxquelles plusieurs intervenants ont déjà fait référence, nous savons qu'il y a encore beaucoup d'efforts à faire devant nous. Et je veux vous donner aujourd'hui l'engagement du gouvernement du Québec que nous serons au rendez-vous pour ce partenariat.

TR. HON. PAUL MARTIN: Merci beaucoup, monsieur le premier ministre.

RT. HON. PAUL MARTIN (PMO Canada): I will call on the Premier of Manitoba.

HON. GARY DOER (Manitoba): Thank you, Prime Minister.

Elders, First Ministers, friends, Manitoba, of course, is a province with many Aboriginal people in its population, many opportunities, as has been outlined by other leaders here today, and many challenges. Aboriginal people located in our province, well over 6,000 years ago, greeted all of us that came later with generosity and dignity. I think today, with this partnership, the leadership has got to have an action plan with generosity and an effective strategy to move forward.

Many have before me indicated that diabetes rates are intolerable -- four times that of the population -- and so this meeting must have sincere partnership and I applaud the Prime Minister for calling this meeting together and the other First Ministers for meeting at Niagara on the Lake.

The partnership must be community-based, population-based, people-based. The dialysis units in Garden Hill and the Island Lake area that the Prime Minister mentioned is essential to have equipment for people in their communities. Ten thousand people are located there and the partnership we finally were able to achieve together allows some of those people in those communities not to have to go to Winnipeg, or some other community, for needed medical services. We believe in community-based partnership with Métis people and we have now a Child and Family Services

Agency run by Métis people.

We have opportunities and, today, the First Ministers indicated that the maternal health programs will be expanded. In Manitoba, we have a Healthy Baby Program that we initiated some three years ago that we initiated some three years ago on the advice of Fraser Mustard to get at prenatal conditions. We would welcome partnership with all of you to participate in this Healthy Baby Program, where we invest money with pregnant mothers and targeted populations, including First Nations, even though it is a jurisdictional disagreements, because a mother is a mother is a mother and a baby is a baby is a baby. Over 2,200 First Nations people, and many other Aboriginal people, Métis people, are involved in this program and we believe that if we save three underweight babies in one year the cost of the program has been returned -- again, more effective use of dollars.

We accept the invitation for human resources and we will participate with all of you in training more Aboriginal nurses in a targeted way. We will participate and we agree to the invitation for a First Ministers' meeting to deal with the holistic plans that have been outlined at this meeting this morning. There are real gaps, as well as the opportunities I have indicated.

Since I have been premier, when I go to First Nations communities and other Aboriginal communities, I am aware that there is a moratorium on personal care homes and construction in many of our communities. We have a situation now -- and I have only been premier since 1999 -- but we have a situation now where we are building a personal care home facility in Winnipeg for Aboriginal elders from communities outside Winnipeg because there has been this ongoing moratorium. It doesn't make any sense at all to me to have elders move from their own communities and families because we have a moratorium that is ongoing and not effective. Elders should be in their own

communities with their own families where they grew up.

We need to have -- there are other gaps. Just for example, there is a situation where the tele-medicine -- we have the largest number tele-medicine sites on a per capita basis in Canada. We only have two in the 62 remote First Nations communities in Manitoba. Again, a gap that requires, in my view, action.

So I'm making five specific recommendations today so we can get on with action. One, a major campaign for tele-medical links to First Nations and Aboriginal communities across Manitoba.

Two, I am recommending that we have recreational programs in some of our First Nations communities where they don't exist. The schools that are built are much more open now to children and adults in those communities, but many communities don't even have a hockey rink. People like Phil Fontaine, who played in Saugeen -- and he beat the MLAs, by the way -- and there are other kids who don't have hockey rinks, don't have recreation, you know, don't have the ability to access these kind of recreational opportunities.

Our third recommendation is we spend $51 million a year in transportation for Aboriginal health. I would like to reallocate at least half of that to primary health care. The dialysis example we established as a pilot program, that is what we have got to do: move the work and primary care into the communities, rather than paying airlines to move people out of the communities.

My fourth recommendation is to have home care at equal per-capita investment in Aboriginal and First Nations communities. And, of course, another recommendation consistent with that is lift the moratorium on building personal care homes in Aboriginal communities.

My fifth recommendation is we should declare a state of emergency, if you will, on the incidents, the causes of diabetes. If we had a natural disaster, a floods or fire,

that risked human lives, we would all work together as urgently as we could. There is too many people that are dying, there are too many people going through severe medical emergencies, there are too many people that have the diabetes. I think we should declare a national emergency and work in partnership for solutions to deal with too many people who are afflicted with that disease.

Again, we are quite pleased to be working in partnership with you and we think that some of the proposals you have made and the leaders have made are areas that we can work in partnership into the future.

M'gwich.

RT. HON. PAUL MARTIN (PMO Canada): Well, thank you. I think that, in fact, many of those proposals fit in very much with what we have got. If Phil's team beats the MLAs, let me just say to Phil that he would be welcome to play the MPs here. We have a couple of good players. We have a senator named Mahovlich and, as you may know, we have a new goalie.

--- Laughter \ Rires

RT. HON. PAUL MARTIN (PMO Canada): I am going to go down not in order of entry into Confederation, but I am simply going to go down the table, if that is acceptable to you. I will call now on the Premier of Nunavut.

Paul?

HON. PAUL OKLALIK (Nunavut): (Native language spoken / Langue autochtone parlée)

RT. HON. PAUL MARTIN (PMO Canada): Ralph.

HON. RALPH KLEIN: Nice to be with all the leaders of the Aboriginal communities, Inuit and the Métis.

What we heard today certainly represents to me a tremendous challenge to the health system in Canada, and it doesn't all involve money.

We heard some interesting things this morning that are specific to recommendations that can be made in addition to those very good recommendations that were presented by Gary

Doer.

One was a holistic approach to Aboriginal medicine. Now, this doesn't cost a cent; but it costs the medical community something in terms of their relinquishment of traditional medicine to holistic medicine. I have often wondered, if it works why not allow it? If herbs and berries and various other things work, why not allow it? Perhaps John Hamm, who is a medical doctor can address that particular issue.

This relates to why things worked 10,000 or 15,000 years ago but are not allowed today because of medical convention.

So, perhaps, there are things that can be done amongst the medical community and the Aboriginal communities to bring about holistic medicine and to recognize various methods of treatment that worked in the past but for some reason don't work today, in the minds of the doctors.

Relative to the issue of violence and housing and transportation. This speaks to the issue of prevention more than anything else. When you have good housing conditions, when you have ease of transportation to get people to hospitals, when you have an environment that leads to a healthy lifestyle, it stands to reason that sickness is cut down. So if there is a recommendation to be made it would be a recommendation to focus on prevention -- all of these things that have been mentioned, including, of course, the funding and the maintenance of emergency shelters for women, not only to provide safe haven for women and families of Aboriginal heritage but to also provide counselling.

I know in Calgary, my wife who is Metis is in very involved with a native women's shelter called Awotaan, which means, in Blackfoot, "shield" or "protection" and for some reason this centre has been cut off funding from the United Way and other conventional institutions with the notion that it should be part of the larger movement of

women's shelters.

Well, it was mentioned here that there are some very special cultural, traditional needs that need to be met that can only be met within the confines of the traditional native Aboriginal institution.

So, we need to recognize that.

I certainly agree with Gary Doer that perhaps there needs to be a national diabetes emergency strategy. I know that in the province of Alberta we have declared diabetes to be the number one issue relative to health care; and the attack on diabetes extends not only to the Caucasian community, the community generally, but certainly there is emphasis and focus on the Aboriginal community. There should be focus elsewhere; fetal alcohol syndrome is another area for focus.

Prescription drugs, again, there should be focus on the medical community and the Aboriginal community for overprescribing drugs and making drugs easy to get. This is a huge problem.

I can tell you that in Alberta we have made a strong commitment to addressing Aboriginal issues and those issues are reflected in our Aboriginal policy framework, the Aboriginal initiative, the Metis Settlement Act, and in specific initiatives such as the Aboriginal health strategy.

I don't know why Clement singled out Alberta, relative to our approach to Aboriginal health because we are working very, very hard, and we are very committed to working at the local level with Aboriginal and Metis communities, and the federal government to achieve better health outcomes for Aboriginal people in Alberta.

Certainly, we have partnered with other jurisdictions, notably the Northwest Territories, and just lately Nunavut relative to tele-health, I have already mentioned our focus on diabetes and how that extends to the the Aboriginal community and we will continue to do that, particularly the

Aboriginal community living off the reserve.

And, I believe collectively that provinces have done much to address Aboriginal health, but the federal government also has a responsibility for First Nations and Aboriginal people. As a matter of fact, as was pointed out, as a fiduciary responsibility for Aboriginal issues. The federal government must provide, as was pointed out here, adequate and sustainable and predictable funding, to ensure positive health outcomes; but, as I mentioned earlier, money is not the only solution to the problems.

We believe federal programs that already exist or programs being contemplated need to be flexible enough to focus on the things that were mentioned here, to focus on the ability to bring about holistic medicine, to focus on prevention, good housing, healthy life styles, to focus on health promotion and education, and we also believe that without responsive upstream health programs, addressing some of the basic health issues, provinces face a direct cost to many of our other programs, such as social services and children's services.

So, generally, I agree that by working together we have the best way to succeed in improving the health in Aboriginal people.

Thank you.

RT. HON. PAUL MARTIN: Thank you.

I will call on the Premier of British Columbia.

Gordon?

HON. GORDON CAMPBELL: Thank you, Prime Minister. Let me start by saying thank you to the Aboriginal leadership who joined us today. As you may know, Prime Minister, we have been meeting with the Aboriginal leadership for some time. Premier McGuinty and I met with them in May. We followed that up with a special meeting in June with the Assembly of First Nations leadership on behalf of Aboriginal peoples. We also met again in July and I am pleased that we are meeting today.

I would like to say that I think the words are important but I think the actions are more important. I agree with Grand Chief that we should be having a special meeting of first ministers on Aboriginal issues specifically focussed on Aboriginal health but when you hear the discussion today you hear of the broad range of initiatives that we must undertake and the broad range of health determinants that is we must be aware of if we are going to succeed in our task. Our task is achievable, but it is a task that is a large one, and I think it is important for us to recognize both of those things.

About 17 per cent of Canada's First Nations people live in British Columbia, 170,000 status Indians living in B.C. as of the 2001 census. 198 of Canada's 650 bands are in British Columbia. It is about 4 or 5 per cent of our population. Two fifths of those citizens are children under 19.

Sadly for all of us today if you look at the standard of living for Aboriginal people, First Nations people in British Columbia you will find that it is 20 per cent below the provincial average. That is not satisfactory. It is based on measures such as income and employment, educational attainment, housing adequacy. All of those issues have a direct impact on the health of First Nations and Aboriginal people in our province.

The average life expectancy for a First Nations man in B.C. is eight years shorter than the average for non-aboriginal men. The average life expectancy for women is seven years shorter.

Our studies have shown that in some Aboriginal communities in British Columbia rates of fetal alcohol syndrome are 10 times higher than in the general population.

B.C. suicide rates for Aboriginal people are two and a half times the rate of other B.C. residents.

The rate of alcohol-related deaths for First Nations

people is six times the rate of non-aboriginal British Columbians.

B.C.'s Aboriginal people suffer from three times the rate of both diabetes and arthritis.

Aboriginal people have three times the rate of drug induced deaths and six times the rate of alcohol-related deaths.

Those statistics are damning and what we have to be aware of is that each much those statistics represent the life and the dreams of an Aboriginal person and the future of an Aboriginal family.

It is not because of lack of good intent around our tables, whether they are provincial government or federal government; it is because in the past we have not made the proper connection between delivering health care and health services to Aboriginal peoples and our goal.

In British Columbia, we have a report on the health and well-being of Aboriginal people in British Columbia. It is done every two years, it follows exactly what is taking place in terms of Aboriginal populations, it looks at many, many health indicators; it is the kind of report that we should be committing ourselves to as elected government leaders and as First Nations leaders and Aboriginal and Metis leaders around this table and Inuit leaders around this table.

It is important to notes we have made some progress and when we do act in concert, when we do listen and learn from one another it is possible for us to take those indicators of health and actually see them improve. We have watched as 20 health indicators in British Columbia are improving, including heart disease, strokes and respiratory diseases.

We have watched as seven have stayed the same. And, unfortunately, three have worsened significantly. Including drug-related, alcohol-related deaths, deaths from HIV/AIDS, and the number of children in care.

In spite of the bleak statistics that I mentioned earlier, I think it is important to note that we can and we have made some progress. The federal government has a legal and fiduciary responsibility to First Nations, to Aboriginal peoples across this country. That responsibility includes health, but it also includes education and housing and economic development.

In British Columbia, we have undertaken a number of initiatives to try and start to build a strong foundation for a future for our Aboriginal peoples. $30 million have been invested in economic measures agreements, over a hundred have been attained in our province. We are revenue sharing with both oil and gas and forestry revenues. We are reducing the number of children in care and we are integrating child protection services into Aboriginal communities and asking Aboriginal and First Nations communities to take the leadership in providing those services to our children.

We have doubled our First Citizens' Fund to allow for greater control over cultural and economic development. There is $15 million that has been recently provided to a First Nations benefit trust to allow First Nations to make their own determination about how those dollars should be invested in improving the livelihoods of their citizens.

We doubled our first citizens' funds total lieu for greater control over cultural and economic development. There is $15 million that has been recently provided to a First Nations benefit trust to allow First Nations to make their own determination about how those dollars should be invested in improving the livelihoods of their citizens.

We have a commitment to continue dialogue in British Columbia. Again I would like to go back and refer specifically to Chief Phil Fontaine and the Assembly of First Nations for his consistent, persistent and patient contribution to the efforts that we have made in trying to improve the quality of health for our British Columbia

First Nations citizens.

Prime Minister, I welcome the dollars that you announced today, but I think it is important that we put those dollars in context. If you look at the $700 million over five years, for British Columbia at least, for the 170,000 British Columbian First Nations people, that will come to about $140 a year in incremental support. That is equivalent to one visit, one consultation with a specialist. It is equivalent to three visits to a physiotherapist. It might be equivalent to three or four prescriptions being filled in a year in terms of our average.

So as we look ahead, as we take the spirit of this meeting which says let us come together and join together in finding real progress on Aboriginal health to the Inuit, the Métis and First Nations people of Canada, both on and off reserve, let us have a comprehensive action plan. What will we do and how will we hold ourselves to account for that?

Prime Minister, I think the most important component of that is that action plan should be drafted in concert and in fact directed by the Aboriginal leadership, which is why I think the idea of coming back together for a specific meeting on this is so important.

We need clarity in terms of that plan on what the federal government perceives as its role and its responsibilities for the provision of health services and addressing the determinants of health for Aboriginal people on and off reserve, specifics, actions, timetables, contributions of funds.

The federal government, we believe, should be assuming accountability for ensuring consistent and transparent reporting of health results to Canadians and to Aboriginal people across the country in five specific areas: prevention and promotion, public health; mental health; alcohol and drugs; residential care; and home care as well.

Mr. Prime Minister, I believe we have an exceptional opportunity. We have an opportunity to turn our back on the failures of the past and look to successes for the future. But to do that, we must work together. We must work quickly. We must work without hesitation. We must work with full resources. And we must work under the guidance of First Nations, Métis and Inuit peoples so we can meet the needs of the people that they represent.

I believe the will is around the table to do this and I look forward to working with all who are here today to make sure that we do turn our back on the failure of the past and reach for true success in the future, which is health care that meets the needs of our Aboriginal populations across Canada.

RT. HON. PAUL MARTIN (PMO Canada): Thank you, Premier. I very much share your view that the time, the opportunity is now and we must take it. I also share your view on the question of accountability. We believe, as do you, that we all must be accountable to those to whom we are responsible.

I would just point out that the $700 million is in addition to an annual amount of $1.7 billion that we spend on Aboriginal health. I have stated in my remarks that we will be increasing that with a reasonable escalator on an annual basis.

But I thank you very much for your remarks and I would now call on Premier John Hamm of Nova Scotia.

HON. JOHN HAMM (NS): Thank you, Prime Minister. Good afternoon everyone.

We cannot underestimates the importance of today's meeting. Others have indicated that this is a beginning and I would agree. It is critical that all leaders recognize the enormity of the health care issues facing Aboriginal people across Canada and begin to come up with solutions.

We must quickly and collectively come to grips with

the staggering health problems now facing Aboriginal communities. We must not fail such a large segment of our population already dealing with great social and economic challenges. The stakes are high.

I welcome the initiatives outlined in the Aboriginal health blueprint and note that we in Nova Scotia have already embarked on some programs that dovetail with those in the blueprint, particularly in the area of health promotion and prevention.

We are also encouraged by the emphasis on the need to increase the number of Aboriginal people delivering health and are supportive of this initiative.

In the brief time allotted to me I want to outline some of these initiatives that Nova Scotia has undertaken in partnership with Aboriginal people. Let me first say that improving health care has been at the top of my government's agenda and we are making solid progress.

One of the most effective vehicles we have developed with Nova Scotia's Aboriginal population and the federal government is the Mi'Kmaq, Nova Scotia, Canada tripartite forum, a partnership to strengthen relationships and address outstanding Mi'Kmaq issues, which is doing remarkable work.

Among the committees of the forum are ones dealing with health issues in sports and recreation, targeted at providing Aboriginal youth with healthy active options. The forum's health working committee has, as its current priorities, communicable disease control and prescription drug misuse.

Another is the Tui'kn Initiative, an integrated holistic, culturally appropriate, multidisciplinary primary health model. This is Nova Scotia's Aboriginal envelope of the primary health care transition fund which started in April of this year. It is being developed by the five First Nations communities in Cape Breton in partnership with Nova Scotia's Health Department, First Nations, and

Inuit Health Branch of Health Canada and Dalhousie University.

It builds on the success of the Eskasoni primary care project, which the Prime Minister mentioned, which achieved increased access by residents of our largest reserve to various primary care services, as well as more rational use of physician services, improved quality of care, improved patient and provider satisfaction.

The Eskasoni primary care project was referenced in the Romanow report as a successful project to serve as model for the country. In its final report the Commission said:

> "This project has shown that positive results can be achieved when non-Aboriginal health care providers have opportunities to work in Aboriginal communities and learn their particular needs and culture. Examples like this and other programs across the country need to be significantly expanded." (As read)

We need unique approaches and flexibility to deliver culturally appropriate care for all Aboriginal peoples. Last fall our government signed an agreement with the Michelin Corporation to enhance Aboriginal employment opportunities. This is also a health-related initiative, in that gainful employment has long been recognized as an important health determinant.

We in Nova Scotia have recognized the need and are prepared to work in a collaborative way with other provinces. To work with Canada, and most importantly with Aboriginal organizations and governments, to make significant improvements in the way health care is delivered to our Aboriginal peoples. To do that we need a clarification of roles and responsibilities as emphasized in a number of presentations today.

I hope that we can all leave here with a greater understanding and determination to improve health care of

Aboriginal peoples across Canada. To do that, we must have a federal commitment to long-term, sustainable funding and a commitment to partnering.

Thank you.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Premier.

You may remember that Premier Klein asked you for some personal medical advice that the rest of us are also very interested in. So at some point ...

I would now call on Premier Calvert of Saskatchewan.

HON. LORNE CALVERT (SK): Thank you very much, Prime Minister.

Chiefs and Elders, Aboriginal leaders, colleagues, Prime Minister, friends, I too want to add my voice of thanks to the Elders for their opening prayers for our deliberations this morning.

Just as Aboriginal health issues are extremely significant to our nation, they are significant in the province that I am privileged to represent at this table. In the Province of Saskatchewan today, about 13 or 13.5 per cent of our population are Aboriginal people. That is predicted to grow over the next 30 years to about 30 per cent of our population.

In those numbers is the very important statistic, I think, that 40 per cent of our current Aboriginal population are young people aged 15 and younger. We have a tremendous opportunity with our Aboriginal young people in our province and their health outcomes, and the health outcomes of the entire Aboriginal population, are crucial to our future.

We have heard today from the Aboriginal leaders, we have heard from other Premiers, that today in Canada the health needs and the health outcomes for Aboriginal peoples cry out for our attention as leaders. Whether we be national leaders, provincial leaders or Aboriginal leaders we must do better.

I think our experience has shown in past that oftentimes as we move to collaborate on Aboriginal issues we tend to become bogged down in some of the jurisdictional issues, particularly between national and provincial governments. Again, we need to do better. I heard president Chartier this morning use the words "inclusion, collaboration and partnership". Inclusion, collaboration and partnership should be our guiding principles. It is time to achieve those principles. I believe it can be done.

Collaboration is not always easy, but I believe it can be done. It is possible. We have had some success in Saskatchewan, particularly with our Athabasca Health Facility and our All Nations first hospital in Port Qu'Appelle, Saskatchewan. These two facilities were built through a partnership that involved provincial governments, Health Canada and the Aboriginal community. These two facilities serve both, the Aboriginal community and the general population. We have been able to find a way to deliver efficient and accountable health service that meets the needs of various populations, of both Aboriginal and non-aboriginal people.

Today we have been presented with health plans from our national Aboriginal organizations. We have been presented by a new initiative from the national government, from the Prime Minister. These will join the very good initiatives that are occurring within each of our provinces, some of them that we have heard described here today.

I want to say to you, Prime Minister, we will support the goals that you have set out in your initiative. We want to work with you and the Aboriginal Peoples, First Nation and Métis of Saskatchewan, as we work through the details of this program. Premier Doer this morning has laid another set of exciting opportunities before us and there is much that we can do.

But, Prime Minister, as I close my intervention I want to suggest that beyond these very important initiatives there are some fundamental -- two fundamental things I believe that we need to give consideration to.

Firstly, we need to find better mechanisms by which to engage with Aboriginal people in the decision-making and in the delivery of their health care services, regionally, provincially and nationally. This has been a very good beginning, in my view. as we Premiers met with the Aboriginal leaders in Niagara, as we are meeting here this morning. This is a very good beginning and foundation for something better.

I support those, the Prime Minister who believed that we should come together as First Ministers with Aboriginal leaders to consider specific issues related to Aboriginal health.

At that time, Mr. Prime Minister, I would argue that we should not simply look at programs, but that we should set ourselves some goals, some national goals.

Now, from the Canadian Institute for Health Information, CIHI, I have the statistics that relate to infant mortality in our country. Mr. Prime Minister, for Canadians generally the infant mortality rate is 5.3 for 1,000 live births; for First Nations people in our country that number is 8; for Inuit people that number is 15.

CIHI could not provide for us the number that would relate to Métis people, but my assumption, my hunch is that it will be of a similar nature.

Mr. Prime Minister, could we come together in a First Ministers' meeting with Aboriginal leaders and declare for us a national goal that we will in a decade provide an infant mortality rate for all Aboriginal Peoples that equates to the Canadian infant mortality rate and as further goal that we lower that for all Canadians? Could we do that?

Second, Mr. Prime Minister, I believe that we do need

to broaden our discussion and our thought about Aboriginal health sincerely to look at the determinants of health as those determinants affect Aboriginal people, whether it is poverty, whether it is lifestyle, whether it is self-determination, which can have a distinct impact on a community and an individual's health. We need focus, not simply on the programming; we need focus on the determinants of health for all Canadians but in this case particularly for Aboriginal Canadians.

There is, Mr. Prime Minister, I believe at this table among Aboriginal leaders, Premiers and the national government, a willingness to work together to move forward and I believe we can and we should capitalize on that goodwill.

Thank you very much.

RT. HON. PAUL MARTIN (PMO Canada): Just to pick up on one of your points, Premier Calvert, I very much share your view about goals. One of the things I will be speaking about this afternoon at the other meeting and tomorrow is the necessity of us establishing clear targets for all of the health endeavours in which we are engaged. And picking up on what Premier Campbell said, we must be accountable, transparent and open, publicly accountable for the measurement of those.

I certainly do not exempt the federal government from that. In terms of what Premier Charest said in terms of our fiduciary responsibility, I very much share the view that we should be establishing goals; that there are goals that must be established in concert with Aboriginal leadership and that we must then measure our ability to achieve those goals.

So I am very much with you and very much with Premier Campbell on that same point.

I would now call on Premier Williams of Newfoundland and Labrador.

HON. DANNY WILLIAMS (NL): Thank you, Prime Minister.

Good afternoon, Chiefs, Elders, fellow leaders, colleagues, ladies and gentlemen.

I join with my colleagues in welcoming our Aboriginal friends and partners to this very important national meeting. I especially want to acknowledge the leaders from Newfoundland and Labrador who are in attendance here today.

I was most impressed with the Chiefs and leaders of our Aboriginal communities when I first heard them speak to the Premiers at Niagara on the Lake, and I am equally impressed today, and with the welcome addition of President Terri Brown.

A comment that struck me most on Niagara on the Lake was the statement by President Jose when he said, and I quote him:

> "We are first Canadians but we are Canadians first."

That is why we are here today, because we all inhabit and love this wonderful country that we call Canada, and we are proud Canadians first. While many Canadians recognize that there are unique health and social challenges in our Aboriginal communities, most of us cannot appreciate those challenges because we do not live there and have not seen the problems first-hand.

This summer for the first time since becoming Premier of our great province, I had the distinct privilege to visit all of the Aboriginal communities tucked in amongst the inlets and harbours of coastal northern Labrador. And while this makes me by no means an expert on Aboriginal health, it certainly provides me with a perspective that can only accrue to someone who has been there. It is a perspective that I hope I can continue to nourish.

The most indelible memory for me was the Aboriginal children of Labrador. In the one area of our province where there are more young people than old, where the future lies in the youth, and where the land and resources are boundless, yet the health and the social problems and

resulting damages are overwhelming.

As we landed in the recently resettled community of Natuashish and drove to a brand new home in the north, Chief Pokue pointed out three white crosses by the side of the road that represented the first grave sites: three young teenagers that had either lost their lives or had taken them.

This community is still troubled by substance abuse, mental health problems and resultant suicides which unnecessarily terminate these very precious lives.

Suicide is all too common in Newfoundland and Labrador Aboriginal communities. The tragedies are not only personal; they devastate families and shake these communities to their very core. We have equipped these Canadians with modern infrastructure but have not supplied them with the necessary human resources to overcome these problems.

I specifically remember a beautiful young girl riding here bicycle who introduced herself as Paige as we entered her school. She was happy. She was carefree and she was charming, and given the necessary support could obviously be an outstanding, intelligent leader in her community.

Inside that school was a modern gymnasium. Dozens of young boys were enjoying a game of ball hockey at a level of skill and talent that was the envy of us old hockey players. These children, Prime Minister, just need a chance. But our governments over the years have failed other previous children who were not so lucky. We now have an opportunity collectively to correct that wrong.

The stresses that are placed upon family life when a majority of residents are victims of substance abuse are unimaginable. In Aboriginal communities the infant mortality rates are higher. The death rate from respiratory diseases is higher and, as was stated previously, the life expectancy for Inuit women is 14 years less than that of the average Canadian woman. This would

not be tolerated in Vancouver or Toronto or Halifax, and it should not be acceptable in Labrador or anywhere else in Canada.

One could never appreciate this hardship until you actually see the sorrow in the eyes of the community Elders and hear the pain expressed in words that only they can choose. But just as most Canadians will never understand these health and social challenges, they will never understand the incredible sense of hope and perseverance that keeps these communities going. I spoke and I met with many bright, intelligent, successful young residents who had left to receive their education and returned to help lead their communities.

The 30-year-old daughter of LIA Chief William Anderson in Nain proudly spoke of her endeavours in her community to make life better for her people.

I met a dedicated young woman, Anastasia Qupee, the newly elected Chief of Sheshatshiu, who was fighting lawlessness, potential corruption and resultant social problems to turn around her community. I was truly inspired by her values, her resolve and her courage to overcome the tremendous obstacles that she faces under threat of personal harm.

We must support increased investment in educating other young leaders and encouraging them to return as health professionals in their respective communities.

You may ask why do I share these stories. Not because I feel that the issues facing Newfoundland and Labrador's Aboriginal communities are any different than anywhere else, but because I believe that we as leaders in our respective jurisdictions and communities have a responsibility to help all of our citizens, especially those who need our help most. In my province that certainly applies to Aboriginal communities in Labrador. We need to have an appreciation for the magnitude of the problems that many of our Aboriginal communities have to

deal with.

So yes, Prime Minister, I support in principle the approach put forward by the federal government in their blueprint, and I certainly commend you on your choice of colour as well. It is not going to solve all of our problems, but it is a start.

After consultation with many of our province's Aboriginal leaders, we believe that this blueprint can be improved through a more holistic approach, an approach that considers solutions to the social, the economic and cultural problems associated with increased mortality, housing and infrastructure, economic development, the needs of our children and youth, education, violence, suicide, mental health and addictions and the specific needs of Aboriginal women.

These thoughts should not stop us. More than anything else we need action, and we need it now. So let's get on with it, because the problems are not going away.

The Government of Newfoundland and Labrador is committed to working with the federal government and Aboriginal groups to address the broader social, economic and cultural issues so that all Canadians can live in a safe and happy and economically productive community.

Most important, Prime Minister, we owe it to the most vulnerable: the children. They represent the future and they do deserve a chance.

RT. HON. PAUL MARTIN (PMO Canada): Thank you, Premier.

I would now call on Premier Binns of Prince Edward Island.

HON. PATRICK G. BINNS (PEI): Thank you, Prime Minister, colleagues, Native and Aboriginal leaders.

We do have a small Aboriginal population on Prince Edward Island and, like the rest of Canada, they too have very special needs. I want to start by saying that we do host some great pow-pows on Prince Edward Island, whether

on Panmure Island or Lennox Island, or with the recent national meeting held in Charlottetown. Health outcomes for our Native people are much worse than the general population, and to resolve these issues we certainly need money and flexibility.

I spoke with one of our Chiefs this morning in regard to a particular concern of alcohol and drug abuse, and that Chief gave me an example of the fact that while they have money for a councillor there is no money for the programs that would be required for the people they are dealing with.

A specific concern that we have -- and I can bring this from a small jurisdiction -- is that in order to improve outcomes, we need a reporting framework, and the Aboriginal Health Reporting Framework is being established to examine this. But small jurisdictions may well have difficulty in reporting under the structure that currently exists for this reporting framework. I would simply ask that special partnership considerations be considered for small jurisdictions and suggest that perhaps Health Canada and Stats Canada need to work with these small jurisdictions to make sure that the financial burden in reporting would be offset.

I will leave it at that, given that my colleagues have outlined many of the concerns, Prime Minister.

Thank you.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Premier.

I call on Premier Fentie of the Yukon. Dennis.

HON. DENNIS FENTIE (Yukon Territory): Thank you, Prime Minister.

Let me begin by acknowledging the Algonquin First Nation. I thank them for hosting us here on their traditional territory.

I would also like to congratulate you, Prime Minister, on convening this very important meeting. It is a

significant step forward.

Today I would like to articulate the situation in the Yukon Territory and the tremendous progress made between ourselves, the Yukon government, and our Aboriginal people. That progress is based on the fact that the majority of our Aboriginal people have achieved self-government. In today's Yukon self-government dictates that we work on a government-to-government basis in all areas where we have shared interests, concerns and opportunities.

To that end, for example, we have entered into meaningful partnerships and agreements in the development of our economy in the Yukon. Examples of that are sharing of resource royalties with our First Nations people in the oil and gas and forestry sectors. And we are also working jointly on social issues like health care, education, justice, and child welfare.

In today's Yukon we also place the highest priority as governments, both Yukon and First Nation, on the state of health of our Aboriginal people. And also together with our sister territories we have long made the case that the north is unique in terms of health care.

Part of that uniqueness is our significant Aboriginal population and, of course, the higher cost of delivering health care to our citizens.

Prime Minister, we are here today to work with First Nation leaders and the federal government to build a better health care system, one that is adequately funded and one that meets the specific needs of our First Nations' people, both their health and their culture.

To that end, the Yukon already is investing in areas like establishing an Aboriginal Health Program in the Whitehorse General Hospital, creation of a healing lodge. We are investing in special liaison workers. We also are using some traditional medicines in our health care system and we make available a traditional diet. These are just some of the things we do in the Yukon Territory.

Our vision for health care in the North includes a strong belief that in order to sustain a long-term adequate level of health care, we need to ensure we have healthier people, healthier families and healthier communities. We are working with our communities, both Aboriginal and non-Aboriginal, on priorities such as prevention, the retention and recruitment of health care professionals and improving our infrastructure. These are just some things we believe that will lead us to long-term sustainability.

But I also want to submit here today that there is something we can do immediately in regards to improving the health situation for Aboriginal Canadians. That is to recognize, collectively, that efficiencies in on-reserve/off-reserve policies and move rapidly to remove those impediments. No matter where Aboriginal Canadians live, they are entitled to the same standard of care as all other Canadians enjoy. Also, it is vital that the Aboriginal leaders of this country are involved in the discussions and the processes, as we move towards adequate funding for the health care system and for reforms that will ensure its sustainability.

Thank you.

RT. HON. PAUL MARTIN (PMO Canada): Thank you, Premier.

Premier Lord of New Brunswick.

HON. BERNARD LORD (New Brunswick): Premiers, elders, leaders, ladies and gentlemen. I am pleased that we are having the session of this morning to discuss issues surrounding Aboriginal health care. And I am also pleased that we have leaders and representatives of Aboriginal people at the table to work with us on these issues and to follow up on our discussions from six weeks ago at Niagara on the lake. I welcome their ideas and solutions and I certainly know that they know more about this than we do.

Cette année, nous célébrons le 400e anniversaire du premier établissement européen au Canada, soit l'Île Ste-

Croix, au Nouveau-Brunswick.

Cette histoire nous apprend que les Français ont vécu un hiver difficile en 1604. Ils ont survécu suite à l'aide qu'ils ont reçu et l'appui qu'ils ont reçu des Premières nations et des Autochtones qui étaient là.

As Premier of New Brunswick, I am concerned for the health of all the citizens of New Brunswick. Just as there is only one level of taxpayer, there should only be one level of Canadian. Therefore, we all have a shared responsibility for caring for our own health and for the health of our fellow citizens.

While we must look after the health of all citizens, I believe that the Government of Canada owes a special responsibility to the health of Canada's Aboriginal people. This responsibility is part of the Constitution of Canada. The federal government has a serious responsibility, with real consequences for the health care of First Peoples.

We all know -- and it has been expressed here today very clearly -- that the Aboriginal Canadians currently do not live as long as the national average and are more likely to suffer from chronic diseases such as diabetes. These illnesses are due, in large measure, to social and economic conditions that face Canada's Aboriginal people, both those living on reserve and those living elsewhere in the country.

The current health status of First Nations people creates enormous challenges for us all.

Et je suis heureux d'avoir entendu ce matin le premier ministre signaler son intention que le gouvernement du Canada allait prendre des actions afin de traiter les causes même de cette situation pour les Autochtones et les Premières nations.

Il est important que nous soulignions l'importance du mieux-être pour tous les Canadiens et les Canadiennes, et incluant les Premières nations.

Although New Brunswick's Aboriginal population is

small, we take seriously our commitment to work with our First Nations people on a variety of issues, and certainly including health care.

Local control of health care is essential for the development and delivery of culturally appropriate health care services. That is why New Brunswick has given our regional health authorities a leader role in planning for health care delivery in communities that they serve and that we have invited Aboriginal people to participate in our RHAs in our governance.

RHAs are working with First Nation communities in their areas on a number of innovative health programs. The River Valley RHA, for instance, in western New Brunswick is working with the five Malaseet communities within its boundaries in developing a tele-health project for that region. We believe that this kind of technology holds great promise for delivering services to rural communities across Canada and certainly for First Nations communities, as well.

Les régies régionales de la santé ont la responsabilité de tenir compte des besoins de toutes les communautés, y compris celles des Premières nations lorsqu'elles doivent livrer les services de santé essentiels et pour la planification à venir.

New Brunswick also has worked on larger health themes with Aboriginal communities. For example, our Department of Health and Wellness has worked with First Nation groups on strategies to reduce incidents of suicide among our Aboriginal youth and we have been involved in working with Aboriginal communities to establish Fetal Alcohol Syndrome Network, which was launched as part of the national conference in 2002.

These are only some of the initiatives. We have done a little bit of progress, but I think we clearly all realize that we must accomplish more. I believe that it should be unacceptable to us, as Canadians, in a country of

great means and great wealth, that there exists such difference between the health status and health services of some of our regions and some of our people. This is something that we can correct, this is something that we must correct and this is something that I am prepared to work to correct with my colleagues and the people around this table.

It is unacceptable to me and that is why that I believe collective action is required immediately. I am hopeful that, as a result of our discussions today, the Government of Canada will renew its commitment to work with First Nations and Aboriginal communities and with provincial and territorial leaders to help improve the real health status of Aboriginal Canadians. We cannot simply measure how much money we send. We must look at the health outcomes. Clearly, that is the target we must meet.

You can count on my unconditional support to achieve these goals.

Je vous remercie beaucoup pour votre attention.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Premier Lord. I think your comments are, again, very well taken. Once again, it is health outcomes that count, for everybody, and I very much agree with that view.

Premier Handley of the Northwest Territories.

HON. JOSEPH L. HANDLEY (Northwest Territories): Thank you, Prime Minister. It is an honour to be the clean-up batter or the anchor from among the premiers in this morning's session.

Elders, Prime Minister, Aboriginal leaders, fellow premiers, and invited guests, it is with particular pleasure that I participate in this important meeting. Improving the health and welfare of Aboriginal people is an issue of critical importance in this country and nowhere is it more so than in the Northwest Territories.

This day, I hope, signals a dramatic change -- a change in the way we do business with each other, a

dramatic change in ensuring healthier Aboriginal Canadians, a change in making their living conditions better and, most important, a change that will guarantee that Aboriginal leaders are engaged, and our primary decisionmakers, for the delivery of health care to their people.

Prime Minister, when you were in Inuvik a couple of weeks ago, we talked about some of the success stories that happened when Aboriginal people are engaged in their own issues and challenges. We talked about the Cleeshow* people, who, when they became concerned about the future of their young people, were, in a matter of four years, able to increase the number of students in post-secondary from five to 170. That is the kind of success that we can achieve through working together.

In the Northwest Territories, our government is working closely with Aboriginal governments to address issues facing Aboriginal people in our territory. Most importantly, we are working with the Dene, Inuvialuit and Métis of our territory, along with the federal government, to finalize self-government agreements and to build new structures of government.

We are also working hard to improve health services for Aboriginal people in the Northwest Territories. One concrete example of this is the decision we took earlier this year to fully fund health benefits for Métis people in the same way as health benefits are funded for First Nations and Inuit people.

I am encouraged from what I heard from the Prime Minister and from Aboriginal leaders this morning and I am eager to get on with working out the details and an agreement on an action plan. We must work together on the momentum that was generated this morning and make sure we see significant results before we meet again.

The blueprint that we are discussing this morning appears to contain good first steps, steps that will improve access to funds for both on- and off-reserve

Aboriginal citizens, steps that speak to the health, well-being and training of youn gAboriginal people and to improving conditions in First Nations, Inuit and Métis communities.

As we move forward, I agree the fundamental approach must be on improving Aboriginal health care in a manner that is holistic and addresses the underlying causes that contributes to the appalling health conditions facing too many Aboriginal citizens and communities.

I support Grand Chief Fontaine's call for a First Ministers' meeting on Aboriginal issues. The health of Aboriginal people is only an indicator that there is much improvement to be made on many fronts in Aboriginal communities. We have to work together to overcome them.

In the Northwest Territories, where half our population is Aboriginal, the unfortunate reality is that the social and economic circumstances of Aboriginal people lag behind those of other residents. In our Aboriginal communities, the average income is lower, employment rates are lower, life expectancy is shorter, rates of smoking are dramatically higher. In our smaller communities, over 65 per cent of our residents over 15 years old are smokers. This is an improvement, mind you, over the last 20 or so years, but it is still a statistic that we have to work on.

In the Northwest Territories these are times of immense change. Resource development is booming. The Northwest Territories' diamonds have made Canada the third-largest supplier of rough diamonds by value in the world. We expect an application to be filed soon on the Mackenzie Valley pipeline. Enormous revenues from diamonds and oil and gas exploration makes our territory an economic contributor to the national economic stage, yet our communities continue to cope with conditions far below those of other Canadians. Far too many of our people, particularly Aboriginal people, see the wealth of diamonds and oil and gas, but feel hopeless that their circumstances

will ever change.

Needs are different in Aboriginal communities and funding must be flexible so it can be used where it is most needed: on prevention and promoting healthy life styles, on addictions treatment and prevention, on mental health counselling and on programs focused on smoking prevention and better nutrition. We must focus on building capacity, both human and physical, with training, more housing and medical facilities.

I firmly believe First Ministers and Aboriginal leaders must work together to ensure Aboriginal issues remain on the national agenda and to find solutions that address these needs. This is a moral imperative.

M'gwich.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Premier.

Having heard from all of the premiers now, and from the Government of Canada, I would now ask for the Aboriginal leadership here to give us closing statements. We will do that in the reverse order of the original call, and on that basis I would ask Terri Brown to take the mic.

MS TERRI BROWN (PRESIDENT, NWAC): Thank you, Prime Minister.

I am very encouraged today by the spirit of cooperation and collaboration that has been expressed by the leaders here from the federal, provincial and territorial governments. I look forward to working with you collectively to change the health outcomes for Aboriginal people.

Now that we are all familiar with the dismal health impact, the health of Aboriginal Peoples, let us take steps to change the health outcomes. I have been previously included in the FPTA process and found it to be very cumbersome, time-consuming and had no outcomes for us. Very little results and a lot of resource and effort that were put into it by our part.

I want to comment on the meeting that you had at Niagara on the Lake. I was not included in that meeting and I find that to be a slight of some sort to Aboriginal women to be not included there, Mr. Prime Minister, and I look forward to being included in a more consistent way in the future. This is a problem because sometimes we are included and sometimes we are not and it is both very embarrassing for our leadership and insulting to our leadership, because we have very important input to be included in these top level meetings.

I would like to comment on five-year initiatives. Five-year initiatives, you know, we have wonderful ideas going into these initiatives but we wonder what happens after five years. As was mentioned about the Aboriginal Healing Foundation, there was increased services and cultural programs delivered to Aboriginal communities and now we find that they are ending and what happens after that five-year term?

Many of the provincial and territorial governments are not putting in any funding to these initiatives and we find that when they die community members are left without services that are very important.

I want to close by saying that I am very encouraged by Premier Klein's comments about transition homes and that sort of thing. We need to find ways to fund women's organizations, autonomous women's organizations, so that we can do effective work and have better health outcomes.

Again, I want to thank you very much for including me here today and I look forward to future meetings. If you need any consultation, we are always available to provide any information that you may need.

Thank you and good day.

RT. HON. PAUL MARTIN (PMO Canada): Thank you. Your points are very well taken. I just want to say to you that I wasn't included either at the meetings at Niagara on the Lake, so I now how you feel.

I call on Dwight Dorey.

CHIEF DWIGHT A. DOREY (CAP): Thank you, Prime Minister.

I would like to just start out by saying that I want to thank you for the initiative already that you have already taken with the $700 million being allocated to this process.

I would also like to thank each and every one of the Premiers here for their positive response and clear support to a real partnership action plan here.

You, Prime Minister, in your opening comments said there is no shortage of ideas and solutions across Canada. I fully agree with you on that point. Canadians at the local and community level, I believe, are ready, willing and able to commit to solving the many complex problems that are associated with developing an effective and efficient health care system for our future.

But communities can only contribute, sir, if they can come together and get to the table. That is really important for our people in particular. Sadly, Prime Minister and Premiers, almost 400,000 Aboriginal people across the country have not been able to participate directly in planning community-based services.

That leads me to the second very important point that you also made in your opening comments, and that was that the focus of health care should be on the patient and not on the jurisdiction. You are absolutely right and I am very happy to see that the provincial leaders here are indicating what I believe is a very clear willingness to put the needs of people over politics in order to get results. Premier Klein in particular spoke of a need to address other key issues regarding healthy living such as housing and employment and I support this fully.

On jurisdiction, today I am going to put the question to my counterparts at the other national organizations. I ask you: Are you willing to commit to putting matters of

our jurisdiction aside in order to ensure that we can all work together to give our children and our families and our communities the support that they need to become healthy, productive and true participating partners in a confederation? I believe doing so is key to our substantive progress as Aboriginal leaders.

Prime Minister, Premiers, the key to success in anything that we do is action and I fully hope and support, and at this point believe, that we are going to see some action in this process.

Thank you very much.

RT. HON. PAUL MARTIN (PMO Canada): Thank you.

I now call on President Clement Chartier.

MR. CLEMENT CHARTIER (PRESIDENT, MNC): Thank you, Mr. Prime Minister. A couple of responses.

Premier Doer, I think correctly, speaks about the need to deal with the issue of diabetes. I want to state that that is something that we would embrace as well. In the particular aspect we would like to of course emphasize that for our people our way of life has been severely disrupted, particularly with respect to living off wild game and bush food, and we are hoping that the Pawley decision will change that. I have already of course acknowledged the two Premiers that are taking a lead role in their respective provinces with respect to that.

Premier Klein wondered why I mentioned Alberta in terms of health care or health. Basically it is because of the leadership of the Province of Alberta.

HON. RALPH KLEIN: I thank you for that.

--- Laughter / Rires

MR. CLEMENT CHARTIER (PRESIDENT, MNC): Particularly with respect to the post-Pawley process, the multilateral process which Canada and the province of Alberta are co-chairing. It was in that context, simply that we would like to see this existing process which for us is the process that we see working expanded to include health as

part of this agenda and not simply hunting and fishing as a post-Pawley initiative. That was the proposition that I put forward.

Mr. Prime Minister, the Métis Nation fully embraces the health initiative that has been outlined by yourself. We want to become fundamentally engaged in a process with Health Ministers, as I mentioned, Ontario westward through the existing multilateral process which came into existence some 12 months ago through letters of exchange with the then federal interlocutor, the Honourable Ralph Goodale. We believe again it was a good step in the right direction.

Through this process, we feel we will be able to examine the concerns that we have, the conditions our people are faced with, the impediments that stand in our way, and we are hoping through that that ultimately, and not in the too distant future, that we will be able to arrive at solutions which will translate into meaningful services for the citizens of the Métis Nation.

Once again, our thanks for the invitation to this special meeting on health as it affects our people and we look forward to future meetings and invitations to those meetings.

Thank you very much.

RT. HON. PAUL MARTIN (PMO Canada): Thank you, Clem.

Jose?

MR. JOSE KUSUGAK (President, ITK): Thank you, Prime Minister.

--- Native language spoken / Langue autochtone parlée

I would like to thank the Prime Minister and First Ministers for sharing their views on Aboriginal health. We want processes that reflect our Arctic boundaries. For example, for Inuit, Labrador is not necessarily a Maritime province even though they are under their fine Premier Danny Williams. Labrador is an Arctic region.

Nunavik likewise, under their fine Premier, Jean Charest, is also, in the Inuit opinion, an Arctic region.

When it comes to deciding how federal health care dollars are spent, we would prefer to be sitting around the table with other Inuit from Arctic regions, as well as the federal people and officials from provinces and territories where Inuit reside.

I have said it before, and listening this morning we are getting through, but it is worth repeating that Inuit are not Indians. First Nations and Métis have their own challenges. I think even the back door is -- the question of representation is right there at times, but for Inuit we will meet with anybody who wants to deal with issues, important issues like this.

For Inuit-specific issues, need Inuit-specific solutions. Inuit are only 45,000 across Canada, but they also live in 53 remote communities across the Arctic covering a huge area of Canada.

But I would like to remind you around the table, and people who may be watching these proceedings on television, that we are also Canadians and we are full taxpayers. We have an expression that probably reflects our heritage which Premier Danny Williams quoted earlier, that Inuit are first Canadians, but we are also Canadians first.

I feel it a victory of sorts for Canada's Inuit to be part of this First Ministers' meeting. The federal government may choose to call it a special meeting, but we are at the table with the Prime Minister and the First Ministers, and if it looks and smells First Minister like the First Ministers, it is for us a First Ministers' meeting. As one of the first people of this great country, Canada, Aboriginal through this land, Inuit could be at future First Ministers' meeting. I think so.

Thank you, sir, and thank you ladies and gentlemen.

RT. HON. PAUL MARTIN (PMO Canada): Thank you very much, Jose.

For the final closing statement before I close, I call on the National Chief Phil Fontaine.

CHIEF PHIL FONTAINE (AFN): Prime Minister, Ministers, Premiers, on behalf of the people I represent, I want to thank all of you for the invitation to be part of this very important meeting.

We came here today with the goal of improving the health of First Nations. I believe we have taken an important first step to ensure that we can all enjoy good health. I am especially pleased with the recognition by the Prime Minister in the value of our ideas and the willingness the federal government to invest in those ideas.

As you all know, we were asked in May to present an action plan that could be considered by the Premiers. We developed a detailed, comprehensive plan. It has been in the hands of all of the governments, both levels of government. The commitment that we heard today is significant for us, as I said, because it is recognition of the integrity of the ideas outlined, the detailed ideas outlined in the plan.

So, I want to once again thank the Prime Minister for his vision.

I also want to express the fact that we are really encouraged that so many of the premiers present here agree that to be successful real solutions will require greater First Nations' control over our health programs and services. We are encouraged, as I said, by that expression.

We are also encouraged by the support that our call for a first ministers' meeting on Aboriginal issues, including health, has been supported by so many. It is our hope that at the conclusion of this first ministers' meeting that there will be in fact an invitation extend today all government leaders to participate in this important meeting that needs to be convened.

I want to take this opportunity as well to express particular thanks to Premier Campbell who back in November

2021 called for this first ministers' meeting. I want all to know that premier Campbell has been steadfast in his efforts to ensure that we are part of this process, this important process, and as well of course premier Handley for all of the good support that he has demonstrated to the interests and needs of our people. So, to all of you, once again on behalf of the First Nations I thank you for ensuring that we are part of your very important meeting.

Thank you.

Rt. Hon. Paul Martin: Thank you very much, Chief . French.

If this morning's meeting has been a success, it will ultimately be judged by the actions taken, it is certainly in part due to the openness of the governments around the table. But it is primarily due, and I would like to say this to the five Aboriginal leaders who are here at this table and through them to the Aboriginal leadership across the country, it is really due to your drive, to yourperseverance and I want to congratulate you all for that.

On the issue of the first ministers' meeting with the Aboriginal leadership, let me simply tell you, let me reiterate as I have to you, Chief, that the federal government is very much desirous of having such a meeting. As some of you may know, following the really unprecedented meeting that took place in this room in April 19th with the Canada-Aboriginal peoples round table we at that point committed to conducting a series of special specific policy round tables in partnership with the Aboriginal peoples and we have invited the Aboriginal experts, invited Aboriginal organizations, provincial and territorial governments, and private sector representatives to these meetings. And the areas that are identified for these are health, life long learning, economic opportunity, housing, accountability and negotiations. Now, in addition to this, we also said that we would provide a forum to review progress on the issues

and that we agreed to convene an Aboriginal policy retreat with members of the cabinet committee on Aboriginal affairs and myself and the Aboriginal leadership and possibly other partners and on that basis we will be writing if we haven't already written I think we already have writing to the premiers and to the territorial leaders inviting participation of their governments. I think this is important. I think we want to make sure that before we have the meeting you are calling for, chief, and that Gordon also called for is that we get this work done and we should get it done as quickly as possible because I think we are all anxious to have that meeting.

As far as today is concerned, there appears to be a broad agreement around the three major themes discussed an improved and seamless health care system integrated to the needs of Aboriginal people, measures that will assure that Aboriginal people benefit fully from the efforts of governments to improve the Canada health system, and as been said that there are clear targets set out in a governments held accountable and finally a forward-looking agenda of prevention, health profession and other upstream investments.

I would like to propose to the governments that we agree that first ministers will task their respective ministers of health to work with the Aboriginal leaders forthwith to develop a blueprint, red print, for action based on these major themes. We should ask them to draw what they know and report back as soon as possible. That is a plan that will set out concrete steps for moving ahead on solutions to improve health status and services -- great consensus is around here is enough talk and get some action.

On that basis I will be asking Minister Dosangh who is here with me along with Minister Scott and Bennet it take the lead for the government in organizing the process.

Minister Robillard will make sure that it happens.

We will do this in cooperation with the Aboriginal leaders and their colleagues from the provinces and territories.

French.

In the meantime, we have agreed that not only is early action required but that in fact we are all going to collaborate together to develop the specific details and the implementation of the new federal commitments that will address the very critical aspects of a longer-term plan, aboriginal health transition funds an Aboriginal health human resources initiative, and programs of health promotion and disease prevention focus and I think-- one should not take priorities but the focus on diabetes and the mention of diabetes is something that we would all share, suicide prevention, maternal and child health and early childhood development.

French.

I want to thank you all. This has been a very good meeting. We look forward to the bigger meeting as well as the intermediate meetings that will take place I think the directions we have identified today do provide us with the opportunity to really make something happen here.

Thank you all very much.

Now, if I just might before the prayer, I want to say to the -- those around the table that we will have -- it is now 10 after one. At 1:30 in this room, we will have the meeting with the press -- the press conference will take place in 20 minutes as soon as the prayers are over, and I would invite the elders now to close the meeting with a prayer.

Before we say the prairie would like to remind that you the baskets that were given to you as gift. There is medicine in there to help up spiritually, mentally and emotionally to take care of them, look after them and they will take care of you.

This morning, as I was listening back there and I was

thinking how the Creator put his master plan to bring us together and it is always right that we thank him for the day.

Thank you, Creator, for bringing us together today.

Thank you, Creator, for all that spoke for the well-being of all peoples' lives. Thank you, Creator, for all the voices heard, shall be the foundation of guidance and reminder of staying on the paths journey of all peoples' lives. Thank you, Creator, that this journey will be ongoing to meet the day of wellness of all peoples. Creator, give us the strength to continue this journey with trust, with honesty, with fairness, sharing and kindness of all love to each other on our journey. Thank you, Creator.

M'gwitch.

--- Upon recessing at 1310 / Suspension à 1310