TITLE:	Sustainability and Integration of First Nations Health
SUBJECT:	Health
MOVED BY:	Chief Perry Bellegarde, Little Black Bear First Nation, SK
SECONDED BY:	Chief Marianna Couchie, Nippissing First Nation, ON
DECISION:	Carried by consensus

WHEREAS:

A. Affirming the following articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP):

Article 19
"States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that affect them."

Article 21
1. "Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security."

Article 23
"Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions."

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Article 24

1. “Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.”

2. “Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.”

B. Resolution 04-2011 “Making First Nations Health a Priority’ directed the AFN to advocate for the recognition of First Nations ‘Inherent and Treaty Rights to Health, and the Crown’s fiduciary duty to First Nations. It also directed the AFN to work with the Government of Canada to create First Nations-specific approaches to First Nations health issues.

C. Urgent advocacy and attention is required by First Nations leadership to address First Nations health and social programs that are deteriorating at alarming rates. The First Nations Regional Longitudinal Health Survey (RHS) 2008-10 found that at least 2/3 of First Nations perceived no improvement or a worsening in all of the possible community challenges listed by the survey, noting that the top three community challenges were alcohol and drug abuse, housing and employment/job creation.

D. The National First Nations Health Technicians Network (NFNHTN) has identified “transfer sustainability” as a key priority following the release of the 2012 Federal Budget, which eliminated 40% of the AFN’s Health and Social Secretariat’s budget, and significantly impacted Provincial / Territorial Organization (PTO) budgets at various levels.

E. First Nations controlled, sustainable and integrated health systems that adopt a holistic and culturally appropriate approach are vital to achieving better health outcomes.

F. Jurisdictional gaps and inequities must be addressed through the engagement of tripartite stakeholders (federal, provincial, territorial and First Nations governments) for a collaborative First Nations-controlled health care system as referenced by the British Columbia (BC) process.

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Reaffirm Resolution 04-2011 and mandate the National Chief to make First Nations health a priority at all levels, and for all stakeholders.
2. Mandate the AFN to advocate and ensure the Government of Canada respects and meets it obligations to First Nations with regard to health and the 2004 Health Accord and its renewal in 2014; and further include a parallel commitment for a First Nations Health Transfer.
3. Mandate the AFN to explore overarching health issues, including examining the Indian health envelope, addressing address transfers and sustainability, an Indian health policy review and, legislative options.

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4. Direct the AFN to assist in addressing jurisdictional gaps and inequities through engaging tripartite stakeholders (federal, provincial, territorial and First Nation governments) for a collaborative First Nations-controlled health care system, as referenced by the BC process, including concepts of sustainability and integration at the center.
5. Direct the AFN to continue advocating for and implementing the AFN Chiefs Leadership Action Plan on Health after the confirmation of support provided at the 2011 AFN Health Forum.

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