

## First Nations' health care "inferior," hears federal committee

A teenager with a broken leg who screamed in pain for hours. Asthmatic children left struggling to breathe because of drug shortages. These are among the casualties of the "inferior" health care in First Nations' communities, according to Dr. Michael Kirlew, a family physician in the Northwestern Ontario community of Sioux Lookout.

"First Nations' individuals who live on reserve receive a standard of health care that's far inferior to what other people get," Kirlew told Parliament's Standing Committee on Aboriginal Affairs and Northern Development on April 14. "Not just a little inferior, far inferior."

For the past 10 years, Kirlew has flown in to treat patients at the federal nursing station in Wakepeka, a First Nations' community about 550 kilometres north of Sioux Lookout.

The Sioux Lookout health region has

experienced waves of suicides, accidental deaths and elevated rates of disease, including rheumatic fever and hepatitis C, for decades. The crisis prompted Kirelew and 19 other doctors working there to [write a letter](#) to *The Globe and Mail* supporting the Nishnawbe Aski Nation's declaration of a public health emergency in February.

"Nursing stations often run out of basic medications and supplies for weeks on end, despite repeated requests," Kirelew and the other doctors wrote. "Crucial equipment such as defibrillators or X-ray machines are often outdated or broken, and the nursing station infrastructure is woefully inadequate."

Doctors who visit and nurses who are stationed in isolated Northern Ontario communities treat patients as best they can with the available drugs and equipment. Often, however, they rely on stabilizing and then evacuat-

ing patients to hospitals south of the communities. The wait for medevac flights is often excruciating, as Kirelew described for the parliamentarians.

"Imagine a young person who breaks their leg. They come to the clinic and their leg is on a virtual right angle. And you do not have adequate supplies of the pain medication that they need," Kirelew said.

"It takes nine-and-a-half hours for that medevac to come in. And that entire time, because that supply of morphine is not there in sufficient quantities, you hear that person screaming. The entire time. That is the reality."

The doctor also described running out of both salbutamol (Ventolin), a common medication used to treat asthma, and oxygen, forcing the use of a rationing technique that left children gasping for air during asthma attacks. (Ventolin was in short supply across all



Chris Wattle/Reuters

A vigil in Attiwapiskat, one of many First Nations' communities struggling with a suicide crisis and other health care problems.

of Canada earlier this year, and some generic versions of the drug were also scarce.)

Kirlew appeared alongside several Nishnawbe Aski Nation chiefs before the standing committee. Members were also hearing evidence related to an emergency debate held by the House of Commons two days prior, into the string of attempted suicides and an aborted suicide pact in Attawapiskat, a fly-in community on the west coast of James Bay.

The suicide crisis triggered NDP Member of Parliament Charlie Angus, vice-chair of the committee, to push for the debate. The all-party discussion focused attention not only on Attawapiskat but on other First Nations and Inuit communities struggling with the devastating consequences of hundreds of suicides.

Since 1986, there have been 509 suicides in Nishnawbe Aski Nation's 49 communities, according to the First Nations' political organization. Nearly 200 of those deaths were among young people aged 15–20; 70 were children aged 10–14.

The same conditions in First Nations' communities that put pressure on the health care system are linked to the suicides, the chiefs testified. They called on the federal government to address the social determinants of health, from the lack of potable water to overcrowded housing and inadequate mental health services.

The Nishnawbe Aski Nation is asking the federal government to work with First Nations to establish an emergency task force to address the suicides. The chiefs also pointed to the

[Auditor General's report](#) from last year, which recommended that Health Canada work with First Nations to ensure their residents have comparable access to care and services as other provincial residents in similar geographic locations.

On the same day last spring that he flew to Ottawa to receive that report, Grand Chief Alvin Fiddler received word from another chief in his territory about the suicide of a 10-year-old boy.

"This report, for the most part, has been sitting on a shelf somewhere," Fiddler told the standing committee. "For me, when you are aware that something bad is happening and you do nothing ... that's just negligence."  
— Laura Eggertson, Ottawa, Ont.

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