



The Facts on First Nations Health Services

Q. What do First Nations, military personnel and veterans, Mounties, and Members of Parliament all have in common?

A. They are all entitled to receive health services directly from the federal government. Health Canada is the fifth largest provider of health services to approximately 990,000 Canadians. The total annual budget is approximately **\$4 billion**.

Q. How much is spent on First Nations?

A. Less than half the total budget. The First Nations and Inuit Health Branch (FNIHB) of Health Canada has an annual budget of **\$1.8 billion**, which serves approximately 700,000 First Nations clients and 40,000 Inuit clients.

Q. Is this enough funding for First Nations?

A. No. Health services have been chronically under-funded for the past decade. Over the next five years, the Assembly of First Nations forecasts the need for an 11.3% annual growth in the budget to accommodate needs, without which a shortfall of approximately **\$2.85 billion is anticipated**. This amount includes the September 2004 commitment of \$700 million.

- The First Nations share of the \$700 million is estimated at 89 per cent; the November 2005 First Ministers Meeting commitment of \$870 million share is estimated at 95 per cent. The 2005 federal Budget included a total of approximately \$269 million in FNIHB funding claw-backs to the fiscal year 2009-10.

Q. How was this \$2.85 billion figure calculated?

A. It is based on the projected needs of First Nations citizens. It has been estimated that the increase to the FNIHB budget must be 11.3% annually if health services are to meet the needs of First Nations. Provinces currently receive a 6 per cent growth rate. However, the First Nations population is growing twice as fast as the Canadian population. There are currently 130,000 First Nations children under the age of 9. As of April 1, 2006, budget growth will be limited to a funding cap at a growth rate of 3 per cent per year, an 8.3% difference from what AFN estimates is needed.



- **The five year breakdown is: \$85.9 million for 2006-7; \$221.2 million for 2007-8; \$331.3 million for 2008-9; \$512.4 million for 2009-10; \$708.5 million for 2010-11.**
- **If we include the November 2005 FMM commitment of \$870 million in new funding for stabilizing the First Nations and Inuit health system, then the funding shortfall would still amount to **\$1.86 billion**.**

Q. Are First Nations clients well-served by FNIHB?

A. No. There are literally thousands of cases each year where children, adults and elders are denied basic health services that most Canadians take for granted. Unlike the Armed Forces Ombudsman, who deals with medical complaints, First Nations have no one to make an official appeal. As a result, many suffer in silence.

- **The AFN has just produced a Non-Insured Health Benefits (NIHB) Handbook which lists the services that First Nations are entitled to receive. This includes prescription drugs, medical transportation, dental care, vision care, medical supplies and equipment, medical transportation, and crisis intervention counseling.**
- **This Handbook also urges clients to appeal directly to FNIHB if services are denied.**

The AFN has many documented cases of people who have been denied basic health services. For example:

A member of the Kawacatoose First Nation in Saskatchewan, had to pull his own tooth. He told the AFN last year: “It has gone from a bad system to a worse system and this is an issue for many in this region . . . waiting a month for dental approval is ridiculous and having the dentist send approval by mail is even more preposterous.”

A member of the Matawa First Nation, in Ontario, was initially denied cataract eye surgery last year. NIHB allowed the surgery only after AFN directly appealed her case. But she now has a \$700 medical bill that NIHB had not yet reimbursed as of March, 2006.

Last year, a 10-year-old member of the Siksika First Nation, in Alberta, was denied funding for a life-saving drug, Aldurazyme, because both the federal and provincial governments thought the other should pay for it. After much lobbying efforts, Alberta is currently funding the drug treatments until First Nations are included with the rest of Canadians on the Catastrophic Drug Plan.

In 2003, a 10-year-old boy from Kasabonika First Nation fractured his arm while on vacation in Thunder Bay. A doctor who treated him made a referral for a follow-up. The boy and his mother then went to Sioux Lookout but NIHB denied travel for the client and escort because the incident happened during vacation.

