

# Summer 2024 HEALTH SECTOR NEWSLETTER



## HIGHLIGHTS

- [First Nations Wellness Conference 2024](#)
- [Health Human Resource Strategy Update](#)
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- [Jordan's Principal Updates](#)
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# From the Health Director

## *She:kon/Greetings!*

This edition of the Chiefs of Ontario Health newsletter comes a little later than we would have liked but we were quite busy over the spring and summer months.

First of all, I'd like to thank everyone who joined us for the First Nations Community Wellness Conference back in March.

With over 750 participants, it was the largest event that we have put on to date and I'd like to take a minute to thank absolutely EVERYONE who was a part of it.

The COO Health team is adjusting after some staffing changes within the sector. After 30+ years with the COO Health Sector, the lovely Alice Longboat has decided that she is ready for retirement and the next chapter of her life.

On June 28, 2024, Alice completed her last day with the Chiefs of Ontario. Her time with COO was celebrated at our annual staff picnic in July and we wish her joy with everything her next chapter brings.



— HAPPY —  
*Retirement*

Not even 3 weeks later, on August 16, we also said goodbye to Bernadette DeGonzague, who has also retired after 16 years with COO. Bernadette had worked on various files including mental health, health promotions, research projects, and collaborations with the Ontario First Nations Young Peoples Council (OFNYPC) on health-related files.

We wish Bernadette nothing but creativity and laughter in her next chapter.

I'd like to thank both of these ladies for all their hard work over the years and for their dedication to working towards improving the lives of First Nations people in Ontario.



Nia:wen/Thank You,

*Tobi Mitchell*

Director of Health



HEALTH SECTOR RETREAT 2024

# Save the Date

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**November 2024**



## **FALL CHIEFS ASSEMBLY**

The Chiefs of Ontario will host the Fall Chiefs Assembly in Thunder Bay, ON on November 19-21, 2024.

*More details coming soon!*



## **NOVEMBER 2024**

Joint Steering Review Steering Committee meeting with AFN/NIHB

*More details coming soon!*

# First Nations Community Wellness Conference

MARCH 19-21, 2024 - TORONTO, ON

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From March 19-21, 2024, the Chiefs of Ontario hosted the inaugural First Nations Community Wellness Conference, and with over 750 participants who joined us in Toronto, it was the largest event we have put on to date.

The theme of the conference was “Making the shift to intergenerational healing: Building the bundle to create wellness for ourselves, our communities and the generations to come, across all aspects of First Nations life”. We took a cross-sectoral approach to engage the many voices, experiences and perspectives that contribute to creating and maintaining wellness in our communities.

Over the 3-day conference, we hosted over 30 workshops and several guest speakers. During the evening of March 20, guests were invited to sign up for one of the evening activities which included: pow-wow dancing and singing, beading, basket weaving, painting and language games.

The conference was well received by all, and we would like to thank all the staff, presenters and attendees who made the inaugural First Nations Community Wellness Conference a success!





# First Nations Wellness Conference

MARCH 19-21,

TORONTO, ON



## 2024 First Nations Wellness Conference

# Health Sector Retreat 2024

JULY 29 - AUG. 2, 2024 - AKWESASNE, ON

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This year the COO Health Sector did our annual staff retreat at the Thompson Island Cultural Camp, which is located on the St. Lawrence River in Akwesasne Mohawk Territory.

We were boated over to the island from Summerstown, Ontario, and spent our week on the island. While there, we worked on presentation skills, creative problem solving, and learned about wampum belts and the importance of storytelling. We also got to make our own black-ash baskets and tried some of the local food, including various flavours of cornbread from a local community member.

We were also given a tour of the community from the water and checked out some local swimming holes. During downtime staff were able to swim, kayak, fish – as well as going out at night to set some night lines in our attempt to catch a sturgeon.

The staff at Akwesasne treated us to some great boat rides, loads of local knowledge, as well as delicious food!



# Health Sector Retreat 2024



Staff worked together on developing presentation skills, and creative problem solving.



Health staff had the opportunity to learn about the waters surrounding Thompson Island, they learned how to set gill nets and even caught a few fish which were later smoked and enjoyed by all.



# Health Sector Retreat 2024

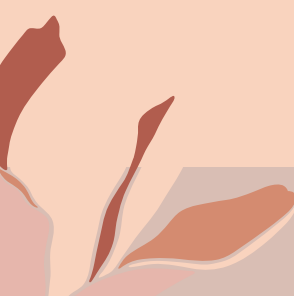


Staff had the opportunity to learn the art of basket weaving from Akwesasne black ash basket maker, Carrie Hill.



Staff learned how to loom and had the opportunity to learn about Haudenosaunee Wampum Belts from Allen Smoke of Akwesasne. Allen shared his vast knowledge and history of the belts, from their origin stories to how they are still used today. Niawenko:wa/Thank you Allen Smoke for sharing your knowledge with our team.

Staff were treated to a pontoon ride and tour of the islands surrounding the Akwesasne community from Mohawk Journeys, Akwesasne owned and operated tour boats. Staff were also able to take a nice swim in the St. Lawrence River.



# Health Human Resource Strategy

It has been a very successful and busy five months for the COO Health Human Resources (HHR) Strategy. To refresh on the multi-sectoral (Health, Education, Youth/Knowledge Keepers, Social, and Economic Development) project, the HHR Task Force agreed to focus the HHR Strategy & Toolkit on the recruitment, training, hiring, and retention of workers in the Public Health Sectors in community and/or those residing off-reserve accessing services through Indigenous Services Canada outside of the communities and/or in community. To gain the necessary feedback from the communities, there were community-based, sector-specific surveys completed via email or in-person at various forums and conferences over the fall and winter which provided a total of over 450 surveys completed from all levels, sectors, and regions across the province for the data we required.

After the raw data from the surveys was gathered, we found that some common themes had begun to emerge. The Task Force selected the top 10 themes and invited over 60 individuals to attend a pre-meeting prior to the March 2024 Wellness Conference. In the end, a total of 12 individuals attended to expand on the highlighted issues and to provide some pro-active solutions to focus on for the HHR Strategy and Toolkit.



The Project Lead, Frances Pine, had also included some of the background reports previously completed by COO, Health Canada, and Assembly of First Nations (AFN) regarding HHR Strategies to assist with what has happened in the past and/or currently across the country with the Health Canada and AFN HHR Strategies completed in 2023-2024.

After identifying the main 10 themes, along with some solutions and additional issues through the background reports, strategies, and the pre-meeting on March 18, 2024, the Task Force decided that one more in-person session was necessary. This session would involve the same group and additional participants to provide further guidance. On June 26, a group of 12 individuals met with the Task Force to assist with the HHR Strategy after 55 invites were sent out. After assessing the attendees and discussing with some invitees who had to decline for various reasons, it was agreed to hold four additional final working sessions across the northern communities, as well as an additional virtual session for those who prefer that option. The invites have been sent out to those who expressed interest and to individuals flagged by the Task Force to attend.



The final sessions we're held as follows:

- **Wednesday, August 14 in Sault Ste Marie**
- **Thursday, August 15 via Zoom**
- **Tuesday, August 20 in Thunder Bay**

Once the information has been gathered, the Project Lead will work with the Task Force at their monthly meetings on compiling the information into a Resolution for the HHR Strategy for the 2024 Fall Chiefs Assembly in Thunder Bay.

Along with the Draft Resolution, a Toolkit will be provided that includes the multi-volume report for communities to have easy access to utilize all the data and reports needed for implementation of the HHR Strategy in their communities and/or access of data for their own purposes.

***If you have any questions regarding the HHR Strategy, please feel free to contact the Project Lead, Frances Pine at [frances.pine@coo.org](mailto:frances.pine@coo.org) or via cell mobile at 416-200-0299.***

# Coming in 2025

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The Chiefs of Ontario will be hosting a forum in early 2025 to discuss mental wellness, substance use, and strategies to address current toxic drug and mental health crises across First Nations communities in Ontario.

This will be an opportunity for First Nations Leadership, delegates and community members to collaborate with front line workers, policymakers, and researchers, among others, and discuss strategies to address and overcome challenges while leveraging the strengths and opportunities within First Nations communities. As well, it will be an opportunity to highlight and share programs, services and resources that exist for frontline/mental wellness workers, community members, Youth, Elders, and 2SLGBTQ+ individuals, all aimed at improving mental health and wellness for First Nations communities.

Planning of this event is in the early stages. We are open to external feedback and guidance to ensure that the gathering reflects the priorities of First Nations as they relate to mental wellness, substance use and the toxic drug crisis in Ontario.

Stay tuned for further information.

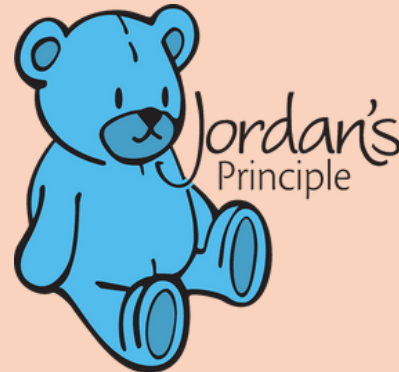
# Jordan's Principle Updates

## *New Call Tree System And General Inbox Emails*

Recently, Indigenous Services Canada - Ontario Region has implemented a new call tree system for Jordan's Principle. The intent of the new call tree system is meant to better support individuals and direct them to where they need assistance under Jordan's Principle.

If an individual calls the National Call Centre, 1-855-JP-CHILD (1-855-572-4453), there is an additional option to connect with the Indigenous Services Canada's Ontario Regional Focal Point office for Jordan's Principle from the following options:

- 1.Ontario Region
- 2.Northern Region
- 3.Manitoba Region
- 4.Alberta Region
- 5.Saskatchewan Region
- 6.British Columbia Region
- 7.Atlantic Region
- 8.Quebec Region



If an individual calls directly to Ontario Region Focal Point phone number, **613-618-1833/1-833-442-2429**, they'll have the option to connect directly with the different Focal Point teams for Ontario Region:

- 1.Individual Requests
- 2.Group Requests
- 3.Financial related inquiries
- 4.Medical Transportation Requests
- 5.Appeals, Escalations, Case Management.

In the case of calling Ontario Regional Focal Point office, individuals can connect with the Individual Requests team to seek status updates on their Jordan's Principle request. Individuals can also ask the Individual Request team to escalate their request to "Urgent", when the child's current health and safety is a concern. Escalating a request to be "urgent" can also be done on the National Call Centre line.

The National Call Centre is open 24 hours a day, 7 days a week. The Ontario Focal Point phone line is available from 8:00 am to 4:00 pm Eastern Time, Monday to Friday.

The Ontario Region Jordan's Principle Focal Points teams can also be reached via email through the general inboxes:

### **General Inquiries and Individual Requests**

[jordansprincipleon-principedejordan@sac-isc.gc.ca](mailto:jordansprincipleon-principedejordan@sac-isc.gc.ca)

### **Finance-Related Inquiries, Invoices, Receipts**

[principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca](mailto:principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca)

### **Medical Transportation Team**

[onprincipedejordantm-onjordansprinciplemt@sac-isc.gc.ca](mailto:onprincipedejordantm-onjordansprinciplemt@sac-isc.gc.ca)

### **Appeals, Escalations and Case Management Team**

[onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca](mailto:onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca)

### **Group and Choose Life Team**

[groupequest-jordansprincipleon-principedejordandemandededegroupe@sac-isc.gc.ca](mailto:groupequest-jordansprincipleon-principedejordandemandededegroupe@sac-isc.gc.ca)

*If you have any questions regarding Jordan's Principle, please free to contact Emily King, NIHB Navigator/Jordan's Principle Liaison at [emily.king@coo.org](mailto:emily.king@coo.org) or Zachariah General, Associate Health Director at [Zachariah.general@coo.org](mailto:Zachariah.general@coo.org)*

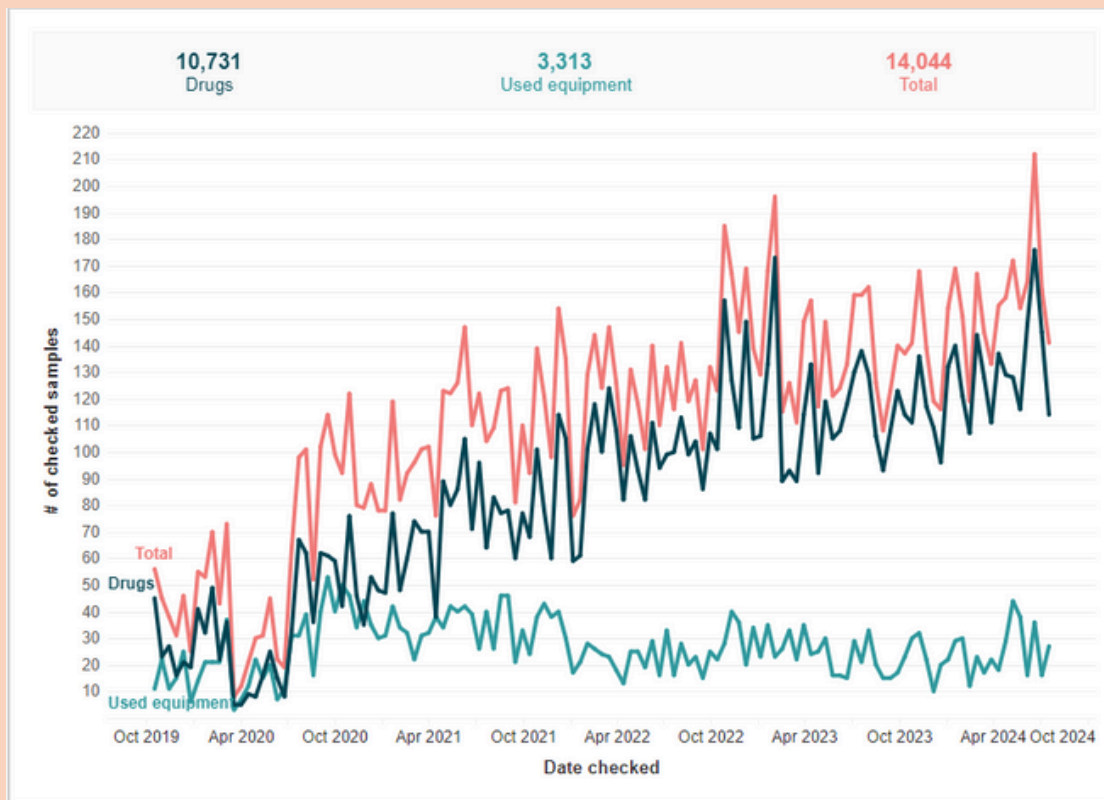


# Public Health Updates

## Toronto's Drug Checking Service

[Toronto's Drug Checking Service](#) is a public health service that aims to reduce the harms associated with substance use and, specifically, to prevent overdose by offering people who use drugs timely and detailed information on the contents of their drugs. Beyond educating individual service users, results for all samples are combined, analyzed, and publicly disseminated every other week to communicate drug market trends and inform care for people who use drugs, advocacy, policy, and research. [Sign up](#) to receive reports, alerts, and other information on Toronto's unregulated drug supply.

Two types of samples are accepted by this drug checking service: drugs and used equipment. This graph shows how many samples have been checked since the launch of Toronto's Drug Checking Service – in total and by sample type.



<https://drugchecking.community>



# Primary Care and Public Health Alert



Indigenous Services Canada Services aux Autochtones Canada

## **Important Primary Care and Public Health Alert: Blastomycosis**

**To:** All Community Health Nurses (CHNs) in Ontario Region Nursing Stations, Health Centres, and Health Centres without Treatment  
**From:** Dr. Jo Ann Majerovich, Regional Medical Officer (RMO), Health Protection Unit and Shirley Bourdouleix, Director, Primary Health Care  
**Re:** Blastomycosis  
**Date:** August 12, 2024

**Purpose:** **To prevent blastomycosis deaths through early diagnosis and treatment; there have been 18 deaths from blastomycosis in First Nations communities in Ontario Region since 2018**

### **Summary of practice implications for CHNs:**

- Increased diagnostic suspicion for blastomycosis, especially with respiratory infections not responding to antibiotics
- When consulting with a physician or nurse practitioner, especially with respiratory infections not responding to antibiotics, inform them about the possibility of blastomycosis and request an order for a sputum for fungal culture and a chest x-ray; they may also decide to order additional testing
- Consider joint community outreach with the environmental public health officer (EPHO) to raise awareness of blastomycosis and the importance of seeking care early; infographics are available for use on social media sites at OneHealth: [Ontario Communications Portal](#)
- Completion of the detailed case follow-up questionnaire is only required when a cluster of disease is suspected, as directed by the RMO

### **Background information**

#### What is it?

Blastomycosis is an infection caused by breathing in spores of the soil fungus, *Blastomyces*. It usually begins as a lung infection. Mild blastomycosis can often be treated at home, however, if left untreated, the infection can become more severe, require hospitalization, and may cause death. Severe infections are often the result of late presentation or late diagnosis due to a lack of awareness among the public and health care practitioners, respectively.

#### Where is it found?

The fungus causing blastomycosis is found across Ontario, with the highest rate of infection in the north. It can grow in moist soil or damp and rotting organic matter like wood or leaves. It is often found close to bodies of water, particularly in Northwestern Ontario, around the shores of the Great Lakes and along the St. Lawrence Seaway.

#### Epidemiology in Ontario Region

Since 2018, over 99 cases of blastomycosis have been reported in First Nation communities in Ontario as of August 12, 2024. These cases have been spread among 32 First Nations. There have been 18 deaths from blastomycosis in First Nations communities in Ontario Region since 2018.

## Clinical aspects

Blastomycosis primarily affects the lungs but can become a systemic infection with extra-pulmonary manifestations, such as cutaneous disease. Clinical presentation may include:

- cough
- difficulty breathing
- chest pain
- fever
- night sweats
- weight loss
- myalgia
- arthralgia
- fatigue

The incubation period ranges between 21-106 days, with a median of 43 days. Although most hospitalizations due to blastomycosis are seen in the late fall, suggesting people were exposed to *Blastomyces* in the spring or summer, it can be diagnosed any time of the year. About half the individuals exposed to the fungus will be asymptomatic and recover on their own.

## Transmission

Blastomycosis is an infection caused by breathing in fungal spores in the environment. Blastomycosis is not spread person-to-person or from dogs to people.

## Public health measures

Because *Blastomyces* is a natural part of the environment, it cannot be eliminated. Soil testing is not recommended because it is unreliable; the organism is near impossible to detect in environmental samples. Once endemic areas are identified through reporting and surveillance, strategies to improve awareness among residents and health care providers can be put into place to allow early recognition of possible blastomycosis infection and prompt treatment.

## Personal Prevention Measures

The effectiveness of personal measures, such as masks, to prevent breathing in fungal spores is not known. However, in areas where *Blastomyces* is known to be present, the risk of infection may be reduced by not disturbing or digging up soil. This may be especially important for individuals who have medical conditions or on medicines that weaken their immune system.

## Useful Links

**Public Health Ontario presentation for health care providers, including clinical presentation and treatment - [Blastomycosis in Ontario: Public Health and Clinical Considerations](#)**

**Ontario Public Health Standards - [Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information Disease: Blastomycosis](#)**



Dr. Jo Ann Majerovich  
Regional Medical Officer  
Health Protection Unit



Shirley Bourdouleix  
Director  
Primary Health Care

# Update

First Nations Child &  
Family Caring Society

July 3, 2024



## The Caring Society's Non-Compliance Motion v. Canada on Jordan's Principle

On December 12, 2023, the Caring Society filed a non-compliance motion with the Canadian Human Rights Tribunal (the Tribunal) regarding Canada's chronic and wilful failure to adhere to the Tribunal's orders on Jordan's Principle. Canada opposes the Caring Society's motion, and the Assembly of First Nations (AFN) opposes most of the Caring Society's requested orders. As interested parties, the Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN) are not taking a position on the motion. The Canadian Human Rights Commission (the Commission) broadly supports the motion.

On June 3, the First Nations Leadership Council (FNLC) filed a motion to intervene in the Caring Society's non-compliance motion and Canada's cross-motion. On July 2, the Tribunal granted the FNLC Interested Party status with participation limited to the Caring Society's non-compliance motion and Canada's cross-motion.

A hearing on the non-compliance motion and cross-motion may take place in August 2024, after which the Tribunal could issue a non-compliance order against Canada with specific measures to address the non-compliance.

The Caring Society has taken a solutions-oriented approach on this non-compliance motion, provided constructive recommendations for Canada to remedy its longstanding non-compliance with Jordan's Principle, and invited Canada to provide its own solutions to meet or beat those the Caring Society has put forward. In doing so, the Caring Society's hope is that the best solutions will be implemented following this motion, because First Nations children deserve nothing less.

This information sheet contains general information about the Caring Society's non-compliance motion and is ***not legal advice***. Consult with your legal counsel to seek advice and guidance about your own needs and circumstances.

### Key Questions:

What concerns did the Caring Society raise in the December 2023 non-compliance motion?

In its [December 12, 2023, non-compliance motion](#), the Caring Society identified the following concerns regarding Canada's wilful:

- Narrowing of the Tribunal's orders by imposing additional eligibility criteria and request processing criteria;
- Ineffective methods for receiving and processing Jordan's Principle requests by phone or other formats;
- Chronic failure to adhere to the Tribunal's timelines for determining requests including in urgent cases;
- Failure to adhere to reasonable timeframes to fund approved requests;
- Failure to adopt sufficient accountability measures to ensure that the Tribunal's orders are upheld; and
- Attempting to shield itself from non-compliance by relying on the *Financial Administration Act* and other administrative measures.

What relief is the Caring Society seeking?

Please note that the below is a non-exhaustive summary of the orders the Caring Society seeks on the non-compliance motion. To get a complete picture of the Caring Society's legal arguments and requested orders, please consult its [December 12, 2023 notice of motion](#), [April 19, 2024 factum](#) and [June 7 reply factum](#). To get a complete picture of the Caring Society's evidence, please consult the Caring Society's [January 12, 2024 affidavits](#) and [March 27, 2024 reply affidavits](#).

### **Orders sought by the Caring Society:**

The Caring Society has requested orders related to urgency;

timeliness in determinations, reimbursements/payments, and backlogged requests; and accountability measures.

The Caring Society has requested an order that Canada will immediately include requests from First Nations children experiencing (or reasonably anticipated to experience) the death of a caregiver, biological parent, or sibling and requests from children impacted by a state of emergency in its definition of "urgent requests". The Caring Society has also requested an order to ensure that Canada revises the National Call Centre calling tree (and other contact mechanisms) to ensure that requestors can easily indicate that their request is or has become urgent and that the contact mechanisms are sufficiently staffed with employees who have authority to review and determine urgent requests during and after business hours. The Caring Society is also seeking an order that Canada appoint sufficient staff in each ISC region and nationally who are responsible for managing urgent requests to ensure that the determinations are made in a manner consistent with the Tribunal's orders.

The Caring Society has requested an order that Canada will contact all requestors in the backlog and urge all requestors with urgent or time-sensitive requests, including those requests that have become urgent over time, to contact specific personnel who will determine the requests. The Caring Society has also requested an order that Canada will triage all backlogged requests for urgency and report back to the Tribunal with timelines for when the backlogged requests will be determined.

In terms of reimbursements and payments, the Caring Society has requested an order that Canada report to the Tribunal about whether it will adopt and adhere to a 15-calendar day payment standard for service providers and a 5-calendar day payment standard for reimbursements to children and families. The Caring Society has also requested an order that Canada will report back to the Tribunal with practical solutions to address payment delays, including methods for emergency payments, an automated process that presumptively approves all requests under \$500 with a recommendation from a professional or supporting letter from an Elder/Knowledge Keeper, expansion of the use of acquisition cards, and payment of any interest accrued by families and service providers who have had to take out additional loans due to Canada's payment delays.

The Caring Society has requested an order that Canada will confirm to the Tribunal that all First Nations and First Nations organizations who have taken on the delivery of Jordan's Principle have sufficient and sustainable resources, including funding, to do so. Finally, the Caring Society has requested an

order that Canada will establish a credible, effective, and independent Jordan's Principle complaints mechanism with authority to approve urgent cases and publicly report on ISC's compliance.

### What relief is Canada seeking?

Canada opposes the Caring Society's non-compliance motion. Canada filed its notice of cross-motion on March 15, 2024, and sought several orders (a non-exhaustive summary of which is below). For a full sense of Canada's evidence on the Caring Society's motion and its own cross-motion, please consult [Canada's March 15, 2024 affidavits and notice of cross-motion](#).

Below is a summary of the orders sought by Canada, including an order to dismiss the non-compliance motion. For more information on the orders Canada is seeking from the Tribunal, please consult [Canada's May 24, 2024 factum](#).

#### **Orders sought by Canada:**

Canada has requested orders related to urgency, timelines, and the ability to refer requestors to existing services.

Specifically, Canada is seeking an order for the parties to co-develop objective criteria to identify urgent requests, as well as an order extending the determination timeframes ordered by the Tribunal in 2017 CHRT 14 and 2017 CHRT 35 (Amendment).

Canada has requested an order that it may refer requestors to First Nations or First Nations community organizations administering Jordan's Principle when ISC is the government of first contact (and that where a request is urgent, Canada will consider whether referring the requestor will enable faster access to the requested product, service, or support). Canada also requested an order that any First Nations or community organizations administering Jordan's Principle via a contribution agreement with ISC not be bound by the procedural terms of the Tribunal's orders on Jordan's Principle that are directed at Canada.

Further, Canada suggests that ISC, the AFN, COO, NAN, and the Caring Society seek to resolve the issues raised in the non-compliance motion through Tribunal-assisted mediation and submits that the Tribunal should dismiss the Caring Society's non-compliance motion and grant the relief sought in Canada's cross-motion.

### What position has the AFN taken?

The AFN has opposed most of the relief sought on the Caring

Society's non-compliance motion. The AFN acknowledges issues related to Canada's compliance with the Tribunal's mandated timelines for urgent requests, families having difficulties reaching ISC officials, backlogs in intake and determinations, and delayed payments to service providers and requestors. However, the AFN also attributes many of the issues to Canada's adoption of the Back-to-Basics policy and asserts that many of the concerns identified in the non-compliance motion are the subject of ongoing negotiations related to the long-term reform of Jordan's Principle. With this in mind, the AFN is of the view that the Caring Society has chosen to "circumvent existing processes in favour of pathways that it views as more favourable to its ends". For a full sense of the AFN's positions, consult its [May 17, 2024 factum](#). You can also get a sense of the AFN's evidence by reading the [AFN's March 22, 2024 affidavit](#).

#### **Orders sought by the AFN:**

The AFN has requested orders related to reimbursement and urgency. Specifically, the AFN has requested an order in relation to the reimbursement of service providers and individual requestors, subject to further detail that will be provided in future submissions. The AFN has also requested an order in which the Tribunal clarifies its previous Orders on the determination of urgent requests.

The AFN has requested that the Tribunal ensure that any relief ordered in the non-compliance motion proceedings be interim in nature, subject to a final settlement agreement or an expiry date of March 31, 2025. Finally, the AFN has requested that all relief sought by the Caring Society be dismissed.

What positions have COO, NAN, and the Commission taken?

#### **COO's positions:**

In its [May 10, 2024 letter submissions](#), COO indicated that they will not take a position on the Caring Society's non-compliance motion.

#### **NAN's positions:**

NAN has indicated that they will not take a position on the Caring Society's non-compliance motion.

#### **Canadian Human Rights Commission's positions:**

In its [May 10, 2024 factum](#), the Commission indicated it broadly supports the Caring Society's non-compliance motion.

What about the First Nations Leadership Council's request to intervene?

On June 3, 2024, the First Nations Leadership Council comprised of the Union of British Columbia Indian Chiefs, the First Nations Summit and the BC Assembly of First Nations, filed a [motion for an order granting it interested party status](#). The FNLC motion to intervene is specifically limited to the Caring Society's December 12, 2023 non-compliance motion and Canada's March 15, 2024 cross-motion.

The Caring Society filed letter submissions in support of the FNLC's motion for interested party status. The AFN, COO and NAN have taken no position on the FNLC's motion (subject to certain conditions). The Commission also filed letter submissions in support of the motion. Canada does not oppose granting interested party status to the FNLC on certain terms. On June 26, FNLC filed their reply, with the Tribunal [granted the FNLC Interested Party status](#) with participation limited to the Caring Society's non-compliance motion and Canada's cross-motion on July 2.

What are the key dates and submissions?

As a result of the [AFN's April 5, 2024 request to amend the schedule](#), the Tribunal directed a revised schedule. Furthermore, following the FNLC's request to intervene, the Tribunal paused the schedule on June 12, 2024 until it has ruled on the interested party status motion.

- December 12, 2023: [Caring Society's non-compliance motion](#)
- January 12, 2024: [Caring Society's affidavits](#)
- March 15, 2024: [Canada's cross-motion and affidavits](#)
- March 27, 2024: [Caring Society's reply affidavits](#)
- April 2-3, 2024: Cross-examination of two senior ISC officials
- April 12, 2024: [Canada's response to requests for information](#)
- April 19, 2024: [Caring Society's factum](#)
- May 10, 2024: [Commission's factum](#); NAN and [COO reply](#)
- May 17, 2024: [AFN's factum](#)
- May 24, 2024: [Canada's factum](#)

- June 7, 2024: [Caring Society's reply factum](#)
- June 28, 2024: Caring Society/AFN/Commission/COO/NAN response to Canada's cross-motion factum (paused)
- July 19, 2024: Canada reply factum (paused)

The Tribunal has indicated that a hearing will take place no later than August 2024, but the schedule has been put on hold pending the Tribunal's ruling on the FNLC's motion.

Once any documents are publicly available, they will be posted to [fnwitness.ca](http://fnwitness.ca).

### Who is responsible for administering the Tribunal's orders on Jordan's Principle?

The Government of Canada is legally obligated to implement Jordan's Principle in compliance with the Tribunal's orders. The Tribunal has ordered that Jordan's Principle must be implemented based on the principles of substantive equality, culturally appropriate service provision, the child's needs and best interests, and must take distinct community circumstances into account.

Some First Nations are also working to ensure that their citizens have access to Jordan's Principle. This is a positive step but does not absolve Canada from its ultimate legal responsibility to ensure Jordan's Principle is being implemented in a manner consistent with the Tribunal's orders.

### What is a non-compliance order?

A non-compliance order is a legal order issued by the Tribunal with specific measures to ensure that Canada follows its existing legal orders. In 2016, the Tribunal ordered Canada to immediately stop the discrimination at the level of the FNCFS Program and Jordan's Principle and prevent it from recurring. Canada did not immediately do so. As a result, the Tribunal has issued more than 28 subsequent orders, many of them non-compliance orders.

### What happens if a non-compliance order is issued?

If the Tribunal determines that a non-compliance order is warranted, Canada will be ordered to provide immediate relief in the area(s) captured by the Tribunal's non-compliance order. Non-compliance orders are legally binding and set out specific measures Canada must take to comply with the Tribunal's orders

and often include mandatory reporting to the Tribunal. For example, Canada could be ordered to take certain measures to address the significant backlogs in Jordan's Principle requests, among other things.

### Is the Tribunal's hearing on the non-compliance motion public?

Yes, there will be a public hearing on the Caring Society's motion and Canada's cross-motion. Updated information, including the location of the hearing, will be posted on our website as it becomes available.

## Background:

In 2007, the First Nations Child & Family Caring Society (Caring Society) and the Assembly of First Nations (AFN) filed a human rights complaint against Canada for its inequitable provision of the First Nations Child & Family Services (FNCFS) Program and flawed approach to Jordan's Principle. In late 2009, the Chiefs of Ontario (COO) and Amnesty International were granted interested party status. In 2016, the Tribunal ordered the government to stop its discriminatory conduct and take measures to ensure it does not happen again. After this ruling, Nishnawbe Aski Nation (NAN) was also granted interested party status. Since 2016, the Tribunal has issued over 28 non-compliance and procedural orders against Canada and retains jurisdiction over the complaint.

# The Health Coordination Unit (HCU)



The Health Coordination Unit (HCU) is the technical advisory body supported by the coordinating capacity of the Chiefs of Ontario office. It is comprised of Health Directors from each of the PTOs, Six Nations of the Grand River and from Independent First Nations. The HCU is accountable to the Ontario Chiefs Committee on Health (OCCOH), the Leadership Council, and Ontario Chiefs-in-Assembly. The HCU identifies health issues, prepares briefings, and develops and recommends health strategies that require political support and action.

## Membership

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Nishnawbe Aski Nation  
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# Ontario Chiefs Committee on Health (OCCOH)

The Ontario Chiefs Committee on Health (OCCOH) is comprised of Political Leadership from the PTOs, Six Nations of the Grand River, and Independent First Nations. The OCCOH is supported by the coordinating capacity of the Chiefs of Ontario Secretariat. The OCCOH works with the HCU to identify health issues from communities that they represent, and provide political support to advocate to all levels of government. The OCCOH is accountable to and provides direct updates to the Chiefs-in-Assembly.

## Membership

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**Vacant  
Six Nations of The Grand River**

**Vacant  
Anishinabek Nation**

**Vacant  
Independent First Nations**

**Vacant  
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