



OGIMAAWABIITONG

Media Release

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Treaty 3 Territory

For immediate release

Ogimaawabiitong Calls on the Ministry of Health for Action on a NEW Funding Model for Rural Generalist Care in the Kenora Area

Ogimaawabiitong (Kenora Chiefs Advisory) as the Indigenous Co-Chair of the All Nations Health Partners Ontario Health Team, and a trailblazer in health and wellness to its member First Nations is standing up alongside local Physicians, and the Lake of the Woods District Hospital to emphasize the impact of the current health care crisis for First Nations in the Kenora area.

Ogimaawabiitong continues to advocate for improved access to physician services in First Nations.

The current crisis challenges our ability to maintain that commitment to our communities should the current state be forced to continue without support from the Ministry of Health. This is a crisis that we are witnessing in real-time deepen and grow. We wish to make the public aware of the tremendous effort on the part of Physicians, Service Organizations, First Nation leadership, Municipal leadership, as well as our Member of Provincial Parliament (MPP), the Honourable Greg Rickford to advocate together for a locally developed model for Rural Generalist Care that we believe will allow our respective communities a fighting chance to address recruitment and retention of physicians to the area.

Our ultimate goal is improved access and true continuity of care for everyone, while addressing long-standing health inequities in First Nations.

Our efforts have not been successful to date, amidst strong negotiations with the Ministry of Health. We collectively have represented our communities well.

The All Nations Health Partners Ontario Health Team (ANHP OHT) region currently relies on a small group of physicians to provide the breadth of primary care services covering Kenora, the surrounding First Nation communities, as well as acute services such as emergency medicine, inpatient care, obstetrics and anesthesia, to name a few. Physicians that provide care in this way are best described as Rural Generalists. As time goes on this group will grow smaller until our Emergency Department cannot fill shifts and is forced into closure, while the number of people without a family physician (unattached population) grows. We have done and will continue to do all we can to prevent this, but we need further support from the levels of government to guarantee consistent care for our members.

This is the first time in our local history that we have First Nation and Indigenous organizations at the table alongside mainstream organizations working together to create a model that we believe will address

the current crisis. For Ogimaawabiitong, we have worked tirelessly to support enhanced primary care in several First Nation communities, which over time builds capacity in the community for access to quality care, which in turn diverts from unnecessary emergency department visits. There is so much more work to do in continuing to build on a wholistic model of care embedding traditional healing and medicine in First Nations-as been done since time immemorial by Anishinaabeg. It is not just for our physical wellbeing, but more than ever we recognize the importance of supporting the whole self: mind, body and spirit.

As much as the Emergency Department closing is a very scary reality for everyone in Treaty 3, we have to acknowledge this problem reverts to system failure, systematic racism and the lack of care set up in communities. The leadership across Treaty 3 for years now has been advocating for enhanced services in the First Nation communities to avoid Emergency visits for non-critical incidents, and until we acknowledge the work that needs to be done led by First Nations around their health this problem will not change, and we will see these closure scares again.

Board President for Ogimaawabiitong, Chief Lorraine Cobiness shares, "We have long advocated for the need to have First Nation representation and leadership at these tables and will continue to partner and do the work that needs to be done as this is not just a Kenora issue, this is affecting a lot of communities across Treaty 3 and we cannot compromise on the state of people's health and wellbeing."

"We as leadership have taken the lead to further our local partnerships and make sure First Nation voices are heard in order to create these robust systems of care in First Nation communities and set up health program delivery that is equitable for all. We cannot continue to fight every few months to keep our hospital's emergency department open, we have to create a full system change that will benefit everybody and acknowledge this is something our communities have been saying for a very long time," concluded Cobiness.

In 2019 KCA partnered up with Dr Jillie Retson to do a full primary care study in the KCA member communities, and that study clearly showed the deficits we are facing for community care in a variety of areas. This data has been presented multiple times to show real-time statistics around First Nation care on reserve.

The Kenora area continues to face outdated and fractured physician service agreements, which has resulted in the loss of several physicians, in particular to Manitoba. The ANHP OHT is not able to recruit new physicians to the community in the current state.

We call on the Ministry of Health to expedite our negotiations, and to pay careful attention to the terms of our negotiation which have been developed with consideration for unique factors that impact our ability to effectively and competitively recruit new physicians to our community.

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