

## SECTION 10

### **Health and Social Services**

**10.1** For the purposes of the present section, the expressions "health services" and "social services" have the same meaning that they have in la Loi de l'organisation des services de santé et des services sociaux du Québec (L.Q. 1971, c. 48).

**10.2** The laws of general application respecting health services and social services shall apply to the Naskapis of Québec residing on Category IA-N lands. Nevertheless, when such laws are inconsistent with the provisions of the present section, the provisions of the present section shall prevail.

**10.3** Upon the Naskapis of Québec establishing their permanent residence for the purposes of the present Agreement, on Category IA-N lands, pursuant to section 20, the Naskapi Native party shall establish a Health and Social Services Consultative Committee (hereinafter referred to as the "Consultative Committee").

Such Consultative Committee shall be composed of three (3) Naskapi volunteers residing on Category IA-N lands. The Consultative Committee shall represent the Naskapis of Québec residing on Category IA-N lands with respect to the Schefferville Hospital Centre, the Community Health Department (D.S.C.) and the Social Services Centre (C.S.S.) concerned in the health and social services offered to the Naskapis of Québec.

**10.4** Upon the approval of the present Agreement, the Naskapi Native party may establish a provisional Health and Social Services Consultative Committee, composed of three (3) volunteer members of the Naskapi band appointed by the Naskapi Native party to represent the Naskapis of Québec with respect to the health and social services delivered by Québec to the Naskapis of Québec.

**10.5** Québec, through the intermediary of the ministère des Affaires sociales, undertakes to consult the Consultative Committee before modifying any program relating to the health and social services offered to the Naskapis of Québec. Québec also undertakes to submit to the Committee, at the end of the first year of the existence of the Committee and thereafter once each year, a report describing the state of health and the social conditions of the Naskapi community contemplated in section 20, as they are reflected by the health diagnoses and by the health and social services personnel attached to the establishments concerned.

**10.6** The Schefferville Hospital Centre shall be authorized, by virtue of an agreement with the Community Health Department concerned, to deliver the full range of health services to the Naskapis of Québec. First and second line social services shall be delivered by the Social Service Centre concerned.

These provisions shall apply to the extent that these services are delivered by Québec.

**10.7** The provisional Consultative Committee, and thereafter the Consultative Committee, shall submit to the establishments concerned and to the organizations operating within the Social Affairs network recommendations concerning the orientation and evaluation of health and social services offered to the Naskapis of Québec, and, if necessary, may formulate grievances and lodge complaints.

**10.8** The Regional Health and Social Service Council (C.R.S.S.S.) concerned undertakes to solicit the collaboration of the Consultative Committee with respect to all work or studies relating to the health and social services offered to the Naskapis of Québec.

**10.9** Any meeting between the provisional Consultative Committee, and thereafter the Consultative Committee, and the establishments or organizations operating within the Social Affairs network shall be arranged pursuant to a written request detailing, among other matters, those to be placed on the agenda for discussion at the meeting.

**10.10** Until the Naskapis of Québec establish their permanent residence on Category IA-N lands, Canada and Québec shall continue to offer to the Naskapis those health and social services presently offered (see details in schedules 1 and 2 of the present section) in accordance with the terms and conditions existing at the time of the execution of the present Agreement or in accordance with the terms and conditions to be agreed upon between Canada and Québec from the time of the execution of the present Agreement to the time when the Naskapis establish their permanent residence on Category IA-N lands.

**10.11** Upon the Naskapis of Québec establishing their permanent residence on Category IA-N lands, Québec shall undertake, with the appropriate resources, to assume and to deliver to the Naskapis of Québec the full range of health and social services, according to the needs of the Naskapis residing on Category IA-N lands. Consequently, Canada shall desist from its responsibilities with respect to the health and social services that it was offering until such time.

**10.12** The number of Naskapis residing on Category IA-N lands and the location of these lands in relation to the existing health and social services in the vicinity, apart from the health indicators and socio-economic indicators, shall be determining factors in evaluating the needs of the Naskapis in matters of health and social services and in determining the terms and conditions upon which these services shall be delivered.

**10.13** The budget relating to health and social services offered to the Naskapis residing on Category IA-N lands shall be a protected budget within the global budget allocated to each of the establishments concerned, in that it cannot be spent for purposes other than those contemplated.

The actual costs for the 1976-1977 fiscal year, in as much as they represent the full range of health and social services presently offered to the Naskapis of Québec by Canada and Québec, shall be used as the basis for the establishment of the budget. This budget shall be modified in accordance with demographic changes in the Naskapi community, the cost of services specified in schedule 1 and the evolution of Québec programs offered to the general population.

This budget shall also include funds to ensure the delivery of services which are not normally offered to the general population of Québec, but which Canada currently offers to the Naskapis.

**10.14** The budget contemplated by subsection 10.13 is subject to approval by the ministre des Affaires sociales.

**10.15** In the event that the Naskapis decide to relocate in accordance with section 20, the cost of the physical facilities to be used by the health and social services personnel on Category IA-N lands shall be provided equally by Canada and Québec, each to a maximum of seventy five thousand dollars (\$75,000.00). The share of Québec shall be part of its contribution for the relocation contemplated in section 20.

These facilities shall be the property of Québec and shall be physically integrated into the community structures on Category IA-N lands.

The required furnishing and equipping of these facilities shall be provided by Québec according to the needs recognized by, and according to the standards of, the ministère des Affaires sociales.

**10.16** The physical facilities mentioned in subsection 10.15 shall be designed so that the personnel required to deliver the first line health and social services referred to in schedule 3 to this section may be lodged therein on a permanent or occasional basis, according to circumstances.

**10.17** In the event that the Naskapis of Québec decide to remain on Block Pearce, Québec shall determine the terms and conditions by which the health and social services may most appropriately be delivered to the Naskapis of Québec.

**10.18** At the commencement of each budgetary year, the various establishments operating within the Social Affairs network involved in delivering the health and social services offered to the Naskapis shall inform the Consultative Committee of the funds budgeted pursuant to the provisions of the present section and available for the services to be delivered.

**10.19** The Consultative Committee shall have the opportunity to make suggestions and recommendations in regard to the hiring of health and social services personnel hired principally for the purpose of delivering health and social services on Category IA-N lands.

**10.20** Québec undertakes to progressively encourage the training of Naskapi personnel for the health and social services for the Naskapis living on Category IA-N lands.

**10.21** The provisions of this section can be amended only with the consent of Québec, the Naskapi Native party and of Canada until the Naskapis of Québec have established their permanent residence on Category IA-N lands pursuant to section 20. Thereafter, only the consent of Québec and the Naskapi Native party shall be required.

Legislation enacted to give effect to the provisions of this section may be amended from time to time by l'Assemblée nationale.

## Annex 1

Nature of Services	Responsible Department or Facility
1.Public health and community services the main objectives of which are set forth in Schedule 2	Department of National Health and Welfare (Canada)
1.1maternal and child health	
1.2school health	
1.3infectious diseases control	
1.4dental health	
1.5mental health	
1.6chronic diseases and geriatrics	
1.7alcohol and drug abuse	
1.8nutritionq	
1.9health education	
1.10accident prevention	
2.Other Services *	
2.1dental care for noninsured services	Department of National Health and Welfare Canada)
2.2drugs and medical supplies	
2.3hospitalization for non-insured services	
2.4prosthetics (including glasses and dentures) for non-insured services	
2.5escort and patient transportation on approval of the physician or the nurse	
2.6custodial and institutional care (medical cases not covered by the government of Quebec)	
2.7clothing for long term patients in hospitals or foster homes	
3.Treatment Services	
3.1obstetrical clinic	
3.2all other hospital services normally covered by Quebec Hospital Insurance	
3.3medical services covered by the Régie de l'Assurance-maladie du Québec (R.A.M.Q.)	Hospital Center outpatient departments and physicians' private consulting offices
4.Social Services	
4.1First line:	The Department of Indian Affairs and Northern Development and the Social Service Center concerned
- utility social services	
- auxiliary social services	
- restorative social services	
4.2second line:	
- specialized services	

\* According to the criteria of Canada, which are as follows:

-the patient or applicant must be listed on a register for an Indian Reserve, which list has been approved by the Registrar of Indian Affairs in Ottawa.

- the patient or applicant must be considered indigent, that is, he must be judged to be reasonably incapable, after an evaluation, of being able to afford to pay for the required services without the financial assistance sought, or so isolated that the costs of transportation associated with procuring necessary treatment would place such care beyond normal economic means.

- in such a case, the services shall be offered completely without charge or partially without charge, according to the extent of indigency of the patient or of the applicant.

- for the costs to be incurred, the patient or the applicant cannot be considered an indigent as hereinabove defined if the costs can be recovered from an agency of Québec, the Department of Veterans Affairs, the Workmen's Compensation Board, an insurance or otherwise.

- when the patient or applicant has established residence away from a Reserve (within the meaning of the Indian Act) for a period long enough to qualify him for assistance from a provincial, municipal or any other organization, he generally ceases to be eligible for assistance to cover Medical Services.

**Annex 2****Main objectives of community and public health services listed in Schedule 1**

Programs	Main Objectives
1. Maternal and child health	to improve maternal and child health by reducing maternal morbidity and mortality in the peri-natal period as well as infant morbidity and mortality. To promote and improve the physical and mental state of health of pre-schoolers
2. School health	to improve and maintain the physical and mental health of the school population
3. Infectious disease control	to reduce the incidence of infectious diseases
4. Dental health	to improve the dental health of the Indian population by providing or arranging for the dental services necessary to prevent dental diseases and maintain oral health
5. Mental health	to promote the mental health of the entire community and of the individuals therein
6. Chronic diseases and geriatrics	to provide maximal conditions for the chronically ill and the elderly to function to the extent of their autonomy
7. Alcohol and drug abuse	to stimulate the population's awareness of the problems associated with alcohol and drug abuse
8. Nutrition	to inform the population of the importance of good nutrition
9. Health education	to encourage personal hygiene and activities which will improve the population's physical, psychological and social welfare
10. Accident prevention	to provide general information on accident prevention for the benefit of the entire population

**Annex 3**

1. For the purposes of the present Agreement, the first line health and social services shall include:
  - the daily services of a clinical or public health nurse, who shall not necessarily be hired on a full time basis or be expected to take up permanent residence;
  - the regular first line services of a social service agent, to be provided locally, but not necessarily on a full-time basis;
  - whenever necessary, the services of a general practitioner.
2. The second line services shall include:
  - whenever necessary, the services of a social worker;
  - whenever necessary, the services of medical specialists and dentists;
  - specialized or nonspecialized hospital services.