

Remarks by the Hon. James K. Bartleman, Lieutenant Governor of Ontario
CHILD HEALTH SUMMIT

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Je suis ravi de vous rejoindre ce soir. I am delighted to join you for the launch of the Child Health Summit and happy to bring greetings in the name of The Queen.

Having served in Canada's foreign service for over 35 years and having served on every habitable continent, I am aware that, in terms of children's health, Canadians enjoy advantages unknown in many parts of the world. The general standard of living of Canadians, taken as a whole, ranks fifth in the U.N.'s Human Development Index. We Canadians pride ourselves on our accomplishments in child health. However, a recent report by the House of Commons committee on health warns that our children are at risk of becoming the first generation in history to have a shorter life expectancy than their parents.

This should be a wake-up call. But it is not news to Canada's health professionals, who have been aware for some time that our children are in trouble, owing to a host of worsening problems ranging from obesity to mental illness. In Ontario, a staggering 20% of those under the age of 19 – more than half a million children and teens – have a diagnosable mental illness. Suicide is the second leading cause of death among 10 to 19 year olds, and that rate is rising.

It is said that we judge the quality of a society by the way it treats its minorities. I want to focus on the situation of Aboriginal Canadians, especially those on reserves in the North. Today, aboriginal communities in the North rank 62 in the U.N. Human Development Index. They are often excluded from our national health statistics, yet they are citizens like anyone else.

When I became Lieutenant Governor five years ago, I chose to champion three main causes: anti-racism, mental health, and the well-being of aboriginal children and youth, especially those in northern communities where they lack access to services we in the south take for granted.

What can be done to help these young people? The medical community has recognized that health care in the North poses special challenges. And Ontario has taken a great step forward in opening the Northern Ontario School of Medicine, to train doctors for those conditions. I applaud initiatives like this, but I have also seen that gains made in physical health care have not always been matched by a comprehensive approach to systemic mental health problems.

We need to look at root causes. On northern reserves, many people live in crowded conditions, with poor sanitation and often a lack of clean water. Half of those in fly-in communities have a 'boil water' advisory that has been in effect for a generation. Fresh fruits and vegetables are prohibitively expensive and are rarely eaten. It costs \$14 for three litres of milk.

Mortality rates are 18% higher in the North, but the birth rate has exploded. Today, half of Canada's aboriginal population is under 25, and a quarter is under the age of 14. These kids represent a growing proportion of Canada's 1 million Native people, of whom 750,000 are members of First Nations. But half of grade one students on northern reserves have special needs. Suicide levels among youth are five to ten times the national levels.

There is no easy solution, but I have discovered that there is tremendous goodwill out there waiting to be tapped. We need to include Native people fully in Canadian society, and to give them equal access to basic services like clean water, adequate housing and good education.

When I was growing up, with a white father and an Indian mother, we were poor and often felt like outsiders in our small village of Port Carling. But I started reading books from the local library and my worldview expanded, and I went on to university and into the foreign service. Knowing how much reading transformed my own life, I have looked to literacy as a way of addressing serious needs among aboriginal children in the North.

Early in 2004, I appealed to Ontarians to donate good used books to First Nations schools. The response was tremendous and we collected over 1.2 million books. With the help of the OPP, Department of National Defence and volunteers and supporters, we shipped books to establish libraries in First Nations and Native Friendship Centres across Ontario. I have just completed a second book drive that brought in close to 800,000 books that have now been sent up north.

I have also worked with school boards and the Ontario Principals' Council to set up a school twinning program. About 100 First Nations schools in Ontario have been twinned with non-Native schools across the province, and 42 schools in Nunavut are now twinned with about twice that number of schools in Toronto. This program provides opportunities for pen pals, student exchanges, aboriginal awareness days, and annual drives to collect more books and resources. All this is building bridges between communities in the North and the South.

Last year I worked with Canada's oldest literacy organization, Frontier College, to establish 36 summer literacy camps in the 28 fly-in First Nations in northern Ontario for a five-year period. The camps encourage kids to read and have fun, and that helps to build their self-esteem. And last fall, I worked with the Southern Ontario Library Service to set up Club Amick, a reading club for 5000 Native children in Ontario's North. Each child will receive four new books a year plus a newsletter filled with activities and stories written by other kids in the club.

It has been heartwarming to see the generous response of individuals and organizations that have supported these initiatives, and I hope to expand these programs across the country.

Thank you for giving me this opportunity to speak with you about a problem that has too long been "out of sight, out of mind." I wish you a productive Summit, and I commend your good work on behalf of *all* of Canada's children.