



CHIEFS COUNCIL

RESOLUTION of the Matawa Chiefs passed at the 26th Annual Matawa Chiefs Assembly in Marten Falls First Nation to be effective from and after 1:00pm Eastern Standard time on July 31, 2014

RESOLUTION #15-31-07-14

NESKANTAGA FIRST NATION LAND-BASED FAMILY HEALING PROJECT

WHEREAS, the Matawa Chiefs are aware that Neskantaga First Nation has declared a Community State of Emergency on April 2013 as a result of numerous suicides; and

WHEREAS, the Matawa Chiefs have identified Prescription Drug Abuse as an epidemic in Matawa First Nations communities and endorsed the Matawa First Nations Back to our Roots Strategy to overcome Prescription Drug Abuse/Misuse that includes Land-Based Programs; and

WHEREAS, the Matawa Chiefs are aware that Health Canada produced “Honouring Our Strengths Framework” to address issues of addiction and that includes Land-based Healing programming; and

WHEREAS, the Matawa Chiefs have received limited one-time support funds for the design, development and implementation of community land-based programming and the results are successfully meeting community needs; and

WHEREAS, the Matawa Chiefs have numerous clients and their families seeking culturally appropriate and specialized long term long healing program to process their deep rooted issues resulting from past unresolved traumas; and

THEREFORE BE IT RESOLVED that the Matawa Chiefs Council of the 26th Annual Matawa Chiefs Assembly support the development and establishment of Neskantaga Land-based Family Healing Project; and

BE IT FINALLY RESOLVED that the Matawa Chiefs Council of the 26th Annual Matawa Chiefs Assembly support Neskantaga First Nation to lobby on-going community-based program funding for Neskantaga Land-based Family Healing Project.





CHIEFS COUNCIL

MOVED BY: Chief Sonny Gagnon, Aroland First Nation

SECONDED BY: Chief Johnny Yellowhead, Nibinamik First Nation

ABSTENTIONS: None

CARRIED: Yes

Chief Executive Officer

QMS #: COM TEM 008

ISSUE DATE: May 8, 2014

DEPT: Communications

REVISION # / DATE: _____ / _____

APPROVED BY: x_____



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