

Alberta Doctors' Digest

Understanding Treaties and First Nations health

The history of treaties in Canada is complex and at times confusing, but it has shaped the country we know today, including the health of First Nations, Inuit and Métis Peoples. Treaties began as diplomatic relationships between European colonizers and the First Peoples who had lived on this land for generations, and included promises that facilitated trade and exploration.

Over the span of more than 300 years, these treaties evolved and became more formalized. The creation of the Dominion of Canada in 1867 laid the groundwork for the Indian Act, which impacted and influenced virtually all aspects of First Nations and Inuit lives. Treaty rights are derived from Section 91 of the British North America Act (1867) and are enshrined in Section 35 of Canada's Constitution. These Inherent and Treaty Rights to Health are a legal obligation that the State of Canada must deliver on – it is a Treaty Promise that guarantees the full right to health care both federally and within the Province of Alberta.

2026 will mark 150 years since the Indian Act was consolidated, and 2025 marked the 10th anniversary of the release of the [Truth and Reconciliation Commission's final report](#) and the accompanying 94 Calls to Action – seven of which focused on health. At a time when so many Indigenous Peoples continue to experience barriers to health care, worsening health outcomes and growing life expectancy gaps, these important dates are an ideal time to revisit our understanding of the role treaties continue to play in the health of First Nations Peoples.

Misconceptions about treaties and health

Unfortunately, treaties and health are complex subjects, rife with misunderstandings and misinformation. Let's talk about some of the most common myths.

Often, people assume that the federal government provides unlimited health care to all Indigenous Peoples through the Non-Insured Health Benefits (NIHB) program. In reality, the NIHB program provides a [specified range of health benefits](#) to registered First Nations and recognized Inuit with coverage, but only for services not covered through provincial or territorial health insurance, publicly funded plans or programs, and private insurance.

Many people think all Indigenous Peoples have Treaty Rights to Health and NIHB coverage. In actuality, to be eligible under the NIHB program, individuals must live in Canada and be at least one of the following:

- A First Nations person registered under the Indian Act – known as a status Indian.
- An Inu

That leaves a huge number of Indigenous Peoples ineligible for the NIHB.

People often assume that it's the federal government's responsibility to provide all health care to all First Nations (and Inuit) peoples. That's simply not true. The responsibility for

delivering most health care services – including to all Indigenous Peoples – belongs to the provinces and territories.

It's also often assumed that First Nations Peoples have full access to, and misuse, their Treaty Right to Health – and that Treaty First Nations have better access to health care than other Canadians. You only have to look at the growing life expectancy gap between First Nations Albertans and non-First Nations Albertans, along with several other serious health inequities, to know that nothing could be further from the truth.

“One of the biggest challenges is the misconception that health care is provided by the federal government,” explains Dale Steinhauer, Health Advisor and Interim co-CEO of Tribal Chief Ventures. “The perception, even within Indigenous communities, is that because we have the Treaty Right to Health, the federal government is responsible for delivering all of it. Health is a big provincial responsibility, and we have to navigate how to access those services. We should also be able to inform what those services look like and how they are delivered, including addressing systemic racism in the health care system.”

Who is responsible for health care in Canada?

In Canada, health care roles and responsibilities are divided between the federal, provincial and territorial governments, with the provinces and territories responsible for the administration and delivery of health care services based on their own priorities. The Government of Canada's main role in health care is their federal spending power, which is tied to the Canada Health Act, legislation that sets national standards on provincial health care insurance plans.

To receive full federal health transfer payments through the [Canada Health Transfer \(CHT\)](#), the health insurance plans of provinces and territories must meet national principles established under the Canada Health Act. According to the [Government of Canada website](#), “the act requires that all medically necessary hospital, physician and surgical dental services (such as insurable health services) be covered by provincial or territorial health care insurance plans for all eligible residents of the province or territory, including Indigenous Peoples.”

The same website explains that “Indigenous Peoples are included in the per capita allocations of funding from the federal fiscal transfer and are entitled to access insured provincial and territorial health services as residents of a province or territory. Indigenous Services Canada funds or directly provides services for First Nations and Inuit that supplement those provided by provinces and territories.”

What those health services look like varies wildly across Canada, and even within provinces. It is often a patchwork of under-resourced programs and services that exacerbate barriers to health care, and leave Indigenous Peoples underserved.

The Medicine Chest and the Treaty Right to Health

The Treaty Right to Health exists through the oral and written clauses of Treaties, but there is disagreement between the Treaty parties on what it means and how it should be upheld. Multiple court cases have tried to define what the Treaty Right to Health involves, or how it should be delivered, but have achieved little resolution.

Much of the discussion of the Treaty Right to Health centres on the "Medicine Chest Clause," which refers to a provision in Treaty 6, signed in 1875, which promised that "a Medicine Chest shall be kept at the house of each Indian agent for the use and benefit of the Indians at the direction of such agent." Indigenous Peoples consider the "Medicine Chest" as a Treaty-based promise to provide comprehensive health care to all Indigenous Peoples. The Crown has taken a more literal view, which interprets the "Medicine Chest" as a physical box of basic medicines and first aid supplies, and insists any promise applied only to those covered by Treaty 6. While only Treaty 6 has the Medicine Chest Clause in writing, oral history maintains that promises for medical assistance were offered during the negotiation of other numbered treaties, and it is an understood commitment.

"The situation with the Medicine Chest being written into Treaty 6 is much like the situation with education being written into Treaty 8," notes Steinhauer. "While Treaty 6 is the keeper of the Medicine Chest Clause, the promise was made to all First Nations Peoples, and all other treaties benefit from that."

The National Collaborating Centre for Indigenous Health's report, [The Treaty Right to Health: A Sacred Obligation](#), offers a detailed look at the history and continuing impact of this unfilled promise. It is a valuable resource for anyone who wishes to learn more about a promise made but not kept. Until that commitment is honoured, progress on reconciliation will be difficult.

How Indigenous communities are leading health care reform

The right to self-government for First Nations, Inuit and Métis Peoples is protected by section 35 of the Constitution Act, 1982, and includes community-specific priorities such as health care.

There are 11 numbered treaties in Canada, and five of those exist within or extend into Alberta. [Treaty 4](#) extends into southeastern Alberta; [Treaty 6](#) encompasses a large portion of central Alberta; [Treaty 7](#) covers the southern part of Alberta; [Treaty 8](#) includes a significant portion of northern Alberta; and [Treaty 10](#) extends into the northeastern corner of Alberta.

While treaties don't guarantee access to health care for Indigenous Peoples, many communities have created their own organizations that focus on health. Here in Alberta, the Stoney Nakoda Tsuut'ina Tribal Council's [G4 Health group](#) advocates for accessible, holistic health care that respects traditional healing practices and modern medical approaches. [The Bigstone Health Commission](#), situated in Wasbasca, provides a range of health services to six communities, with the goal of bringing health to the community. These organizations are not only filling a void, but are also leading change in how Indigenous health care is understood and delivered.

"In the last few years, there has been a push from the Treaty nations to say, 'Look, we want to deliver our own primary and acute care.' There have been some considerable challenges in the health care system, with Indigenous patients encountering blatant racism, so many are saying, 'let's do it ourselves,'" says Steinhauer.

He cautions that while being able to deliver these services would align with the understood intent of the Medicine Chest Clause, it is important to be cautious in how we define the Treaty Right to Health. "We were always taught that you have to be mindful of the seven generations ahead ... defining that right to health too rigidly won't allow us to

adapt to a changing world. When the Treaty was signed, it was about the spirit and intent of what that Medicine Chest was to deliver for future generations.”

The Alberta Medical Association’s Indigenous Health Committee (IHC) currently has representation from G4, Treaty 8 and the Treaty 6 Confederacy, who provide a valuable perspective on how communities are working to meet the needs of their members and the importance of upholding Treaty Rights to Health.

“As an Otipemisiwak person, I am grateful for the wisdom and guidance that First Nations relations bring to the committee,” notes Dr. Cassandra Felske-Durksen, the chair of IHC. “We are committed to continuing to advise the AMA on Treaty Rights to Health and the importance of upholding the treaty obligations in accordance with the AMA policy statement on Indigenous Health and its commitment to the TRC calls to action. And we look forward to helping physicians across Alberta better understand how treaties impact the health of their First Nations patients.”

Editor’s note

In writing this article, the author recognizes they are a settler and does not presume to be an expert on this topic. The article was written after conducting a review of First Nations authors, publications and organizations to gather the information included here. We are sharing it as part of the AMA’s ongoing commitment to reconciliation and to creating a better understanding of the many issues that impact Indigenous health.

To learn more about how treaties impact local First Nations, physicians are encouraged to reach out and start engaging with those First Nations directly.

Banner image credit: Sarah Zieminek