

Red and White Health Cards (OHIP cards) No Longer Accepted After July 1, 2020

Yvonne Treffers, CLW, Atikokan

As of July 1, 2020, red and white health cards will no longer be accepted for Ontario Health Insurance Plan (OHIP) services. Individuals with red and white health cards and a current address will receive a letter notifying them of the change and of the July 1, 2020 deadline to obtain a new Ontario photo health card.

There is no cost to convert or renew an Ontario photo health card. The cards can easily be obtained through a Service Ontario centre by:

- Bringing in your red and white health card
- Bringing in three separate ORIGINAL documents or ID cards – one from each of the three following categories;
 - Proof of Canadian Citizenship (such as a passport, birth certificate, status card, permanent resident document)
 - Proof of Residency (such as driver's licence, bank statement, OW/ODSP statement)
 - Proof of Identity (such as a credit card or utility bill, status card, Old Age Security card)
- Completing a Health Card Re-Registration form (available online) or by getting one at Service Ontario

A list of accepted documents is available online (<https://www.ontario.ca/page/switch-photo-health-card>) or at your local Service Ontario centre.

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Remembering Simon Roy Fobister

(Dec.15, 1955 to Aug.05, 2019)



Guest Article - Peter Kirby, Former Executive Director

In January, 1981, Simon Fobister began a seventeen month stint as a para-legal, or what is now known as a Community Legal Worker (CLW), at the two and one-half year old, *Kenora Community Legal Clinic* (now the Northwest Community Legal Clinic), under my supervision as the Clinic's first lawyer-director (1978 to 1986).

I want to acknowledge the help of Carol Grossett (former Clinic bookkeeper), CLW, Nan Normand, elder Tommy Keesick, Simon's son, Leroy Fobister, and the whole Fobister family for helping me and encouraging me to put this piece together. I know that I will be forgiven for mistakes or omissions.

Simon was the second CLW to work at the Clinic, the first being Vera Sewell, whose effervescent self, sadly, is no longer with us. I wrote a piece in 1982 recounting some aspects of the Clinic's attempts to hire, train and use "native" paralegals.¹ As I re-read the article, memories came back about the difficulty the Clinic had in recruiting qualified Indigenous workers. Despite issues with English language and communication skills, the Clinic's recruiting efforts were worth it. Simon and Vera allowed the Clinic to do outreach to Minaki and to Asubpeeschoseewagong First Nation (best known as Grassy Narrows).

As part of an agreement with the Asubpeeschoseewagong Band, the Clinic created a full-time CLW position for Grassy Narrows. Simon was tasked with doing a legal needs survey, handling case work, and helping with educationals on such topics as *Treaty Rights*, *Human Rights*, the *Indian Act*, and the *Juvenile Justice* system. The story of Indigenous over-representation in the criminal and child welfare systems were as bleak and enduring then as they are today. One difference between then and now, however, is that the *Truth and Reconciliation Commission* and the work of Cindy Blackstock through the *First Nations Child and Family Caring Society*, have forced Canadians to focus on addressing over-representation and to work harder to address the wide gaps in health and well-being between Indigenous and non-Indigenous communities. Another difference is that Indigenous advocates, including lawyers, academics and politicians, are now much better represented in mainstream media and are given attention and respect. Simon's role was to mediate, navigate and communicate between Indigenous people and western, non-Indigenous governance system with its rigidities and lack of accommodation.

He brought to his work an analytical mind; he was precise, thorough and paid attention to detail. He worked on gaining the assertiveness necessary for dealing with government officials and making appearances before tribunals. He worked on his fluency in Ojibway and English. It is a remarkable testament to that until recently, institutions have made little attempt to accommodate or show the respect for Anishinaabe language and culture. I am glad to say that this is changing, and efforts are being made to educate and incorporate Indigenous beliefs, culture and language into our schools and the justice system. I am sure that Simon was pleased with the heightened recognition. The Grassy Narrows placement ended because of lack of casework to justify continuing; however, I like to think that given more time, the experiment in placing a full-time legal worker in a First Nation could have led to Simon being a permanent outreach worker to First Nation communities.

¹ Peter Kirby, "THE USE OF NATIVE PARALEGALS: THE KENORA EXPERIENCE", *Canadian Legal Aid Bulletin*, Part II (1982) at 35.

Remembering Simon - Cont'd

Guest Article - Peter Kirby, Former Executive

I note that the Clinic has hired Indigenous para-legals, summer students and special project workers, including, during my time with the Clinic, as noted, Vera Sewell (CLW), Henry Kejick (researcher for a report on liquor offenders), Maria Seymour, Cecilia Kabatay and Terry Greene, (respectively, translators and artist for a *Glossary of Ojibway Terms*) and Dudley Landon (summer student); and after I left the Clinic, Sherry Moreau and Anthony Henry (CLWs), Stephanie Greene and Phyllis Desbiens (on-call receptionist).

Simon's son Leroy tells me that his father considered becoming a lawyer. He did not pursue this dream. Simon played a more important role as Chief—the youngest ever elected in Grassy Narrows—a position he held for ten years. Both as Chief and as a community member, Simon worked to redress the effects of mercury contamination of the English-Wabigoon River system which resulted in a ban on eating fish from its waters with a consequent loss of a source of food and employment. However, the ban did not affect those whose bodies had already absorbed mercury over the years the mill discharged it into the river: people showed the signs of neurological damage. To learn from those whose lives had been devastated by mercury, Simon, joined by his wife, Lucy, travelled to Minamata, Japan. The residents there were exposed to mercury dumped into water courses by a chemical plant. The health effects included numbness, loss of use of limbs, and physical deformities, were classified as parts of a new disease—*Minamata disease*. Simon lived to see some of the fruits of his labour—and of course, the labour of many, many others including community members, scientists and activists and supporters around the world. As a result of funding from the Wynne government, work has begun on cleaning up the river system, including identifying the sources of mercury leaching into the English-Wabigoon and to determine how best to remove, or isolate the mercury in the water. Simon would have been pleased that the Supreme Court of Canada has just recently decided that Resolute Forest Products and Weyerhaeuser, successors to the Dryden mill in the 1960's, have a legal responsibility for a waste dump site established in 1971 and monitored by the mill under the supervision of the Ministry of the Environment.² He would also be pleased to know—though negotiations are ongoing on details—that the federal government has announced that it will fund a special care home in Grassy Narrows for Survivors—those suffering the effects of mercury contamination, a project which Simon and the community have been working on for at least a decade.

I like to think that Simon's time with the Clinic gave him some of the tools necessary to navigate and negotiate government bureaucracies, lawyers, scientists and the legal system. Simon was soft spoken, kind, thoughtful and humble. He was direct and determined but made his points without anger.

I hope that someone will write a Simon Fobister's full story, his struggle to help his people and to address an environmental catastrophe.

² Resolute FP Canada Inc. v. Ontario (Attorney General), 2019 SCC 60

211 North

Rebekka DeCorte, Support Staff, Atikokan

211 is available to 100% of Ontarians and is provided by a network of 6 Regional Service Providers with contact centres located in Thunder Bay (also serving Kenora & Rainy River Districts), Toronto, Windsor, Ottawa, St. Catharines, and Collingwood.

211 in Ontario is governed by Ontario 211 Services, a non-profit agency, that provides strategic direction, oversight and is the transfer payment agency for the Ontario Ministry of Children, Community and Social Services. To learn more about 211 in Ontario, including the history of 211 in Ontario and Canada visit the provincial website; or visit the newly-launched 211North website at <https://211north.ca/>



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Office Closures

Monday February 17, 2020—Family Day

Friday April 10, 2020—Good Friday

Monday April 13, 2020—Easter Monday

Sub-Offices

Please contact our Kenora Office at 807-468-8888 for details on the sub-offices in Red Lake and Ear Falls for the months of February, March and April.

The Ontario Caregiver Organization and Helpline

Yvonne Treffers, CLW, Atikokan

Ontario Caregiver Helpline: 1-833-416-2273 (CARE)

The Ontario Caregiver Organization supports Ontario's 3.3 million caregivers who provide physical and/or emotional support to a family member, partner, friend or neighbour in need. The organization works to ensure that all caregivers can access the support they need regardless of diagnosis, where they live, or their age. One of the ways they do this is through the new Ontario Caregiver Helpline.

The Helpline is available in English and French to all caregivers in Ontario and is available 24 hours a day, 7 days a week. The Helpline is answered by professional Community Resource Specialists who can provide information, assessment and referrals to community services based on the individual needs and preferences of the caller. The Helpline can provide information on topics such as finding respite, financial supports, power of attorney, and health care system navigation.

The helpline is confidential. Providing your personal information is voluntary and will not be shared outside of The Ontario Caregiver Organization and Ontario 211 who provides the database and infrastructure for the contact centre. Caregiver support is also available through the website at www.ontariocaregiver.ca.

DISCLAIMER: *These articles provide information only and are not to be considered as legal advice. Content reflects the laws that were current at the time of publication and the law may have since changed. Consult your community legal clinic or legal representative for legal advice on your specific situation.*



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