Office of the
Chief Coroner

Bureau du
coroner en chef

Verdict of Inquest Jury
Verdict du jury de l'enquête

Coroners Act - Province of Ontario
Loi sur les coroners - Province de l'Ontario

We the undersigned / Nous soussignés,

	of / de	Iroquois Falls, Ontario
	of / de	Kapuskasing, Ontario
	of / de	Iroquois Falls, Ontario
	of / de	Cochrane, Ontario
	of / de	Cochrane, Ontario

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms	Aged / à l'âge de
Moore	Luke	43
Shaganash	Lorraine	47
Sutherland	Lizzie	56
Ferris	Mark	67
Taylor	Douglas	60

held at / tenue à Constance Lake, and virtual via Zoom, Ontario from / du October 15, 2025 to / au November 19, 2025

By / Par Doctor Michael B. Wilson Presiding Officer for Ontario / Président de séance pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit:

Name of Deceased / Nom du défunt	Luke Moore
Date of Death / Date du décès	November 19, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Acute blastomycosis pneumonia
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Lorraine Shaganash
Date of Death / Date du décès	November 20, 2021
Place of Death / Lieu du décès	Health Sciences North, Sudbury, Ontario
Cause of Death / Cause du décès	Blastomycosis pneumonia complicated by acute respiratory distress syndrome and multiorgan failure
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Lizzie Sutherland
Date of Death / Date du décès	November 21, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario

Cause of Death / Cause du décès	Blastomyces dermatitidis, hepatitis, splenitis, and peritonitis
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Mark Ferris
Date of Death / Date du décès	November 30, 2021
Place of Death / Lieu du décès	North Bay Regional Health Centre, North Bay, Ontario
Cause of Death / Cause du décès	Multi-organ failure due to respiratory failure due to blastomycosis pneumonia
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Douglas Taylor
Date of Death / Date du décès	January 23, 2022
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Respiratory failure due to blastomycosis bilateral pneumonia
By What Means / Circonstances du décès	Natural

Original signed* by Foreperson /
Original signé* par le contremaître

**In-Person Inquests Only / Enquêtes en personne uniquement*

Original signed* by jurors / Original signé* par les jurés

The verdict was received on
Ce verdict a été reçu le November 19, 2025

Doctor Michael B. Wilson

Presiding Officer's Name (Please print) /
Nom du président (en lettres moulées)

November 19, 2025

Date Signed / Date de la signature

Signature / Signature

We, the jury, wish to make the following recommendations: (see following page)
Nous, membres du jury, formulons les recommandations suivantes : (voir page suivante)

Office of the
Chief Coroner

Bureau du
coroner en chef

Verdict of Inquest Jury
Verdict du jury de l'enquête

Coroners Act - Province of Ontario
Loi sur les coroners - Province de l'Ontario

Inquest into the death(s) of:
L'enquête sur le décès de:

	Name of Deceased / Nom du défunt
	Moore, Luke
	Shaganash, Lorraine
	Sutherland, Lizzie
	Ferris, Mark
	Taylor, Douglas

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

INQUEST INTO THE DEATHS OF LUKE MOORE, LORRAINE SHAGANASH, LIZZIE SUTHERLAND, MARK FERRIS, AND DOUGLAS TAYLOR

Reconciliation and relationship building between Constance Lake First Nation, health care institutions, and public health organizations

1. Hôpital Notre-Dame Hospital ("NDH"), Ornge, Public Health Ontario ("PHO"), the Ministry of Health, Northeastern Public Health ("NEPH"), and Indigenous Services Canada ("ISC") should commit to Joyce's Principle, which aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health, including the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.

2. NDH will collaborate with Constance Lake First Nation ("CLFN") to determine how NDH's commitment to following and implementing Joyce's Principle will be displayed and expressed to NDH patients, visitors, staff, volunteers, service providers, and anyone else entering the hospital (e.g., posters, signage).

3. ISC and the Ministry of Health in collaboration with and under the lead of CLFN Chief and Council and the Jane Mattinas Health Centre ("JMHC") will ensure that the funding and infrastructure available to CLFN, ensures the delivery of healthcare services that meet the needs of members of CLFN.

4. NDH, Ornge, PHO, and NEPH should create and publish on their websites, within six months of this verdict, a plan to implement the Truth and Reconciliation Commission ("TRC") Calls to Action 22 and 23 as applicable.

5. The Ministry of Health should create and publish on their websites, within six months of this verdict, a plan to implement the TRC Calls to Action 18, 22, and 23.

6. ISC should continue publishing initiatives and developments to implement the TRC Calls to Action 18 to 23.

7. NDH should collaborate with CLFN community members, Chief and Council and JMHC to prepare within three months of this verdict, an updated First Nations, Inuit, Métis and Urban Indigenous Health Workplan, that was prepared as required by the NDH Hospital Service Accountability Agreement for 2024-25 with Ontario Health. The updated Health Workplan will include concrete strategies to improve outcomes for CLFN members, and creating culturally safe access to health care services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health. A copy of the Workplan will be provided to CLFN community, Chief and Council and the JMHC.

8. NDH, Ornge, PHO, NEPH, and ISC will, to the extent that it is not already being provided, ensure applicable personnel are receiving Indigenous Cultural Safety Training and training on trauma-informed care within 12 months of this verdict.
a) This training will include but not be limited to board members, senior leadership and management staff, health care providers, and allied health professionals. Frontline staff should have priority when implementing this training.
b) This training will include teaching on the history and culture of the First Nations and Indigenous communities to whom these agencies provide services and the contemporary experiences of those communities in the health care system, and cover topics such as anti-Indigenous racism, managing implicit bias, understanding how emotional prejudice impacts decision making, and mitigating the harmful impact of stereotyping on health outcomes.
c) This training should be mandatory and opportunities for ongoing learning on these topics should be provided on an annual basis or more frequently.

9. With respect to Indigenous Cultural Safety Training, NDH will:
a) Collaborate with CLFN and JMHC so that members of CLFN can be involved in the planning and delivery of Indigenous Cultural Safety Training and trauma-informed health care training.
b) In recognition that cultural safety is a core clinical skill, take steps to explore that the completion of this training be a condition for credentialing of locum physicians working at the hospital. This should include consulting with the Ministry of

Health about the requirements for physicians involved in the Emergency Department Locum Program ("EDLP"). NDH to provide updates about steps taken to explore adding Indigenous Cultural Safety Training as a condition for credentialing of locum physicians to the Blastomycosis Inquest Implementation Committee.

10. The Ministry of Health and/or Ontario Health should consider ways to support health care providers and public health professionals, including physicians, nurses, and allied health professionals working in northern and remote regions of Ontario, being able to take Indigenous Cultural Safety Training and trauma-informed health care training, including by providing additional funding.

11. The Ministry of Health should consider requiring all health regulatory colleges to make Indigenous Cultural Safety Training a mandatory requirement for all regulated health professionals. This training should incorporate teachings on a "two-eyed seeing approach" to health care that incorporates both Western and Indigenous ways of knowing and conceptions of well-being.

12. The JMHC, with the support and assistance of the Matawa First Nations Management ("MFNM") Health Cooperative and ISC where requested, should request and secure funding to employ two full-time Indigenous Patient Navigators.

13. NDH to allocate and maintain funding for at least one Indigenous Patient Navigator who will work at NDH. This position should be filled by a person who is Indigenous and has knowledge of and/or connections to the history and culture of CLFN. The job description and responsibilities for the Indigenous Patient Navigator role at NDH will be co-developed with CLFN Chief and Council or JMHC (as determined by CLFN).

14. NDH should make an existing multipurpose room at the hospital a traditional healing room for Indigenous patients and families. The space will be designed to facilitate the use of Indigenous medicines, including smudging, and accessing support from Elders and Traditional Indigenous Healers. The space should be designed with the CLFN community and be dedicated to the memory of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.

15. NDH to create a policy stating that smudging is permitted at NDH and how requests to smudge are to be facilitated. The policy will be communicated to all staff, including part-time and contract staff (e.g., locum physicians and agency nurses), and to patients. To communicate this policy to patients, NDH to post clear signs in English, French, Cree, Ojibwe and Oji-Cree stating that smudging is permitted at NDH. This should be clearly stated on NDH's website as well. Posters will also be provided to the JMHC.

16. NDH should collaborate with CLFN to explore the potential availability of having a tipi and sacred fire on the grounds of the hospital and ways to incorporate traditional teachings at the site.

17. NDH and CLFN should explore more avenues for communication and relationship-building, including regular meetings and circles. A collaborative approach will be taken to determine Terms of Reference for meetings (if any), who will participate, frequency and location of meetings, and whether minutes will be kept. Informal opportunities for relationship building will also be explored.

18. NDH should take steps to share information with CLFN members about the emergency room triage system. The information to be shared and the ways it can be shared will be developed in partnership with the JMHC.

Emergency preparedness and response in Northern Ontario and First Nations communities

19. The Ministry of Health and/or Ontario Health should develop a Northern Ontario Emergency Response Team comprised of health care professionals and public health professionals who can provide surge capacity to northern and remote communities in Ontario during public health emergencies. The development of this team should include strategies to recruit Indigenous health care professionals to serve on the Emergency Response Team.

20.The Ministry of Health and/or Ontario Health should hold a debrief after any complex multi-jurisdictional outbreak of a disease of public health significance involving a First Nations or Indigenous community. This debrief should be held within six months of the outbreak being declared over and should include all local, provincial, and federal health institutions and agencies involved in the outbreak response. The First Nations community should be invited to participate and included in the planning and facilitation of the debrief.

21. NDH to continue to offer debriefing and provide mental health support services to all NDH staff, including those under contract i.e. locum physicians, agency nurses.

22. In appropriate circumstances, regarding the death of a patient, NDH will take steps to facilitate a debrief among individuals at NDH and other organizations involved in the clinical care of the deceased. The purpose of the debrief is to have an opportunity to discuss and identify any potential lessons learned.

23. NDH to review and update training provided to frontline health care providers to ensure that any health care providers who may be required to care for critical care patients can provide the best care possible if the patient cannot be transferred to a hospital with a higher level of care. This should include taking steps to arrange, wherever possible, for nurses employed by NDH to be registered for the C3 Concepts in Critical Care simulation course offered by Health Sciences North within one year of this verdict. The Ministry of Health should provide funding to NDH to permit such training.

24. The Ministry of Health should create an inventory of public health programs and services available to First Nation communities and compare the inventory to the Ontario Public Health Standards with the goal of identifying and improving access to public health services for First Nation community members. The Ministry of Health to share this inventory with ISC, and any applicable Tribal Council in relation to transferred communities.

25. CLFN, JMHC, and the MFNM Health Cooperative to inquire if there is an emergency response and evacuation plan in place for CLFN. If there is not, they should create such a plan in consultation with Nishnawbe Aski Nation ("NAN") and request that ISC provide any necessary support or assistance, if eligible, to develop an emergency response and evacuation plan.

26. CLFN, JMHC, and Matawa Tribal Council to consider applying for funding for the planning or training on emergency

preparedness and response, under ISC's Non-Structural Mitigation and Preparedness funding of the Emergency Management Assistance Program.

27. The Ministry of Health, local Boards of Health, and ISC to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

28. The Ministry of Health, local Boards of Health, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

Indigenous representation in health care governance and institutions

29. NDH will create two permanent positions on its Board of Directors exclusively for members of CLFN, or individuals designated by CLFN. To promote and enable full CLFN participation in NDH governance, the hospital will take steps to:
a) Make amendments to its Board by-laws as necessary.
b) Change the list of qualifications on its website to remove that one of the qualifications for the CLFN Board Member is that the person be bilingual.
c) Consult with CLFN about holding some of the NDH Board meetings at Constance Lake First Nation.

30. Within two months of this verdict, the NDH Board to expand the portfolios of one or two current board members to include engagement and relationship building with CLFN. This expanded portfolio will include areas such as:
a) Engaging with CLFN Chief and Council about the implementation of the two board positions for CLFN members on the NDH Board of Directors. If agreeable to Chief and Council, this engagement may be done in part through attending and presenting on this board membership opportunity at the next possible Chief and Council meeting.
b) Support recruitment of CLFN members to the NDH Board of Directors through circulating postings for the position and engaging with community members interested in applying for the role.
c) Ensuring Chief and Council is updated about job positions at NDH to promote within their membership, attending CLFN in person to present on job opportunities, and offering support to community members interested in applying for such positions.

31. NDH and NEPH to explore ways to encourage and support Indigenous membership on their boards and advisory committees, including outreach opportunities with First Nation communities and urban Indigenous partners, coordinating with committee chairs or other people who are responsible for the appointment of members, and identifying and addressing existing or potential barriers to participation by First Nation communities.

32. NDH and CLFN to collaborate to arrange for in person community visits where youth and adults who are interested in working in hospital administration or the health care field can connect with hospital/health care professionals to learn about their work. NDH to also explore co-op placement, volunteer, and job shadowing opportunities for students from CLFN.

Information sharing between organizations responding to public health emergencies in First Nations communities

33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry of Health should consider requiring local Boards of Health to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP data principles.

34. PHO, the Ministry of Health, and ISC should collaborate to establish a secure information sharing process (in alignment with OCAP data principles) among relevant public health agencies.

35. A trilateral table should be established for the First Nations Information Governance Centre. ISC and the Ministry of Health to engage in a process to explore and achieve the development of legislation, information sharing protocols, and/or a memorandum of understanding to address the collection, use, and disclosure of personal health information and personal information relating to members of First Nations communities and First Nations health data, including for research purposes, guided by OCAP principles. This process would include but not be limited to information sharing in times of a public health emergency and should include consultation with the Information and Privacy Commissioner of Ontario.

Addressing health human resource capacity in Northern Ontario

36. The Ministry of Health and/or Ontario Health should develop and implement a comprehensive strategy to ensure sustainable, full-time access to qualified health care providers and public health professionals, including physicians, nurses, and allied health professionals, in northern and remote regions of Ontario. At a minimum, the strategy will:
a) Include consultations with health care providers working in northern and remote regions of Ontario to better understand what support they need and what steps can be taken to implement these supports.
b) Prioritize placement of health care providers in facilities experiencing critical staffing shortages, including NDH.
c) Streamline recruitment processes and practices and remove administrative impediments to attract qualified candidates.
d) Provide targeted incentives (financial or otherwise) to encourage health care providers, including physicians, nurses, and allied health professionals, to work and remain in northern and remote regions of Ontario.
e) Explore ways to limit reliance on locum physicians and nursing agencies to provide health care services in northern and remote regions of Ontario.

37. The Ministry of Health and/or Ontario Health should develop and implement, in collaboration with Indigenous communities, including CLFN, a recruitment and retention strategy to attract, hire, and retain First Nations, Inuit, Métis and Urban Indigenous people pursuing careers as health care providers and/or public health professionals, particularly in northern and remote regions of Ontario.

38. To ensure continued funding and expand the availability of the Virtual Critical Care ("VCC") Program to guarantee 24/7 access to remote consultations and support, the Ministry of Health should consider the creation of a full-time, dedicated position responsible for providing VCC services.

39. The CritiCall Ontario Program to conduct an internal review to confirm removal of any administrative barriers to accessing health care, ensuring that patients can continue to access the urgent and emergent care they need as close to home as possible.

40. The Ministry of Health and/or Ontario Health should establish, allocate, and maintain funding for a dedicated nurse practitioner and/or family physician (general practitioner) position to deliver care to CLFN members on a regular basis. The Ministry of Health should consult CLFN and MFNM during the development of such a position and through the recruitment process to ensure their needs and views are considered.

41. To enhance and ensure consistent ground transportation services for CLFN members to and from health care services in Hearst and surrounding areas, including outside of weekday daytime business hours, during weekends and holidays. ISC and the Ministry of Health should consult CLFN to ensure that their specific needs are considered and addressed. Where necessary, the Ministry and ISC should seek, secure, and maintain any required additional funding to sustain these transportation services.

42. The Ministry of Health and/or Ontario Health should explore expanding the availability of virtual care services at the JMHC including through the Ontario Telemedicine Network ("OTN").

43. The Ministry of Health to work with the MFNM Health Co-operative and Northern Ontario School Medicine ("NOSM") University to provide stable funding to ensure the continuation of the Remote First Nations Stream and support its expansion into other communities such as CLFN.

Early identification, detection and treatment for blastomycosis

44. MFNM Technical Services and Four Rivers Environmental Services Group ("Four Rivers") should explore additional funding opportunities that may allow Four Rivers to continue its work related to blastomyces and blastomycosis in CLFN and other MFNM communities, including but not limited to research, ongoing environmental sampling and testing, public education, and the development of an early warning system that could integrate artificial intelligence to monitor, identify, and alert to trends in real-time.

45. For any research work related to blastomyces and blastomycosis, MFNM Technical Services and Four Rivers will work with CLFN within three months of this verdict to create a plan for:
a) Scheduling a meeting with the Canadian Institute of Health Research ("CIHR");
b) Identifying potential partnerships with Canadian universities;
c) Identifying potential Canadian professors and/or practitioners to supervise this research;
d) Establishing a sampling and research hub in CLFN; and
e) Outlining how the research will be conducted in alignment with OCAP principles.

46. MFNM and Four Rivers to explore with CLFN Chief and Council establishing a hub for blastomyces and blastomycosis research in CLFN. If such a hub is created, it should be community-led and governed.

47. Public health agencies (e.g., public health units, ISC, and First Nations health services providers such as Tribal Councils and community health centres, as applicable) should increase public education on symptoms and risk factors of blastomycosis, particularly in endemic areas. Messaging should be culturally safe, language-accessible, locally relevant, and developed in collaboration with First Nations communities (where appropriate) to incorporate local knowledge and lived experience, particularly regarding identifying potential environmental or activity-related risks.

48. To the extent that they are not already provided, PHO, the Ministry of Health, ISC, and local Boards of Health should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

49. PHO should explore acquiring access to the blastomyces urine antigen testing (a non-invasive adjunct to existing diagnostic methods for blastomycosis) in Ontario, with implementation to be led by PHO. Necessary funding should be secured and maintained by the Ministry of Health.

50. PHO should explore opportunities to increase access to clinical diagnostic methods for blastomycosis for Northern Ontario communities. Necessary funding should be secured and maintained by the Ministry of Health.

51. PHO to develop an Ontario Investigation Tool for blastomycosis to standardize information collected by public health agencies from cases of blastomycosis and support data entry and completeness in the provincial diseases of public health significance surveillance system (i.e., iPHIS). Consideration should be given to including questions specific to activities and interactions with the land reflecting the lived experience of members of First Nations communities.

52. The Ministry of Health to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local Boards of Health, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

53. NDH to incorporate education on blastomycosis in the hospital's orientation booklet for locum physicians working shifts at NDH. NDH and CLFN to collaborate in the preparation of a description of CLFN to be included in the hospital's orientation booklet for locum physicians.

54. The Ministry of Health should update the Exceptional Access Program ("EAP") to allow blastomycosis as an indication for coverage of posaconazole or isavuconazole in certain exceptional cases, where patients cannot tolerate itraconazole or voriconazole.

Transfer to higher levels of care from First Nations communities in Northern Ontario

55. The Town of Hearst should engage with CLFN, Ornge, and NDH to explore opportunities for joint advocacy for the purpose of attempting to secure public funding for the Hearst René Fontaine Municipal Airport (the "Hearst Aerodrome"), which may include funding for the following:
a) Runway improvements, such as a runway extension and/or the construction of an additional runway;
b) Upgraded runway lighting; and
c) Enhanced on-site weather observation capability at the Hearst Aerodrome.

56. The Town of Hearst to continue exploring opportunities to secure an anchor tenant (e.g., a commercial or not-for-profit enterprise) for the Hearst Aerodrome for the purpose of enhancing the likelihood of obtaining ongoing public funding for the Hearst Aerodrome. The Town of Hearst to also engage with NAN for its input on potential anchor tenants.

57.The Town of Hearst should ensure that currently available de-icing and anti-icing services remain available at the Hearst Aerodrome on request to air operators.

58. The Town of Hearst should ensure that the Hearst Aerodrome's current winter maintenance services remain available on request to medical evacuation air operators at all times.

59. The Town of Hearst should continue applying communication protocols with NDH for the purpose of promoting timely patient transfers through the Hearst Aerodrome.

60. The Town of Hearst should continue with initiatives to collect anonymized statistics from NDH regarding patient transfers from the Hearst Aerodrome for the purpose of supporting the Town of Hearst's ongoing efforts to secure public funding for the Hearst Aerodrome.

61. The Town of Hearst should engage with CLFN, NAN, Ornge, and NDH to discuss best practices regarding operations at the Hearst Aerodrome to promote safe and timely medical transfers. Engagement will commence with a meeting between these parties within 90 days of the close of the Inquest, at which meeting the parties will discuss and attempt to agree on the appropriate mode and frequency of future engagement.

62. The Ministry of Health and Ornge should collaborate with referring, transporting, and receiving health care settings on how to best provide consistent and clear messaging about triage processes and triage status of specific patients. This collaboration will include considerations for health care staff in how to communicate triage decisions to patients and their families.

63. The Ministry of Health should expedite the funding of Ornge's rotor-wing fleet expansion to enable Ornge to further enhance capacity and decrease response times in Northern Ontario, enabling better operationalization of Ontario's Life or Limb policy in Northern Ontario.

64.The Ministry of Health and Ornge should develop a mechanism for evaluating Ornge's needs for rotor-wing aircrafts on an annual basis to ensure ongoing fleet enhancements in between update cycles.

Oversight and accountability in health care delivery to members of First Nations communities

65. NDH should collaborate with CLFN and JMHC to create an accessible and trackable process for concerns/complaints, whether written or verbal, to be raised by CLFN members.

66. The Ministry of Health and Ontario Health should explore creating an Indigenous Patient Ombudsperson to receive and address health care complaints from First Nations or Indigenous patients. This office should be Indigenous-led with the goal of resolving complaints from First Nations patients arising from their experiences in Ontario's public hospitals.

Promoting holistic wellbeing for Constance Lake First Nation community members.

67. CLFN to continue providing JMHC staff with mental health and other supports when a state of emergency is in place.

68. MFNM Technical Services to work with CLFN to develop and implement a plan within six months of this verdict for ongoing biannual monitoring of the drainage ditches in CLFN, particularly on the eastern side of the community near Wilmot Lake. As part of this monitoring, drainage ditches will be maintained to ensure they remain properly graded and clear of organic materials that may create growth-promotive conditions for blastomyces. MFNM Technical Services and CLFN will continue to seek assistance from ISC, and ISC will provide support where appropriate.

69. MFNM Technical Services will work with CLFN to develop a plan for conducting comprehensive inspections of houses in CLFN for mold, and how they plan to remediate any mold found within three months of this verdict. ISC to respond to requests for assistance or support made by MFNM Technical Services and CLFN where appropriate.

70. ISC, CLFN, Matawa, Ontario's Ministry of Natural Resources, private industry partners, and any other identifiable stakeholders should:
a) Meet to identify steps that can be taken to address the growth of blue-green algae in Constance Lake;
b) Prepare a plan outlining those steps; and
c) Include in that plan a biannual inspection and review of the plan for blue-green algae remediation, within three months of this verdict.

71. Ontario's Ministry of Natural Resources and/or any responsible provincial ministry, and any private industry partners who contributed to the sawdust pile located at the entrance of the CLFN reserve, should work with CLFN to remove the sawdust pile.

72. MFNM Technical Services to provide CLFN Chief and Council reports of any inspection, investigation, and remediation of environmental health concerns in the CLFN community.

73. ISC should explore securing additional funding for the work outlined in recommendations 68-70 if funding is requested by MFNM Technical Services to implement these recommendations.

74.The Ministry of Health and ISC should explore providing sustained multi-year funding for Indigenous Health Transformation initiatives.

75. The Ministry of Health, ISC, NEPH, PHO, and CLFN should issue a formal endorsement of Indigenous health transformation as a collaborative process between ISC, the provinces and territories, and First Nations governments that supports First Nation communities' right to self-determination through the full control, design, delivery, and management of their own health services.

Implementation and reporting

76. NDH and CLFN will establish the Blastomycosis Inquest Implementation Committee to provide mutual accountability, exchange of knowledge, and to support both NDH and CLFN in implementing recommendations from this inquest.
a) The Blastomycosis Inquest Implementation Committee should include representatives of NDH executive leadership, the CLFN Chief or a Council member, the JMHC IPN(s) and, if they wish to participate, family members of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.
b) The NDH CEO will report on the work of the Blastomycosis Inquest Implementation Committee in their monthly reports to the NDH Board.
c) The Blastomycosis Inquest Implementation Committee will provide public updates every six months, commencing May 15, 2026, on the status of implementation of each recommendation. NDH will publish the update on its website, and CLFN will publish the update on its website and the community's Facebook page.
d) NDH will explore opportunities to provide support to the Blastomycosis Inquest Implementation Committee, including access to internal resources for project management and communications.

77. Within 12 months of this verdict, NEPH, PHO and ISC will each prepare a status report on recommendations specific to public health matters addressed to them and provide a copy of this report to the Office of the Chief Coroner and to all parties with standing before the Inquest, and to NDH and CLFN to the attention of the Blastomycosis Inquest Implementation Committee.

Additional Funding

78. Province of Ontario, Government of Canada to provide funding to allow for the implementation of recommendations made in this inquest.

79. The Government of Ontario should consider establishing a legal fee reimbursement program for a First Nation to apply for certain costs of legal representation for an Inquest, in the interest of First Nation Access to Justice.

Personal information contained on this form is collected under the authority of the *Coroners Act,* R.S.O. 1990, C. C.37, as amended. Questions about this collection should be directed to the Office of the Chief Coroner, 25 Morton Shulman Avenue, Toronto ON M3M 0B1, Tel.: 416 314-4000 or Toll Free: 1 877 991-9959.
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