Annual Report

2012-2013

Sioux Lookout First Nations Health Authority

Health Care in Partnership with First Nations

Sioux Lookout First Nations Health Authority

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Financial statements are available from Sioux Lookout First Nations Health Authority on request.

We Remember...

Frank Beardy *(1950 - 2013)*

Sioux Lookout First Nations Health Authority (SLFNHA) dedicates this year's Annual Report to the late Frank Beardy of Muskrat Dam First Nation in Ontario, who passed away on June 13, 2013.

Frank Beardy, born August 9, 1950, was dedicated to improving the lives of people from our region's First Nation communities for many years. Frank served as NAN Deputy Grand Chief in 1982 and 1985, NAN Grand Chief in 1983 and served as Chief of Muskrat Dam First Nation for three terms. Frank was also an active member for NAN's Elder's Council prior to his passing.

Frank Beardy lead a lifelong journey of leadership at the community, provincial and national level. Frank worked for Wawatay Native Communications Society during its developmental stages, and left Wawatay to work for Grand Council Treaty #9 (now known as NAN) when it was first established in 1973. He was the Chief of Muskrat Dam when Wawatay first established a radio station, using a low-powered FM radio transmitter which came into prominent use afterwards. He was involved in the early years of Tribal Council development and was a major force behind several health, education and economic development initiatives including Sioux Lookout Meno Ya Win Health Centre, Oshki-Pimache-O-Win Education & Training Institute, Nishnawbe Aski Development Fund, the Northern Nishnawbe Education Council and Sioux Lookout First Nations Health Authority.

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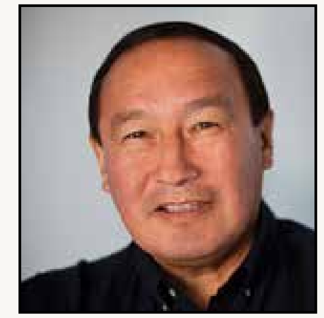
Board of Directors



John Cutfeet
Board Chair

Kitchenuhmaykoosib Inninuwug

The Board of Directors governs Sioux Lookout First Nations Health Authority. There are nine (9) board members, representing five (5) Tribal Councils, the Independent First Nations and Lac Seul, and two Elders. There is also a non-voting board member, Dr. Terri Farrell, who acts as a medical representative. The board sets the Health Authority's directions and ensures these directions are implemented and board policies are followed. The strategic plan sets the overall direction for the organization. The Executive Director is accountable to the board for delivering the strategic plan and for stewardship of resources.

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Joe Kakegamic
Board Member

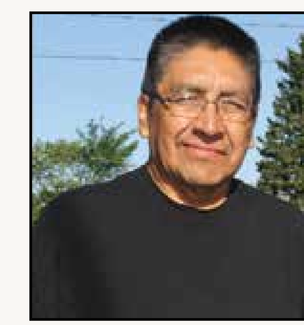
Sandy Lake

Bertha Bottle
Board Secretary/
Treasurer

Lac Seul

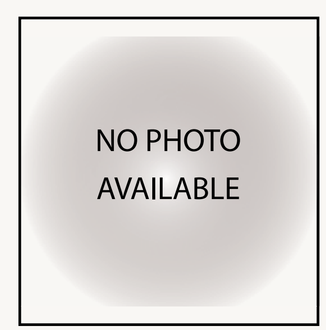
Solomon Mamakwa
Board Member

Kingfisher Lake



Don Sofea
Board Member

Nibinamik



Innes Sakchekapo
Board Member

North Caribou Lake

Robert Thomas
Board Member

Fort Severn

Mary Ann Panacheese
Board Member

Mishkeegogamang

Dr. Terri Farrell
Non-Voting
Board Member

Message from the Chair of the Board

John Cutfeet
Board Chair

The environment is very much on our minds these days. Not only the apparent changes to the environment that seem to be triggered by climate change and pollution, but also the changes that have been caused by people's behaviours in our communities.

One of the behaviours that has caused the most profound and devastating changes in our communities is the one caused by prescription drug abuse. This scourge has devastated hundreds of lives in our communities, destroying whole families and leaving children homeless. What is even more disturbing is that these negative changes are piling up on those people who are least equipped to deal with them. Namely, the present generation of young children and youth - the great, great grandchildren of our people who once lived independently on our land.

Our Elders, and the generations before them, lived on the land and looked after themselves. Sure, they probably had their own share of problems, like any other people, but what is crucial to understand is that they were self-sufficient.

Our grandfathers, for as long as anybody can remember, were all professional hunters, trappers and fishermen. They knew their hunting and harvesting territories like the back of their hands. They knew the behaviour and habits of the animals that they hunted and trapped, so that they were always successful in their hunts. They took only what was needed. The respect they had for their environment was rooted deeply in their culture and traditions in the clan system.

Our grandmothers were equally proficient in their roles. They made use of everything that the hunters brought - nothing was wasted.

I guess what really made them healthy was that they lived, what we would today call, "healthy lifestyles." They ate good food - not too much fat, very little starch or sugar, lots of proteins and had lots of exercise every day, from morning until night. Clean air and clean water on a daily basis.

It seems apparent that our grandfathers and grandmothers were healthy people. They certainly were not plagued with scourges like alcoholism, drug addiction and the resulting consequences of these negative behaviours, such as child apprehensions. And although they may have had other problems, they were much healthier than many of us are now- physically, mentally, emotionally and spiritually.

It's a little bit ironic, isn't it? Here we are in the modern age, when everything is supposed to be so much better, and we can actually begrudge the health of our great, great grandparents who lived in the bush. They didn't need all the modern day technology that comes with the health care systems of today, but they were able to maintain good health through daily activity.

I think there's a lesson to be learned in there somewhere.

We know from experience in other fields that ancient wisdom, new methods and new technology, when they are correctly applied together, can change the world. In other words, we need to find new ways of doing business while using the wisdom from our history. But how can we get back to working in our communities, close to the land and honouring our traditions, and at the same time take advantage of the new technologies and business strategies?

I think it begins with our view of ourselves and our culture. I would like to quote our friend Bob Antone from the Oneida Nation: "The challenge is decolonizing how we think about our knowledge, as well as removing the phrase 'we need to return to the past' and 'we need to listen to the ancient stories.' These statements are representations of ideas from meetings and conferences that call people to return to the past as if culture only exists in the past. Our knowledge is not in the past; it is in the here and now. We must allow our teachings to inform our way of thinking and doing."

The most recent example of how we are attempting to do that is with the Trauma Teams that we have in some communities. Instead of waiting for the current education system to produce trained clinicians, we have begun to use Trauma Teams as a way of recruiting trained and experienced Anishinabe clinicians.

It is the fastest way of putting trained clinicians on the ground. We use three teams of three clinicians and they go into a community in eight-day rotations.

Instead of forging ahead with the western style of counseling, which many community people have said is not working for them, they use an approach that we call the 'soft approach.' This is more in keeping with how we interact among ourselves in our communities. Instead of assessing people immediately, they use a preparatory period where the Trauma Team members just spend time with people and get to know each other.

They don't limit their contact to an hour per client. They visit people and help around the house by cooking and cleaning, taking food to the house, doing house repairs, helping out during a crisis (but they are not crisis teams), praying with people, getting to know the people and the people getting to know them, and all during this time, the people know that the Trauma Teams are there to do a job. That is explained to everybody during the community engagement process. So, when the people decide that they can trust the Trauma Team members and ask them for help, they do so on their own terms.

So, we have the knowledge and wisdom of our culture, we have new health care methods and technology, and we have new problems, like prescription drug abuse, among others. We need to find new ways of dealing with these problems, and to do that, we need only to look within ourselves and our communities to find the answers. And most important, we need to start teaching the new generations of young people who are increasing in exponential numbers how to take the wisdom of the past and apply it to the present day.

Report from the Executive Director

James Morris
Executive Director

Many of you know that Sioux Lookout First Nations Health Authority (SLFNHA) has, like most organizations, a Mission Statement. This Mission Statement lists many functions, which are;

- Coordinating the delivery of high-quality, culturally-sensitive health care services
- Playing a leadership role in the development of First Nations health policies
- Facilitating advocacy of clients rights and wishes
- Educating health care providers and recipients of their rights and responsibilities within a changing health care system
- Integrating the planning and provision of individualized, community-based and institution-based health and social services

All of these functions are extremely important to the Board, Managers and front-line workers here at SLFNHA.

SLFNHA has three main departments; Health Services, Client Services and Treatment Services.

Health Services, guided by the Anishinabe Health Plan, has many programs in place, and each and every one of them is focussed on listening to clients and ensuring they are getting the service provided under that program. This includes Telemedicine, Tuberculosis Control and Education, the Public Health Project, and so much more.

In the area of Tuberculosis Control, you will have read in previous reports that we went over two years without any new cases of tuberculosis, from August 2010 until May 2013. This is a good sign, but considering the fact that many people from our area had TB and are now elderly, we have to be aware of something called 'recurrence'. Recurrence refers to patients who were previously successfully treated (cured or completed) for active TB disease, and in whom active tuberculosis develops a second time but without proof that this is the same organism. Before the late 1950s, the anti-TB drugs used today were not available. Some people who were treated in sanatoriums, who are not elderly and have other health issues, can have the TB disease come back. These people can now have treatment with newer drugs. This is an example of our changing health care system and how we play an integral role to educate the people we serve of their rights and responsibilities throughout these changes.

The Hostel and transportation services are run under the Client Services Department. This department is also dependent on the feedback from community members it serves. In order to know what clients need, and in order to ensure these services are high-quality and culturally-relevant, we need to hear from the people we serve. We also depend on guidance from the Anishinabe Health Plan, and comments from clients to make adjustments, which is how we strive to produce a good service on a continuous basis.

Treatment Services and Nodin CFI continuously listen to leadership and clients to improve the mental health care we provide. This year our Trauma Team project was a very successful addition to our services and has been working with two communities to address deep-seeded traumas that affect almost all of the communities' residents. The Trauma Teams use a softer, more culturally-sensitive approach. The Trauma Teams work with community service providers to increase the level of clinical services at the community-level. This is an innovative approach to providing clinical services on the ground, and earlier evaluations of one of the projects shows great promise. This approach came from listening to people, what they need, what works for them and what doesn't work for them. Over time, as we continue to listen closely to more people, we will develop and design services that will better meet the needs of the people.

Last year, we reported that we had only seven (7) community-based staff. This year, I am happy to report that we now have eighteen (18) community-based staff, and we will continue to increase the number of staff who work in the communities. One of the other developments, which is part of decentralizing staff, is developing a fund we can use directly for training community-based staff and assisting them in acquiring accreditation in their chosen fields.

The other area that we have been working on is the concept of setting up a non-profit pharmacy. We have previously stated two points; firstly, none of the 31 communities we serve has their own pharmacy, and secondly, it is highly unlikely that both levels of government will spend any more money than they currently are to improve pharmacy services in the north. So that they only other way resources can be made available to improve services is through a non-profit pharmacy whereby the profits would have to be reinvested in the communities.

We have found out this year that setting up a pharmacy is more complicated and time-consuming than we originally thought. As an example, we have to set up the pharmacy facility first, which the College of Pharmacy must inspect as part of our application process. All that will take time and money, and we continue to look for options on how we can accomplish that task. Nevertheless, the notion of using a non-profit entity to redirect the benefits from a pharmacy operation, as a way of improving service in our communities, will not go away. This is an operation that we can start anytime we are ready.

Finally, I would like to report that we will once again be doing a Governance Review of SLFNHA as a way of streamlining the organization and make it more effective. The Board Governance Review Committee consists of Don Sofea from Nibinamik First Nation, Mary Anne Panacheese from Mishkeegogamang First Nation and Robert Thomas from Fort Severn First Nation. Sol Mamakwa from Kingfisher Lake First Nation will temporarily replace Don Sofea while Don is on medical leave.

The following list includes some of the items the Governance Committee will review:

Structure
- Review and assessment of the skills and diversity requirements for the SLFNHA Board
- Guidelines for selection of Directors
- Process for Board of Directors nomination, selection and appointment
- Board size and composition
- Terms of officer and Board continuity

Board Roles and Responsibilities
- Annual Board goals and work-place related to strategic direction
- Orientation program and ongoing training of board
- Annual performance evaluation of Board
- Performance evaluation of Executive Director
- Performance indicators of oversight and monitoring program quality and effectiveness

Individual Director Roles and Responsibilities
- Criteria for assessing Director's fiduciary duties and duty of care (reflection versus representation of members)
- Review and assessment of applicability of Conflict of Interest policy attendance and participation protocols
- Individual Board of Director evaluation and competency overview

Once all of this work has been done, the Board will present any organizational changes, which require the approval of the membership, to the Chiefs before any action or changes are made.

Chiefs Committee on Health

Background

The Chiefs Committee on Health (CCOH) was formed in March 2004 (Resolution 04/46) by the Sioux Lookout Zone Chiefs. The original tasks for the CCOH included, but were not limited to, the following:

- Lobby to safeguard current and seek additional resources for community health programs and services
- Implementation of the Draft Sioux Lookout Zone Medical Transportation Policy
- Secure resources for new hostel
- Accelerate the Hospital Reinvestment Funds for the First Nations
- Guide and direct the process on the current health initiatives
- Facilitate and improve communication amongst First Nation communities, organizations and service providers

In 2006, the Sioux Lookout Zone Chiefs expanded the mandate of the CCOH (Resolution 06/08) for the committee to provide oversight on activities carried out by SLFNHA as per the Anishinabe Health Plan (AHP) implementation. At that time, the CCOH was also asked to continue to lobby for resources to fill the gaps in health services for First Nations members and monitor issues relating to Non-Insured Health Benefits (NIHB).

Key Accomplishments

Through 2012-13, the Chiefs Committee on Health continued to meet regularly and provide support and direction on a number of issues:

- Supported the First Nations Research Gathering, held March 2013 in Sioux Lookout, which was the first step in establishing a health research unit as mandated by the Sioux Lookout area chief's in 2012
- Provided $29,500 in bursaries to Sioux Lookout area First Nations students studying in the health field
- Provided oversight to the implementation of the AHP, which included reviewing and providing direction with the physician services delivery model and keeping informed of activities of Sioux Lookout Regional Physician Services Inc.
- Provided support and guidance for the Primary Health Care Unit and moving forward with the development of a new Primary Health Care Facility
- Reviewed NIHB including medical transportation issues and concerns on a regular basis
- Received reports from SLFNHA on the proposed development of a First Nations' owned and operated pharmacy
- Received Sioux Lookout Meno Ya Win Health Centre reports
- Directed SLFNHA to ensure presence at regional career fairs, promoting healthcare careers to First Nation youth
- Directed SLFNHA to promote healthcare careers to First Nation youth through print advertising

Moving Forward

Continue to support the implementation of the AHP specifically in the areas of:

- Public health system development
- Development of a Primary Health Care Facility
- Client coordination system development
- Community Wellness Response Program
- Establishment of First Nations Research Unit, in partnership with Sioux Lookout Meno Ya Win Health Centre

Continue to promote health careers by:

- Increasing presence at regional career fairs
- Implementing consistent and professional campaign with printed materials
- Increase online presence through website and social media
- Recruit regional models (graduates, working professionals, students) to use in promotional materials
- Develop bursary program for First Nation students pursuing careers in health care

Representatives for 2011-12

Chief Donny Morris, Kitchenuhmaykoosib Inninuwug
Chief Clifford Bull, Lac Seul First Nation
Chief Connie Gray-Mckay, Mishkeegogamang First Nation
Chief Harry Papah, Eabametoong First Nation
Chief Arnold Gardner (Alternate: Coun. Robert Gardner), Eagle Lake First Nation
Chief James Mamakwa, Kingfisher Lake First Nation
Chief Titus Tait, Sachigo Lake First Nation
Chief Bart Meekis, Sandy Lake First Nation
Tina Kakepetum-Schultz, Keewaytinook Okimakanak Council
Deputy Grand Chief Alvin Fiddler, Nishnawbe Aski Nation

Elders

Phyllis Semple, Kitchenuhmaykoosib Inninuwug
Jonas Fiddler, Sandy Lake First Nation

Health Services

Janet Gordon
Director of
Health Services

Implementation of the AHP

In 2006, the Sioux Lookout area Chiefs passed a resolution to accept the Anishinabe Health Plan (AHP) and gave SLFNHA the mandate to implement the plan. The AHP supports the development of a unified regional primary health care system under First Nation governance and management.

In the past six years, SLFNHA has done work supporting the implementation of the AHP, which includes:

- Planning, negotiating and implementing the long-term agreement for regional physician services
- Development of the Primary Care Integration Business Plan
- Public Health Review and Planning
- Mental Health Review
- Dental Health Program Review
- Primary Health Care Clinic Review
- Client Coordination Review

SLFNHA continues to use the AHP as a roadmap in developing health services and programs for the First Nation communities we serve.

Management of Physician Services

SLFNHA provides administration and management support to Sioux Lookout Regional Physician Services Inc. (SLRPSI). Through this support, SLFNHA;

- Implements and monitors SLRPSI policies
- Manages physician contracts
- Employs and supervises approximately 20 employees
- Oversees, schedules and coordinates physician service days for the First Nation communities in our region and Sioux Lookout Meno Ya Win Health Centre (SLMHC), as per the physician services plan
- Submits billings and other reports required by the Ontario Ministry of Health and Long-Term Care
- Implements the physician recruitment plan
- Manages the Northern Primary Health Care Clinic

	2009-2010 Community Days	2010-2011 Community Days	2011-2012 Community Days	2012-2013 Community Days
Service Provided	1,244.50	1,802.50	2,221	2,048

Key Accomplishments 2012-2013

- An evaluation, by Malatest, of physician services was conducted, which offered SLRPSI information to support with future planning and delivery of physician services
- A two-day conference, entitled Continuing Medical Education, was held in March 2013 for all physicians in the area. This conference focused on addictions medicine and health research
- A physician appreciation dinner was held on November 23, 2012
- Addiction medical specialists supported communities with establishment of community-based treatment programs

Electronic Medical Records (EMR)

We are just moving into our second exciting year of working with the Electronic Medical Record System (OSCAR).

Most of our first year was spent on training, connectivity/setup, adapting the e-chart to best work for each site and inputting/setting up patient data. We also started receiving many of our local test results through electronic transfer and initiated a committee to work on flow of paperwork from Sioux Lookout Meno Ya Win Health Centre (SLMHC). This year, we worked on upgrades to the system and working towards improving the day-to-day operations, including improved billing patterns and the development of an Integrator which allows for smooth access for physicians to view and update charts.

Moving Forward

- Training all disciplines working in OSCAR to move smoothly through e-charts and increase confidence in this new system
- Review access and equipment availability in all nursing stations, ensuring physicians are consistently able to work within the EMR
- Continue to work with Thunder Bay Meditech on the flow of results through our Physician Office Integration (POI)
- Continue to work with Indivica for formatting and support of reports
- Continue to work with SLMHC with sharing of information from client visits

The EMR is a great benefit for our client health care. Reports continue to come out demonstrating the benefits of family physicians moving to EMRs.

Northern Primary Health Care Facility

The Primary Health Care Clinic provides primary care for clients from the First Nation communities in the region. During this fiscal year, 3,306 clients were seen in the Clinic, which consisted of:

- Regular scheduled appointments
- Urgent or follow-up appointments from the community
- Follow-up from the emergency department and hospital discharge
- Specialty visits

This program and its services continue to be housed on the main floor of the old Zone hospital, which has easy access for patients and addresses safety issues that arose with the clinic when it was previously located on the lower level of this building. This facility is not being utilized to its full potential and this is due to its current location. SLFNHA continues to advocate and work with Health Canada to secure a new facility for our northern patients, which would house the Clinic, Primary Health Care Unit, physician offices and other essential services.

Health Canada notified SLFNHA, in the previous year, that the Clinic and Primary Health Care Unit (PHCU) would need to vacate the current location (previous deadline was October 31, 2012). SLFNHA worked with SLRPSI to ensure this temporary location is stable while they continue to work towards securing a permanent Facility.

Moving Forward

- To secure a permanent facility, located at the Health Campus close to the Hostel and Sioux Lookout Meno Ya Win Health Centre
- To establish a Nurse Practitioner as part of the Team

Recruitment and Retention

The efforts to recruit physicians this past year included participating in several conferences, such as the PAIRO tour, Family Medicine Forum and the Society of Rural and Remote Physicians Conference. These conferences allowed for booths and one-on-one contact with medical students and resident physicians.

The Recruiter worked with Health Force Ontario to utilize their expertise and assistance with our recruitment needs.

In November 2012, Physician Appreciation Week took place. This included gifts to our physicians and an Annual Appreciation Event where physicians and support-staff enjoyed a dinner and evening of entertainment.

Client Coordination System

The Primary Care Integration Business Plan report, received in March 2011, identified client coordination as an area of service that could be improved within the current health care system. The Client Coordination Working Group was established shortly thereafter and consists of representation from SLFNHA, First Nations and Inuit Health (NIHB, Zone Dental Program, Zone Nursing), Keewaytinook Okimakanak Tribal Council and Shibogama First Nations Tribal Council.

This past year, the Working Group worked towards:

- Development of Regional Health Services Directory
- Working with Health Canada to move forward to improve health services issues (Client Coordination, Dental Program, Zone Nursing) to discuss how a higher-level of decision-makers could be involved with the goal of having a more comprehensive plan to transition these services to First Nations governance

Public Health

In 2012, the SLFNHA received funding from the First Nations and Inuit Health – Ontario Region's (FNIH-OR) Health Services Integration Fund to proceed with the development of an integrated federal and provincial public health services that would ensure a culturally-appropriate First Nations model of delivery for public health services. Through this funding, a full-time Public Health Project Coordinator was hired in October 2012 for a three-year contract to support the development of a public health project framework. An Administrative Assistant for the program was hired in January 2013.

In December 2012, a letter was faxed to all the SLFNHA-area Chiefs requesting the input of the First Nation communities in the development of a model of delivery. Community visits with front-line workers started during the month of February 2013 and involved a survey about public health. By the end of the 2012-2013 fiscal year, 15 communities were visited.

Moving Forward

- Finalize the report of gathered data from communities visited
- Establish a Steering Group
- Finalize the Year One Evaluation Status Report

Regional Wellness Response Program

The Regional Wellness Response Program was established to respond to the high prevalence of prescription drug abuse and associated harms, including sexually transmitted infections (STIs) and blood-borne infections (BBIs), such as hepatitis and HIV. The program works with communities and health workers to enhance the awareness about the transmission and prevention of STIs and BBIs, to support harm reduction initiatives, and to support the development of community treatment approaches.

Key Accomplishments

- A program coordinator and assistant were hired in January 2013
- In collaboration with the Communications Department and Sexually Transmitted and Blood-Borne Infections (STBBI) Working Group, a media campaign was launched. This included recording a radio show and television program for communities, which will be finalized and distributed later this year. Education resources were disseminated to all communities.
- Visited three communities to discuss harm reduction (prevention of STIs and BBIs). Provided education on a community radio show and taught high school students about harm reduction.
- Assumed responsibility for the Needle Distribution Program to send safe injection kits to communities in the Sioux Lookout region

Moving Forward

- The Needle Distribution Program will be continued and will involve increased community education and outreach about minimising harms from drug-use
- Community outreach will be extended to communities to address substance-use concerns and aftercare
- Increased opportunities for education and training will be offered to communities and health workers
- A HCV (hepatitis C virus) Case Coordinator will be hired to provide case management, support and referral services for clients at risk of/living with HCV
- The Community Wellness Development Team (CWDT) will be coordinated under the Regional Wellness Development Program. CWDT Mental Health and Addiction Specialists support communities in the development, implementation and evaluation of community-based treatment approaches to address mental health and addiction concerns.
- A funding proposal, in collaboration with the Sioux Lookout Meno Ya Win Health Centre, has been submitted to expand the program and offer a broader range of services.

Dental Research Project

Overview

International Collaborative Indigenous Health Research, Baby Teeth Talk Study is a three-year project that involves reducing early childhood caries by focusing on intervention during pregnancy. The participating countries are Australia, Canada and New Zealand. Early childhood caries disparities exist between Indigenous and non-Indigenous children in each of these countries.

The Baby Teeth Talk Study consists of regular visits with prenatal participants and eventually their babies.

Key Accomplishments

- The recruitment for participants started on August 2011 and ended on December 2012. We recruited 224 participants.
- In March 2013, two registered dental hygienists were given short term contracts to do the clinical examinations on the participating mothers and applying fluoride varnish on infants. In the 2012-2013 fiscal year, eight communities received visits and participated in the clinical examinations.
- The Dental Research Project and full report will be complete in the autumn of 2014

From left: Janine Arpin, Kelly McIntosh, James Bergman, Ann Cleland, Donna Morris and Christine Sawanas.
Missing from photo: Susan Chapman, Paddy Dasno, Hana Beitl and Tina Quequish.

Tuberculosis Control Program

Overview

Since 1997, Sioux Lookout First Nations Health Authority has delivered the Tuberculosis (TB) Program. The mandate of the Program is to decrease the incidence of tuberculosis, in the 31 First Nation communities SLFNHA serves, through surveillance, case and contact management, education, and awareness. Funding is through a yearly contribution agreement with First Nations and Inuit Health (FNIH).

Key Accomplishments

This is the second, consecutive year that no cases of tuberculosis were diagnosed in Sioux Lookout area communities. TB screening and education are important program components for keeping rates low. Work continues to implement alternative TB control options to more effectively meet the needs of our communities through enhanced screening and continued consultation with community leadership and healthcare providers. TB education is offered to all communities and targets community members, leaders, healthcare workers, Health Directors and students.

The TB program continues to provide information and links to TB resources through the SLFNHA website.

Health Services (continued)

For a second year, the Jeremiah McKay Kabayshewekamik Hostel was the venue to commemorate World TB Day, March 24, featuring educational displays and refreshments. Educational packages about World TB Day and tuberculosis, with community-specific information, were sent to all Health Directors and nursing-station staff.

Moving Forward

Building on the success of our second TB-free year, and in alignment with the principles of the Anishinabe Health Plan, the SLFNHA TB Program aims to continue a targeted approach towards health protection. Through community driven processes, we aim to:

- Promote initiatives to improve determinants of indigenous health
- Educate individuals and communities about TB risk management
- Support and promote enhanced TB surveillance in all communities
- Preserve knowledge through collection and documentation of elders' stories of TB experiences, traditional health practices, food preparation and recipes
- Continue to look at the requirements for BCG vaccine in the Sioux Lookout region and to develop a strategy for TB control options that meet the requirements of the communities with support from the BCG Advisory Committee. (BCG vaccine is used primarily to prevent severe complications for TB in children e.g. TB meningitis).

First Nations and Inuit Health Information Services

SLFNHA manages a centralized database for 28 First Nations communities in the Sioux Lookout zone. This database is called the First Nations and Inuit Health Information System (FNIHIS).

The FNIHIS program collects and enters immunizations, Mantoux (TB) tests, new client core information and client mortality information. The FNIHIS Clerk inputs the data received from the nursing stations/clinics, as well as from the multiple health units and hospitals. The clerk creates monthly immunization schedules and yearly schedules for hepatitis B and Influenza, as well as Population Validation reports for the First Nations communities in the Sioux Lookout zone.

Client Core Data	
New Clients	618
Changes to Client Core	493
Deaths	123
Immunization Data	
Immunization Entries	13,263
Mantoux Testing Entries	438
Immunization/Mantoux Records Requested	1323

Immunization/Mantoux (TB) records and specific client core or immunization/Mantoux reports are available upon request for nursing stations, clinics, health units, hospitals and multiple children's social service agencies.

Telemedicine

Program Overview
The key objective of Telemedicine Program is to provide access to professional health care and mental health specialized services via private videoconference consultations. Supporting 26 remote First Nation communities in the Sioux Lookout area, our Telemedicine Program operates in partnership with Keewaytinook Okimakanak Telemedicine (KOTM), Ontario Telemedicine Network (OTN), Hospital for Sick Children in Toronto and Tikinagan Child & Family Services.

Health-related, educational videoconference sessions and webinars are offered by the SLFNHA Telemedicine Program to clients, their families, our employees and community partners on an ongoing base. Videoconferencing technology is also applied in delivering administrative meetings and conferences.

Annual Statistics

Event Type	# of Sessions	Clients Seen
Clinical	132	142
Group Consults	7	
Educational	39	
Administrative	33	
	Total Sessions: **211**	Total Clients Seen: **142**

Trend Analysis

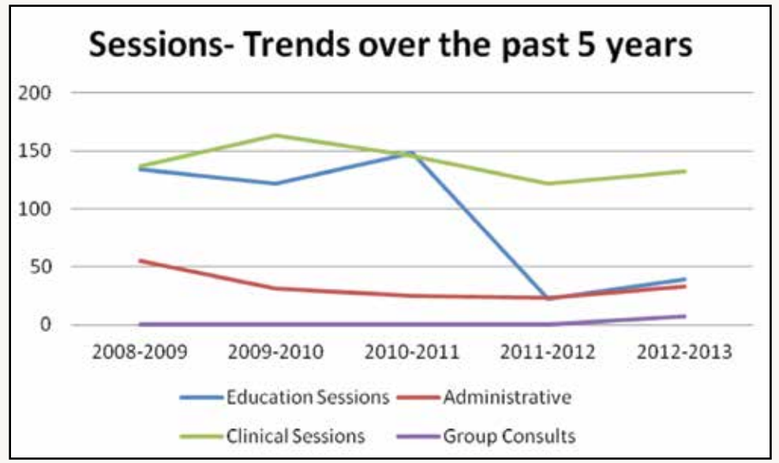


Figure A

In looking at the statistics over the past five years *(see Figure A)*, it is apparent that Clinical Sessions (neurology, orthopedic surgery, Developmental Services assessments, etc) are consistently more common than others. This is due to the increase of referrals to mental health specialists (psychologists, psychiatrists, art therapists) and follow-up sessions between clients and mental health counselors.

This past fiscal year, we've had new Group Consult sessions occuring between staff at the Short-Term Assessment and Treatment Unit and a child psychiatrist, which would be considered a mixture of staff training and program development.

Key Accomplishments
- The annual review of the SLFNHA Telemedicine Program indicates an increase in numbers of clients seen by the mental health specialists, particularly in the area of tele-psychiatry and tele-psychology
- Working together with the Nodin CFI department, Hospital for Sick Children and other health care facilities linked to Ontario Telemedicine Network (OTN), the focus of SLFNHA Telemedicine Program has been aimed at better access to continuous care and resources

Moving Forward
During the next year, the Telemedicine Program will be working towards:
- Enhancement in coordination and procedures of telemedicine referral system
- Broader application of cost-effective videoconferencing technology in the areas of clinical services, counseling, staff education and training
- Partnership development and effective information/resource sharing.

Health Services (continued)

Developmental Services

The Developmental Services Program works with adults and youth with developmental disabilities, mental health issues and/or challenging behaviours. The program assists and facilitates successful transitions from school to adult life, as well as providing clinical services and resources (via videoconferencing) to our clients.

Partnerships
SLFNHA partners with Community Living Sioux Lookout and Surrey Place Centre based in Toronto. These partnerships allow access to a multidisciplinary clinical team comprised of a psychiatric nurse, psychologists, behaviour therapists, a speech language pathologist and an occupational therapist.

Key Accomplishments
The Program is currently staffed with two workers who support clients and their families, act as a resource for health care providers/social workers, and promote programs to communities. Currently, there are 109 referrals to date and 61 clients are active.

2012/2013
- Conducted 14 community visits (Frenchman's Head, Kitchenuhmaykoosib Inninuwug, Weagamow, Wunnimun, Cat Lake, Kasabonika, Pikangikum, Slate Falls, Mishkeegogamang, Bearskin, Wapekeka, Lac Seul, Kenora (supported clients from Kasabonika, Cat Lake, Wapekeka) and Thunder Bay (to support clients from Lansdowne House, Keewaywin and Cat Lake)
- Completed 8 intakes for Clinical assessments
- Completed 10 Developmental Services Ontario assessments
- Supported the completion of 35 clinical assessments for Psychiatry, Psychology, Behavioural Therapy and counselling
- Passport funding program with 16 applications to date, 10 waiting for approval for funding
- Attended a variety of continuing education sessions

Client Programs
The Social Group was formed in 2009 to provide adults who have developmental disabilities the opportunity to meet with their peers who may have similar needs and interests. Twelve clients were screened for the group and meet on a monthly basis. The Christmas party was held in December of 2012. Participating sites included Weagamow, Saugeen, Cat Lake, Sachigo, Frenchman's Head, Atikokan, Kasabonika and Deer Lake.

Developmental workshop was held September 17-21, with 19 clients and family escorts attending. The primary goal of the conference is to bring together adults from isolated communities, dealing with similar challenges for both educational and fun activities. The theme of this year's conference was "Taking care of ourselves." This involved three different aspects of self care: social, emotional and physical well-being.

Moving forward
- Continue to work with First Nation communities to provide education, supports and/or services and accessing resources for people living with developmental disabilities
- Continue to lobby for improved/enhanced services and resources for our clients
- Continue to identify educational needs and promote educational opportunities for health care professionals, families, clients and support networks
- Continue to train community members to work with clients with developmental disabilities
- Continue to promote the program and services to all communities.

Doris Grinspun, Chief Executive Officer of the Registered Nurses' Association of Ontario visits May 9, 2012 with SLFNHA staff during a regional tour.

Primary Health Care Unit
Back Row (left to right): Mary-Ann Beardy, Stephanie Bandola, Michelle Farlinger, Trina Kakekagumick, Cindy Moffatt, Penny Bergman, Dennis Dumphy, Alice Dodsworth
Front Row (left to right): Bentley Rozee, Brenda Agustin, Jeanette Wisnoski, Joanie Gulka, Cindy Wilson, Sue Haukeness, Rachel Quequish

Nodin Child and Family Intervention Services

Kevin Berube
Director of
Treatment Services

Nodin Child and Family Intervention Services (Nodin CFI) delivers mental health services for children, adults and families in the Sioux Lookout area First Nation communities. Services include mental health counseling and assessments, early interventions, specialized clinics, cultural services support, crisis management support, special-needs case management and youth residential stabilization and assessment through Mikinakoos. Nodin also provides training and planning to support community-based staff.

Nodin's services are funded by the Ministry of Community and Social Services, Ministry of Children and Youth Services and Health Canada's First Nations and Inuit Health Branch.

Our Partners

First Nation communities	Tribal Councils
Sioux Lookout Meno Ya Win Health Centre	NishnawbeAski Nation
Community Counseling and Addictions Services	Tikinagan Child and Family Services
Keewaytinook Okimakanak Telemedicine	Kinark Child and Family Services
Centre for Addictions and Mental Health	Ontario Sick Kids Telepsychiatry
Children's Mental Health Centre of Excellence – CHEO	Firefly Children's Mental Health

This year our accomplishments include:

- Training in Trauma-Based Cognitive Behaviour Therapy and Narrative Therapy for our mental health counselors
- Train-the-Trainer; Three Nodin staff were trained in Mental Health First Aid to then provide Mental Health First Aid training for staff and community resources
- Ongoing training and supervision in expressive art therapy for counselors to conduct group work with clients from our communities attending schools in the Sioux Lookout area (Pelican Falls First Nations High School and QEDHS)
- Approval of continued funding for a youth worker to provide youth support work in one of our communities that have youth identified as high-risk
- Ongoing work with a clinical research team to develop a community case-management model, provide training and development of community services and evaluation of completed work which will benefit all community support services
- Approval of funding to conduct a needs assessment and feasibility study to develop a Child Advocacy Centre to serve the First Nation communities in the Sioux Lookout zone
- Provision of crisis response services to 46 requests from our communities
- Approval of Trauma Teams through Extraordinary Circumstances Reserve funding to provide Trauma Team support to communities approved for these services.

Mental Health Services

Through counseling services, specialty clinics and cultural support services, we responded to the mental health needs of 3,870 clients in the past service year. This does not include the number of clients served through our crisis response services. An additional 5,608 clients received service through our crisis response services in the 2012/13 service year.

Our area teams provide ongoing counseling support to our clients in the Northern communities. This past year, we provided service to 1,443 clients. Of the 1,443 clients served, 599 of these clients were seen through our acute care services. Many of the clients referred to acute care services will be referred to ongoing support in the communities and are followed up by a mental health counselor back home.

Our specialized services (psychology, psychiatry, expressive arts) provided assessments, ongoing support and consultation services to 647 clients in this service year. The number of clients seen through our specialty clinics is the highest it has ever been. The increasing number of clients seeking specialized services creates a long waitlist. This is a challenge that we continue to encounter as we have limited psychiatric, psychological and expressive arts services and the need for these services is great.

Our cultural services team provided services to 1,780 clients in this service year. Of the 1,780 clients seen, 1,265 were adults, 225 were elders and 290 were children. It is important to note that the majority of the work our cultural services team conducts is through group work. Along with providing support group work, our cultural services staff facilitated 33 sweat lodge ceremonies and visited, by invitation, 10 of our communities this year to provide services. Some of the other services provided included: name giving ceremonies, memorial feasts, sharing circles, elder visits, residential school survivor support, education on medicinal plants, smudging ceremonies, abuse victim support and grief/loss support.

The Wee Chee Way Win crisis line, based in Wunnumin Lake, is a crisis line funded by Ministry of Children and Youth Services (MCYS) to provide telephone crisis-response services to our communities. In the past service year, the crisis line provided services to approximately 200 clients. Nodin has been working with our community nursing stations to increase exposure to the crisis line. Posters and wallet cards, with information about the crisis line, have been made and are being sent to our nursing stations in an effort to increase usage by people who would benefit from this service. The crisis line will need to be reviewed in the current service year to determine its continued viability as it is being underutilized in serving the target population as defined by MCYS (0 – 17 age range).

Nodin's crisis response service responded to 47 community incident reports and requests for service in this past year. We deployed 46 crisis teams and 110 crisis counselors in response to community requests. There were 5,608 clients seen through crisis services. Our crisis counselors continue to respond to community requests for counselor support for community withdrawal management programs. We have also deployed our crisis counselors to respond to community requests for pastoral services to assist in funerals and memorials.

Nodin Child and Family Intervention Services (continued)

Children's Mental Health and Addictions Services

In this past service year, Nodin received Ministry of Children and Youth Services funding for 11.5 positions for children's mental health and addictions workers to provide service to the client population (ages 0-17) in the communities of Aroland, Kitchenuhmaykoosib Inninuwug, Cat Lake, Eabametoong, Kasabonika, Marten Falls, Mishkeegogamang, Neskantaga, Pikangikum, Poplar Hill, Sandy Lake, Summer Beaver and Webequie. We have been busy trying to recruit community-based workers and identify office space in each of the communities. Although we only received funding for 11.5 positions, we felt the importance of hiring 13 workers so there would be one identified for each community.

Category	Services	2008-09	2009-10	2010-11	2011-12	2012-13
Counselling	Sioux Lookout Services	983	325	919	739	599
	Northern Services	1,208	681	1,879	2,149	844
Speciality Clinics		351	215	473	526	647
Traditional Healing		1,376	2,853	2,500	2,452	1,780
Total # of Clients Seen		**3,918**	**4,074**	**5,771**	**5,866**	**3,870**

Crisis	Description	2008-09	2009-10	2010-11	2011-12	2012-13
Suicide	Completions	14	14	10	12	12
	Attempts	237	103	78	91	73
Crisis	Responses	45	58	55	50	46

Mikinakoos – Short Term Assessment and Treatment Unit

Mikinakoos (the Short Term Assessment and Treatment unit) encountered a setback in this last service year that resulted in having to put the program on hold. During a licensing review of the program the licensor from MCYS noticed that the wall in the basement had been leaking. Upon further inspection, mold was found behind the wall. A test was conducted by an environmental service and mold was detected in the house. The clients were discharged from the program and Mikinakoos halted its operations on April 19, 2013.

In meetings with MCYS, it was recommended that a capital proposal be submitted for consideration to build a new facility. The recommendation is to look at the costs for building a 10-bed facility that can operate a co-ed client stabilization program. The decision has been made to sell the current facility and to use some of the proceeds of the sale to put towards designing a new facility and completion of a proposal to receive capital funds for building. In the meantime, the staff at Mikinakoos have either taken on other work within SLFNHA or have been laid off from work.

Current Projects

Nodin – Pikangikum Project: Nodin is in the final year of a three-year project with Pikangikum First Nation, through a partnership with a clinical research team, to work with the community of Pikangikum in the areas of community engagement, training and development of community resource workers, development of a community case-management model and evaluation of work. The clinical research team has been working alongside the community resources to develop a resource map and service coordination process for clients who need to access mental health and addictions services in the community. Much of the work that has been done can also be utilized by other communities as other support structures are very similar. It is the intent of Nodin to share this information with other communities that may be interested.

Trauma Teams: Through approval of Extraordinary Circumstance Reserve fund proposals, Nodin has developed trauma teams to work with two communities who declared states of emergency. The trauma teams are made up of mental health clinicians, child care workers and elders who work with families and individuals identified by the community resources in need of services the trauma team can offer.

The process begins with a community engagement and orientation plan where the teams are introduced to the different community groups (children and youth, adults, elders). There is a feast that accompanies the information session. At the feast, there is an opportunity to get feedback from the community regarding the need for trauma team services and how they can best be utilized. It is important for the trauma teams to be flexible to the needs of the community.

The trauma team then works alongside the community resources (leadership, mental health, addictions, education) to determine how they will work together and to ensure that the work that the trauma teams are doing doesn't negatively affect the work that is being done by the existing services. This "soft" approach has shown to be very effective as it empowers the community services by working alongside them and not replacing them.

The trauma team will provide clinical services to families and individuals impacted by events in their lives that cause trauma and issues such as unresolved grief. The trauma teams will also facilitate community events for the different community groups.

The trauma teams provide regular updates to the community leadership and receive direction from the leadership, as well as Nodin CFI. The goal of the trauma teams is to provide the necessary support to communities, which have been impacted by ongoing traumatic events, in an effort to mobilize the community members to resume care for each other.

It is important to note that the trauma teams are not intended to replace the work that is being done through crisis response services. Crisis response services (crisis teams, crisis counselors), through Nodin CFI, is intended to provide immediate support to families affected by a recent crisis in an effort to return families to a pre-crisis state. The trauma teams work with families and individuals affected by ongoing trauma or unresolved historical trauma. It is the unresolved trauma that negatively affects families and communities over the long-term, which creates difficulty in the community responding to community crises if and when they occur.

Nodin Child and Family Intervention Services (continued)

Challenges

In our communities, prescription drug abuse continues to impact our services by the amount of requests for addictions support for community members, as well as community requests to provide addictions counseling for withdrawal management programs. Understanding that we don't receive addictions support funding, we try to respond as well as we can to these requests. We continue to work with community resources (community mental health, NNADAP) to provide a coordinated response to requests for addictions support services.

Responding to suicide has been at the forefront of our services since Nodin began as a service. We continue to experience high numbers of suicide attempts and completions in our area. We understand that suicidal behavior is a symptom of other deeper rooted, unresolved issues and the response needed to address our suicide phenomena is multi-dimensional. We have hired a consultant to expand on the work, which was presented at our last AGM, around an analysis of the suicide statistics in our region. The work that the consultant did was qualitative in the analysis. The consultant looked at our file information at Nodin regarding clients who came to our service after a suicide attempt. The outcome of the work is to present information to our area Chiefs on what these clients were disclosing as reasons for why they wanted to commit suicide. Hopefully we can gain more insight into addressing suicide, by addressing the reasons some clients feel suicidal.

Moving Forward

Our efforts to continue to develop our services include:

- Continue to build on the relationship with the Centre for Addictions and Mental Health to provide training to our staff in Trauma-Based Cognitive Behavioural Therapy and Narrative Therapy, and to also provide ongoing clinical support to ensure that staff are utilizing this knowledge in their work with clients.
- Submit a proposal to MCYS for capital funds to build a new Mikinakoos – Short Term Assessment and Treatment unit that would be a larger (10 bed) co-ed facility so children and youth in our communities don't have to leave the region to receive this service.
- Utilize the information that is being compiled from partners, like the clinical research team working with Pikangikum, to share with other communities in an effort to build capacity and provide consistent service delivery in all of our communities.
- Standardize a baseline of direct client contact hours for all of our mental health and addictions counselors to ensure that our service operates efficiently and reaches as many clients as possible.

From left: Charlene Sakchekapo, Linda Magotte, Patti Roussin, Carolyn Goodman, Tom Chisel, Susan Barkman, Tina Jacobson, Kevin Berube, Dorothy Ross, Rose Gunderson, Chris Norris, Ann McDonald, Eric Kamenawatamin, Naomi Hoppe, MaryJane Chisel, Doris Dematos, Joy Harrison, Marilyn Lewis, Roland Michano.
Missing from photo: Dave Poulin, Brent Beardy, Dean Cachagee, Norman Barratt, Stephen Edwards, Brian McIvor, Aaron Therriault, Brenda Morison, Sonny Manoakeesic, Stanley Moonias, Josephine King, Forest Chisel, Wava Fox, Tannis Favot, Annie Capay, Violet Tuesday, Marion Morris, Seegwun Morris and Marlene Suggashie.

Nodin staff at the Trauma-Based Congnitive Behavioural Therapy training in the 2012-2013 service year.

Client Services Department

Darryl Quedent
Director of
Client Services

Background

The hostel replacement project was a collaborative partnership between Sioux lookout First Nations Health Authority (SLFNHA) and First Nations Inuit & Health Branch for Health Canada.

The total cost to complete the construction of new hostel was $14.3 million dollars. Health Canada provided a capital contribution of $10 million for the project and the balance of project was funded through a bank loan.

The hostel project received substantial completion on February 8, 2011. The Jeremiah McKay Kabayshewekamik (hostel) commenced operations on February 14, 2011. With 56 guestrooms and 100 beds, the vision for the hostel is to create a warm, welcoming home-away-from-home environment for clients travelling to Sioux Lookout for medical reasons. SLFNHA developed a business plan for the new hostel with the vision to:

- provide overnight accommodations for clients from Northern First Nation communities
- provide extended stays for maternity patients
- provide accommodations for client escorts
- provide ground transportation and meal services for clients staying at the hostel

Hostel Highlights for 2012-2013

Accommodations
The Jeremiah McKay Kabayshewekamik provided more than 49,500 person nights of accommodation to people travelling to Sioux Lookout and other urban destinations for medical appointments. The hostel is able to accommodate up to 36,000 persons each year, which often results in hostel management relying on external accommodation providers for overflow beds. Last year, the hostel accommodated 13,500 persons for overnight accommodations off-site, which translates to a nightly average of 37 guests off-site.

The Jeremiah McKay Kabayshewekamik provided a total of 150,000 meals to guests accommodated at the hostel. This total includes guests accommodated at local hotels and motels, as well as provision for bagged lunches to airport customers travelling on connecting flights to other urban destinations such as Winnipeg and Thunder Bay.

The Jeremiah McKay Kabayshewekamik continues to improve and provide an enhanced delivery for accommodation and support services, which assists clients to access services when away from home for medical appointments. This delivery process was accomplished by providing:

- excellent communication to guests about hostel and health services
- responsiveness (seeking to understand and respond to individual and health care needs
- equity (giving individuals a fair and reasonable opportunity to access all medical transportation benefits provided under Non Insured Health Benefits
- efficiency (delivering quality accommodation outcomes at an affordable cost)
- results-based (seeking the best results for our clients)

Customer Service
The Hostel Guests Services Program was added to hostel operations in December 2012. The Guest Services Representative completes random guest surveys to rate the overall satisfaction of the hostel and questions focus towards hostel premises, guestroom amenities, staff, and referral services. Specific questions were asked on the type of accommodation, food, safety and security, and the cultural environment. As in previous years, the large majority of respondents surveyed were happy with their stay at the hostel.

Most respondents identified that the quality of rooms of guestrooms met and/or exceeded expectations, the overall attitude of staff and services met or exceeded expectations, family and public areas were well-maintained. A very small number of respondents expressed dissatisfaction with hostel services and particular comments were made about lack of telephone and wireless internet services.

In order to address the comments made by hostel guests, the hostel management meets on regular basis to review hostel operation issues and concerns, and includes items as part of remedial action plan to deal with hostel service concerns.

Programs and Services

Security
When the security program was first developed in February 2011, it was intended to provide a daily coverage between the hours of 6 p.m. and 6 a.m. However, after implementation it was found this coverage was insufficient and a decision was made to implement a 24/7 security program. The intent was to meet the health and safety for all clients and staff.

Client Representative
The Client Representative continues to provide:
- cross-cultural orientations to hospital staff and accompany medical staff during patient rounds
- work with clients at the hostel for referral services
- assist with translation services

Over the past year, the client representative's workload has shifted to primarily working with clients staying at the hostel, which is often due to long-term accommodation for clients. The client representative also advocates for municipal social housing and referrals for health and social services

Activity Program
The Activity Program has developed workload to working with clients at the hostel. The activity coordinator plans and coordinates recreational and social activities for clients at the Hostel. Activities include:
- arts and crafts, distribution of magazines, puzzles, cards, videogames, fun bingos and movie nights
- working with other service providers who offer activities for clients
- acting as a liaison for clients requiring assistance and translation

Food Services
The Food Services Program is a joint effort between Aramark Canada Ltd. and Jeremiah McKay Kabayshewekamik staff. The food is prepared, cooked and delivered by Aramark. The hostel staff is responsible for re-heating of food, portion control, distribution of meals and cleanup. The hostel meets with Aramark Canada on a monthly basis to review weekly menu items, quality control issues and quantities. The hostel is also requesting to include more traditional food items on the weekly menu such as fish and moose meat products.

Client Services Department (continued)

Hostel Guest Services
A Hostel Guest Services Program was added to list of hostel program and services. The intent of this program was to ensure that the hostel guest needs were met at time of check in, making sure that guests were made aware of guestroom amenities and hostel services, provide assistance with luggage, provide front desk relief coverage, meet and greet incoming visitors to the hostel and translation services

Hostel Partners

SLMHC
The hostel staff continues to work collaboratively with Sioux Lookout Meno Ya Win Health Centre (SLMHC) staff to confirm admissions and discharges from the hospital. The hospital provides discharge forms for clients who have been medivac'd from northern First Nation communities. The discharge process is completed after-hours and is often difficult to coordinate due to the local Health Canada office being closed. The hostel staff is supported by an agreement in principle with Health Canada on the process to be utilized for post-approval for medical transportation benefits.

FNIHB
The First Nation and Inuit Health Branch (FNIHB) office continues to administer the Medical Transportation Benefits and the provision of benefits under the Non-Insured Health Benefits program. The Hostel staff work in many different ways to enhance the business activities between both by providing direct contact with clients regarding their medical appointments and return travel arrangements. The Hostel staff also provide after-hour support for FNIHB by completing return travel for client and escorts who are discharged to return home.

Out of the Cold Shelter
Hostel management and the Out of the Cold shelter have developed a protocol for dealing with clients who have been dismissed from the hostel due to public intoxication issues. For the safety of the client and other hostel users, the Out of the Cold shelter will accept hostel clients who are deemed to be intoxicated and unable to take care of themselves. The hostel provides a taxi ride to the shelter for those clients who agree to go to the shelter. In the event that a client refuses, the police are notified that an individual is leaving the facility on their own and may be unable to take care of their self. The hostel provides an average of three to seven rides to the shelter each week.

Patient Liaison Officer
The Hostel receives support services from Patient Liaison Worker who works from the Shibogama Tribal Council office. Shibogama Tribal Council receives funding from Health Canada to provide assistance for those who have been denied medical transportation benefits and are stranded in Sioux Lookout. The Patient Liaison Worker conducts interviews with the client to assess why they have been denied transportation benefits and looks at alternative means of return travel home. The worker will coordinate return travel with communities directly and/or through direct contact with immediate family. The Patient Liaison worker will also write an appeal letter on behalf of the client for reinstatement of benefits. However, this appeal process can take several weeks to resolve.

Moving Forward for 2013-2014

The management at the Hostel is constantly looking for better ways to measure and improve on the extent to which the hostel provides culturally appropriate and comfortable environment for clients accessing the facility. The prime objective is to focus on client needs. The Jeremiah McKay Kabayshewekamik will go one step further in providing quality accommodation to First Nation members by value-adding to each of its services to meet clients' needs. In particular, hostel staff will be provided with appropriate training and support services to ensure that they can and do meet the needs of clients.

In this regard, the hostel team will:
- act as program navigator
- assist clients with questions about how to access medical transportation benefits and services
- promote access to quality health care services

The hostel staff will also work in many different ways to enhance access to services by:
- making direct contact with local FNIHB, Health Canada and support networks
- networking with the local First Nation communities to foster quality relationships with community-based health care providers
- accessing local community services for specific purposes, such as emergency shelters, social housing and local municipal services
- creating a community-style environment at the hostel
- making changes to the hostel business model by working cooperatively and developing opportunities to improve and enhance the quality of services

Moving forward, SLFNHA aims to surpass in the following hostel operational issues:
- Enhanced security coverage for the Hostel
- Quality and quantity of meals provided by food service provider
- Effective management to deal with incident reports involving alcohol and drug abuse
- Address need for long-term accommodations for drug addiction issues
- Requirement for training for all hostel staff

Conclusion

In order to deal with the many challenges of operating a hostel, SLFNHA Hostel Management will continue to provide a strategic direction to address operational issues and find solutions to problem areas by:
- ensuring that clients and escorts are housed in safe and friendly environment
- ensuring that clients and escorts are provided with equal access to medical transportation benefits provided under the Non-Insured Health Benefits program
- providing pathways for clients to educate and become more familiar with Medical Transportation Benefits.

Jeremiah McKay Kabayshewekamik (Hostel) Staff

Standing, back row: Nicole Jacobs, Darryl Quedent, Judy Korobanik, Tim Davies, Randy Wilson. Sitting, front- Mary Cantin, Rhonda Kurahara, Jeff Bursey, Candace Widmeyer. Front, standing- Delphine Crane, Elaine Elliott, Elvin Pedrosa, Raymond Binguis, Velma Wesley, Peter Mackechnie, Lorna Fiddler and Julie McKay.
Missing; Mary Kejick, Barb Friesen, Nancy Greaves, Seepa Gray, April Gray, Barbara Peetawayway, Barry Waboose, Ronnie Elliott, Lenny Fiddler, Don Metza, Anna Skunk, Liz Masakeyash, Rosie Lyon, James Begg, Adelaide Anderson, Eunice Kakekayash, David Morris, Marsha Favot, Cathy Goodman, Yvonne Kamenawatamin, Jennifer Brown, Chelsea Greig, Candace Warner, Charlotte Carpenter, Jeanette Moonias, Roy Carpenter, Juda Mckay, David Makahnouk, Clifford Keeash, Al Mathews, Ed Brunton, Jenny Glena, Evangeline Chapman, Allan Walski, Bentley Rozee, Eunice Kakekayash, Renato Jarvata, Christine Bunting, Edna Continete, Nina Sugarhead, Neebin Moris, Sandra MacLeod, Sheila Bruneau, Kelly Ash, Shawn Harper, Angela Augustine, Genesis Tamson, Bridget Barron, Kayla Newman, Lilly Augustine, Johanne Pelletier, April Tuesday, Wayne Cecchetto, Margaret Singleton, Tanya Necan.

Administrative Staff

From left to right: Pierre Parsons, Brent Wesley, Hayley Rice, Rod Horsman, Christine Chisel, April Derouin, Star Mamakwa, Chris Duval, Dorothy Binguis, Kadey Kennedy, Robert Kottschoth, Bobbie Christink, Niki Kiepek, Debra Moskotaywewene, Irene Dube. Missing from photo: James Morris, Janet Gordon, Charlene Dyment, Charlene Samuel, Edna Moskotaywewene, Angela Harrison, Suzanne Snow, Maureen Chabbert, Terri Farrell, Cheryl Otis.

Finance Staff

From left to right: Sheila Hendricken, Audrey Trimble, Carolyn Horbas , Laureen Machimity, Evangeline Kanakakeesic. Missing from photo: Judy Buchan, Diane Dunford, Linda Bourrier, Raye Landry

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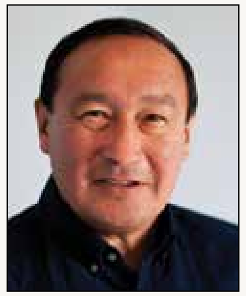

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ᑭᒥᓫᒥᓇᓇᐤ ᐅᓭ ᑲᔭᑯᑌᐱᑲᓄᑫᔭᐤ ᐃᐧᓇᐊᐧ ᒪᐊᐧᐨ ᑭᓂᑕ ᓇᑕᐁᐧᐣᒋᑫᐊᐧᐤ ᒥᓇ ᑭᓂᑕ ᐊᐧᓂᐦᐃᑫᐊᐧᐤ ᒥᓇ ᑭᓂᑕ ᐸᑭᑕᐁᐧᐊᐧᐤ᙮ ᒥᓇ ᐱᑯ ᐅᑭᐦᑭᑫᐣᑕᓇᐊᐧ ᐊᐣᑎ ᒪᔭᑦ ᑫᑕᐃᐧᐃᔑ ᓇᑕᐁᐧᐣᒋᑫᐊᐧᐨ ᒥᓇ ᑫᐅᑕᒋᐅᐊᐧᐨ ᐃᐃᒪ ᑭᑕᑭᒥᓇᐤ᙮ ᒥᓇ ᐅᑭᐦᑭᑫᓂᒪᐊᐧᐣ ᐊᓂᐣ ᒪᔭᑦ ᐊᐃᐧᔭᔑᓭᐣ ᐁᑐᑕᒥᓂᐨ ᐃᑫᐧᓂᐊᐧᐣ ᐅᑕ ᑲᑭᓇᑕᐁᐧᓂᒪᐊᐧᐨ ᒥᓇ ᑲᑭᐃᐧᔭᒪᐧᐊᐧᐊᐧᐨ ᐁᑲᐧ ᐅᐅᐁᐧ ᑲᑭᐃᔑᑭᑫᐣᑕᒧᐊᐧᐨ ᒪᐊᐧᐨ ᑭᓇᐦᐃᐊᐧᐤ ᐁᑭᐅᒋᑕᒪᔨᐊᐧᐨ᙮ ᒣᑲᐧᐨ ᑲᔭ ᑲᑭᓇᑕᐁᐧᐣᒋᑫᐊᐧᐨ ᐁᐦᐊᐣ ᐁᑕ ᐊᐃᐧᔭᔑᓭᐣ ᑲᑭᓇᑕᐁᐧᓂᒪᐊᐧᐨ ᐁᑕ ᐅᑭᑕᓇᐁᐧᓂᒪᐊᐧᐣ᙮ ᐁᑲᐧ ᐊᐦᑭᑲᐤ ᑲᑕᑲᐧᓂᓂᑭᐣ ᒪᐊᐧᐨ ᐅᑭᐦᑭᒋᓀᐣᑕᓇᐊᐧ ᑕᐱᓂᑲ ᐊᒥᐁᐧ ᑲᑭᐃᔑᑭᐦᑭᓄᐊᒪᐊᐧᑲᓄᐊᐧᐨ ᐊᐦᐃᐤ ᐅᑕᓂᔑᓇᐯᐃᐧ ᐅᐱᒪᑎᓯᐎᓂᐊᐧᐤ ᐅᒋ᙮

ᐁᑲᐧ ᒥᓇ ᑯᑯᒥᓇᓇᐤ ᒥᓇ ᑫᐃᐧᓇᐊᐧ ᑕᐱᑕ ᑭᐃᓇᓄᑭᐊᐧᐤ ᐃᐃᒪ ᐅᑲᐯᓫᓂᐊᐧᐤ᙮ ᑲᑭᓇ ᒥᓇ ᑫᑯᓂᓂ ᐅᑭᐊᐸᒋᑐᓇᐊᐧ ᐁᐦᐊᐣ ᐅᓇᑕᐁᐧᐣᒋᑫᐣ ᑲᐃᔅᑲᐧ ᑕᑯᓇᓂᐨ ᐊᐃᐧᔭᔑᓭᐣ ᐁᑲᐧ ᑲᐧᓂᐣ ᑫᑯᐣ ᒍᒋᐁᐧᐱᓇᒧᐊᐧᐨ᙮

ᐊᒥᐅᐁᐧ ᑲᑭᐅᒋᒥᓄᐊᔭᐊᐧᐨ ᑲᐧᔭᐤ ᐁᑭᐃᓇᒋᑫᐊᐧᐨ ᑕᐱᔅᑯᐨ ᐅᐅᐁᐧ ᓄᑯᑦ ᑲᐃᔑᓂᑲᑕᒪᐤ ᑲᐧᔭᐤ ᑲᓇᐁᐧᐣᑕᐣ ᑭᐱᒪᑎᓯᐎᐣ᙮ ᒪᐊᐧᐨ ᑲᐧᔭᐤ ᒥᒋᒥᓂ ᐅᑭᒥᒋᓇᐊᐧ ᑲᐧᓂᐣ ᒥᓇ ᒋᐅᒋᐱᒥᑌᐊᐧᒋᑫᐊᐧᐨ ᒥᓇ ᓇᐱᐨ ᐸᑭ ᔨᔥᔨᐸᑲᐧᐟ ᐅᑭᐊᐸᒋᑐᓇᐊᐧ ᒥᓇ ᐅᑭᒋᑭᔅᑲᑯᓇᐊᐧ ᓇᑐᒥᒋᒥᓂ ᐁᑲᐧ ᒥᓇ ᑲᐯᐱᑯ ᑭᐊᐧᐊᐧᑲᐃᐧᐊᐧᐤ ᐃᐃᐁᐧ ᓂᔅᑕᑦ ᑲᒪᒋᑫᑭᒐᐸᔭᓂᐤ ᓀᐃᐧᐨ ᑲᑎᐱᑲᓂᐤ᙮ ᒥᓇ ᑲᐧᔭᐤ ᑭᐸᑭᑕᓇᒧᐊᐧᐤ ᐁᑲᐧ ᑭᒥᓇᐧᑲᒥᓂᓂ ᓂᐱᓂ ᑲᑭᒥᓂᑲᐧᑕᒧᐊᐧᐨ ᑕᑕᓯᑭᔑᑲ᙮

ᐁᑲᐧ ᑭᑎᔑᑭᑫᐣᑕᒥᐣ ᑭᒥᓫᒥᓇᓇᐤ ᐁᑲᐧ ᑯᑯᒥᓇᓇᐤ ᑕᔑᓀ ᐱᑯ ᐁᑭᒥᓄᐊᔭᐊᐧᐨ᙮ ᑲᐧᓂᐣ ᐅᑫᐧᓂᐊᐧᐣ ᒋᐅᒋᐊᐧᓇᐦᐃᑯᐊᐧᐨ ᑐᑲᐣ ᒥᓂᑫᐧᐃᐧᐣ ᒥᓇ ᒪᒋᒪᔅᑭᑭᑫᐎᐣ ᓇᐣᑕ ᑲᔭ ᑲᐅᑕᐱᓂᒥᐨ ᐅᓂᒐᓂᔑᔑᐊᐧᐣ ᐁᑲᐧ ᐃᐃᒪ ᑲᑭᐅᒋᒪᒋᒋᑫᒪᑲᓂᓂᐤ ᐅᐱᒪᑎᓯᐎᓂᐊᐧ ᓭᑯᐨ ᑭᐊᔭᐊᐧᓄᐣ ᐸᑲᐣ ᑫᑯᓇᐣ ᑲᑭᐊᓂᒥᐦᐃᑯᐊᐧᐨ ᒥᓇ ᐱᑯ ᒪᐊᐧᐨ ᒋᑭᒥᓄᐊᔭᐊᐧᐨ ᐃᐃᒪ ᐅᐃᐧᔭᔨᐊᐧᐤ ᒥᓇ ᐅᒪᒥᑎᓀᐣᒋᑲᓂᐊᐧᐤ ᒥᓇ ᐅᑎᓇᒪᒋᐦᐅᓂᐊᐧᐤ ᐁᑲᐧ ᐅᑕᒐᑯᐱᒪᑎᓯᓂᐊᐧᐤ᙮

ᑭᐦᑫᐣᑕᓇᐊᐧ ᑲᓇ ᐊᓭ ᒥᔥᑕᐦᐃ ᐁᒪᔭᑭᓴᐤ ᑫᑯᐣ᙮ ᐅᐅᐁᐧ ᓄᑯᑦ ᑲᑭᔑᑲᐤ ᑲᑭᓇ ᐅᓭ ᑫᑯᐣ ᑕᑭᒥᓄᓴᐸᐣ ᑕᐱᔅᑯᐨ ᑭᐦᑭᒋᑯᑯᒥᓇᓇᐤ ᒥᓇ ᑭᐦᑭᒋᑯᒥᓫᒥᓇᓇᐤ ᑲᑭᒥᓄᐊᔭᐊᐧᐨ ᒣᑲᐧᐨ ᐱᑲᐧᑕᑭᐤ ᑲᑭᐃᔑᑲᐯᔑᐊᐧᐨ᙮ ᑲᐧᓂᐣ ᐃᐣ ᐅᑫᐧᓂᐊᐧᐣ ᒪᒪᑕᐃᐧ ᑫᑯᓇᐣ ᒋᐅᒋᓇᑕᐁᐧᐣᑕᒧᐊᐧᐨ ᐊᐦᐃᓂ ᑲᔭ ᒪᔅᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᓄᑯᐣ ᐅᑕ ᑲᑕᑲᐧᐤ ᓭᑯᐨ ᐅᑭᑲᔅᑭᑐᓇᐊᐧ ᒋᒥᓄᐊᔭᐊᐧᐨ ᒣᑲᐧᐨ ᓇᓇᑐᐤ ᑲᑭᐃᔑᐸᒥᐦᐃᑎᓯᐊᐧᐨ ᑕᔨᑭᔑᑲ᙮

ᐊᒥᐁᐧ ᐁᐃᓀᐣᑕᒪᐣ ᐅᐅᒪ ᓇᓇᑐᐤ ᑫᑯᐣ ᒋᐅᒋᑭᐦᑭᑫᐣᑕᒪᑭᐸᐣ᙮

ᐁᑲᐧ ᑭᐦᑫᐣᑕᒥᐣ ᑕᐱᔅᑯᐨ ᑯᑕᑭᔭᐤ ᐸᐸᑲᐣ ᑲᐃᔑᒋᑫᐊᐧᐨ ᐅᐱᒪᑎᓯᓂᐊᐧᐤ ᑐᑲᐣ ᑭᒋᐁᐧᔅᑲᐨ ᑭᒋᑭᐦᑫᐣᑕᒪᐃᐧᐣ ᑲᐊᔭᐸᒋᑐᐊᐧᐨ ᒥᓇ ᓇᓇᑲ ᐅᔅᑭᒪᒋᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐅᔅᑭ ᒪᒪᑕᐃᐧᐱᐊᐧᐱᑯ ᑫᑯᓇᐣ ᓄᑯᑦ ᑲᐊᔭᒪᑲᑭᐣ ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐣ ᑲᐧᔭᐤ ᒪᒪᐃᐧᓇᒪᑭᐣ ᑕᑭᐃᔑᓇᑲᐧᐣ ᒋᑭᐊᑎᓂᑫᔭᐤ ᐅᐅᐁᐧ ᑭᑕᑭᐃᐧ ᐱᒪᑎᓯᐎᓇᐣ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᔭᑦ ᑲᐃᑕᒪᐣ ᒋᓇᓇᑕᐊᐧᐸᑕᒪᑭᐣ ᐅᔅᑭᑫᑯᓇᐣ ᑫᒥᓄᓴᐦᐃᑯᔭᐤ ᒥᓇ ᐱᑯ ᑲᔭᔅ ᑭᐦᑫᐣᑕᒪᐃᐧᓇᐣ ᒋᐊᐸᒋᑐᔭᑭᐸᐣ᙮ ᐊᓂᐣ ᒥᓇ ᑫᑐᑕᒪᑭᐸᐣ ᐃᐧᑕᐃᐧ ᓇᐱ ᐃᐧᑕᓄᑭᒪᔭᑲᐧ ᑭᑕᔑᑫᐎᓂᓇᓇᐣ ᒥᓇ ᐱᑯ ᑫᑐᑕᒪᑭᐸᐣ ᐃᐃᒪ ᑭᑕᑭᒥᓇᐤ ᒥᓇ ᒋᑭᒋᓀᐣᑕᒪᑭᐸᐣ ᑲᔭᔅ ᐃᔑᒋᑫᐃᐧᓇᐣ ᐁᑲᐧ ᐊᓂᐣ ᒥᓇ ᐅᑫᐧᓂᐊᐧᐣ ᑲᔭ ᑫᐃᔑᒪᒪᐃᐧ ᐊᐸᒋᑐᔭᑭᐸᐣ ᓇᑯᑦ ᑲᑕᑲᐧᑭᐣ ᒥᓇ ᑫᐃᔑᐃᐧᒋᐦᐃᑎᓯᔭᑭᐸᐣ᙮

ᓂᐣᐃᐧᐣ ᐁᐃᓀᐣᑕᒪᐣ ᐊᐦᐃᐤ ᐅᒋᒪᒋᓴ ᑲᐃᔑᑲᓇᐊᐧᐸᒪᑕᐤ ᑫᑯᐣ ᒥᓇ ᑭᑕᓂᔑᓂᓂᐃᐧ ᐱᒪᑎᓯᐎᓂᓇᐣ᙮ ᐁᑲᐧ ᑭᑐᑌᒥᓇᐣ ᐸᐧᑊ ᐊᐣᐟᑐᐣ ᐃᐃᒪ ᐅᓇᐃᑕ ᑕᔑᑫᐎᓂᐤ ᐅᐅᐁᐧ ᑭᐃᑭᑐ: "ᒪᐊᐧᐨ ᐊᓂᒪᐣ ᑫᑲᑫᐧᓂᑲᑌᔅᑲᒪᐤ ᓄᑯᑦ ᑲᐃᔑᒪᒥᑐᓀᐣᑕᒪᐤ ᒥᓇ ᑲᐃᔑᑭᐦᑫᐣᑕᒪᐤ ᒥᓇ ᐱᑯ ᑲᓂᑲᑌᓇᒪᐤ ᐅᑫᐧᓂᐊᐧᐣ ᐃᑭᑐᐃᐧᓇᐣ ᑐᑲᐣ ᐊᐦᑎ ᑲᓇᐱᐦᐱᒧᓴᑕᒥᐣ ᐁᐧᔅᑲ ᑲᑭᐃᔑᐱᒪᑎᓯᓇᓂᐊᐧᐤ ᓇᐣᑕ ᑲᔭ ᐁᐧᔅᑲᒋ ᐊᒋᒧᐃᐧᓇᐣ ᐅᓭ ᑲᓇᑐᑕᒥᓇᐣ᙮" ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐣ ᐃᑭᑐᐃᐧᓇᐣ ᐊᐦᐃᐤ ᐅᒋᒪᑲᓄᐣ ᑲᐃᔑᒪᐊᐧᒋᐦᐃᑐᓇᓂᐊᐧᐤ ᐊᐃᐧᔭᐤ ᐅᑕ ᑲᐃᑭᑐᐊᐧᐨ ᒥᓇ ᐱᑯ ᒋᓇᐱᐦᐱᒧᓴᑕᒪᐤ ᐁᐧᔅᑲ ᐱᒪᑎᓯᐎᐣ ᑕᐱᔅᑯᐨ ᐁᐃᔑᓇᑲᐧᐤ ᐁᐧᔅᑲ ᐁᑕ ᐱᒪᑎᓯᐎᐣ ᐁᑭᑕᑲᐧᐤ᙮ ᑲᐧᓂᐣ ᑭᐦᑫᐣᑕᒪᐃᐧᓇᐣ ᐱᐅᑕᓇᐤ ᒋᐊᔭᒪᑲᐤ ᓇᑯᑦ ᐅᓭ ᐱᑯ ᐅᐅᐁᐧ ᒣᑲᐧᐨ ᐊᔭᒪᑲᐣ᙮ ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐣ ᑭᐦᑭᓄᐊᒪᑯᐃᐧᓇᓇᐣ ᐅᓭ ᑲᐸᑭᑎᓇᒥᓇᐣ ᒋᐃᐧᒋᐦᐃᑯᔭᐤ ᑲᐃᔑᒪᒥᑐᓀᐣᑕᒪᐤ ᒥᓇ ᑲᐊᐃᑐᑕᒪᐤ᙮

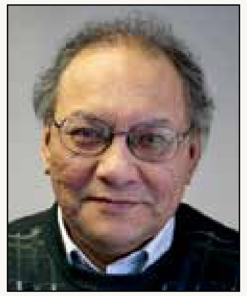
ᐁᑲᐧ ᐊᓭ ᐅᐅᐁᐧ ᑭᑕᓂ ᑲᑫᐧᐊᐃᑐᑕᒥᓇᐣ ᑕᐱᔅᑯᐨ ᐁᐦᐃᐤ ᐅᐃᐧᒋᐦᐃᐁᐧᐤ ᑲᑕᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐊᐧᐨ ᑲᐃᔑᒪᒋᓴᓂᐤ ᐃᐃᒪ ᑕᔑᑫᐎᓂᐤ᙮ ᐊᐱᒋᐃᐧᐣ ᒥᒋᐱᐦᐅᔭᐤ ᐱᓇᒪ ᐃᔅᑯᓄᐃᐧ ᑭᑭᓄᐊᒪᑫᐎᐣ ᒋᑭᐦᑭᓄᐊᒪᐊᐧᒋᐣ ᐅᑫᐧᓂᐊᐧᐣ ᐅᑭᒋᐃᐧᒋᐦᐃᐁᐧᐣ ᐃᓯᓴ ᐅᓭ ᐅᑫᐧᓂᐊᐧᐤ ᐅᐃᐧᒋᐦᐃᐁᐧᐤ ᒋᐊᐸᒋᐦᐃᐊᑲᓄᐊᐧᐨ ᒥᓇ ᐱᑯ ᑲᔭ ᐊᓭ ᐁᐧᔅᑲ ᐅᑫᐧᓂᐊᐧᐤ ᐊᓂᔑᓇᐯᐃᐧ ᐊᓄᑭᓇᑲᓇᐤ ᐁᐅᒋᐊᓄᑭᑕᒪᑫᐊᐧᐨ᙮

ᐊᒥᐅᐁᐧ ᒪᐊᐧᐨ ᐁᐃᔑᑭᓂᐱᓴᐤ ᐅᑫᐧᓂᐊᐧᐤ ᐊᓭ ᐁᐧᔅᑲ ᑲᐅᑕᓄᑭᐊᐧᐨ ᐃᐧᐸᐨ ᑲᐊᐣᑕᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐊᐧᐨ᙮ ᓂᐦᓴᐧᔦᑭᓯᐊᐧᐤ ᐅᑫᐧᓂᐊᐧᐤ ᐅᑕᓄᑭᑕᒪᑫᐤ ᐁᑲᐧ ᑕᑕᓯ ᐁᐃᓇᓀᐃᐧᑭᔑᑲ ᐊᔭᒋᔅᑲᐊᐧᐤ᙮
ᐁᑲᐧ ᐁᑲᐃᐧᐣ ᐱᑯ ᐸᓂᔥᑫᐧ ᐁᐧᒥᑎᑯᔑᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᔭᐸᑕᐤ ᒥᔑᐣ ᐊᐃᐧᔭᐤ ᓂᐃᐧᑕᒪᑯᒥᐣ ᐃᐃᒪ ᑕᔑᑫᐎᓇᐣ ᑲᑕᑲᐧᑭᐣ ᐁᑲᐃᐧᓂᑯ ᐁᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᐅᓴᑦ ᐱᑯ ᐁᓄᑭᒪᑲᐤ ᐅᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐱᑯ ᐅᓴᑦ ᐊᓂᐣ ᑫᐃᓇᑎᓯᔭᐤ ᐃᐃᒪ ᑭᑕᔑᑫᐎᓂᓇᐣ᙮ ᐁᑲᐧ ᐁᑲ ᐃᐧᐣ ᐱᑯ ᓀᐃᐧᐨ ᐁᐧᐃᐧᓇᓇᑲᒋᔭᐊᐧᐨ ᑲᐊᓄᑲᐊᐧᐊᐧᐨ ᐊᐃᐧᔭᐣ ᐅᑫᐧᓂᐊᐧᐤ ᐅᑕ ᐅᐃᐧᒋᐦᐃᐁᐧᐤ ᐱᓇᒪ ᐅᓭ ᐅᑲᑫᐧᑭᑫᓂᒪᐊᐧᐣ᙮

ᑲᐧᓂᐣ ᒥᓇ ᑎᐱᒥᓂᑯᐤ ᒋᐊᐧᐸᒪᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐣ ᐊᐃᐧᔭᐣ ᑲᐊᓄᑲᓇᐊᐧᐨ᙮ ᐅᑭᐃᐧᑕᒪᐊᐧᐣ ᑲᔭ ᒥᓇ ᐅᑭᔑᑌᐳᓇᐊᐧᐣ ᒥᓇ ᐅᑲᔨᓂᑫᑕᒪᐊᐧᐊᐧᐣ ᒥᓇ ᐅᐊᐧᐁᐧᑕᐦᐃᐊᐧᑲᐦᐃᑲᓀᑕᒪᐊᐧᐊᐧᐣ ᒥᓇ ᐱᑯ ᐅᐃᐧᒋᔭᐊᐧᐣ ᒣᑲᐧᐨ ᑲᒪᒋᓴᓂᐨ (ᑲᐧᓂᐣ ᐅᑫᐧᓂᐊᐧᐤ ᒪᔭᑦ ᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐃᐁᐧᐤ) ᒥᓇ ᐅᑕᔭᒥᒋᑫᑕᒪᐊᐧᐊᐧᐣ ᐊᐃᐧᔭᐣ ᒥᓇ ᐅᑲᑫᐧᑭᑫᓂᒪᐊᐧᐣ ᐊᐃᐧᔭᐣ ᐁᑲᐧ ᒣᑲᐧᐨ ᑲᐱᒥᐃᐧᒋᑕᐊᐧᐨ ᐊᒥᐅᒪ ᐁᐧᒋᑭᑫᓂᒥᑯᐊᐧᐨ ᒥᔑᐣ ᐊᐃᐧᔭᐣ ᑲᐧᔭᐤ ᐁᐊᓄᑭᑕᒪᑫᐊᐧᐨ ᒥᓇ ᐁᐃᐧᒋᐦᐃᐁᐧᐊᐧᐨ᙮ ᑲᑭᓇ ᐊᐃᐧᔭ ᐅᐅᐁᐧᓂ ᐃᐧᑕᒪᐊᐧᑲᓄᐃᐧ ᒣᑲᐧᐨ ᑕᔑᑫᐎᓂᐤ ᑲᑕᓇᓄᑭᓇᓂᐊᐧᐤ᙮ ᐁᑲᐧ ᐊᐃᐧᔭᐤ ᑲᓂᓇᓇᒪᐧᔦᓂᒪᐊᐧᐨ ᐅᑫᐧᓂᐊᐣ ᐅᐃᐧᒋᐦᐃᐁᐧᐣ ᒥᓇ ᐱᑯ ᑲᑲᑫᐧᒋᒪᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐅᒋ ᐃᐧᓇᐊᐧ ᐱᑯ ᑐᒋᑫᑕᒪᔨᐊᐧᐤ᙮

ᑭᑕᔭᒥᐣ ᐅᓭ ᑭᑫᐣᑕᒪᐃᐧᐣ ᒥᓇ ᑲᑭᑕᐁᐧᐣᑕᒧᐃᐧᐣ ᐅᐅᒪ ᑭᑕᓂᔑᓇᐯᐃᐧᐱᒪᑎᓯᐎᓂᓇᐤ ᐁᑲᐧ ᒥᓇ ᐅᔅᑭ ᒪᔅᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᑲᐧ ᒪᒪᑕᐃᐧ ᐊᐸᒋᒋᑲᓇᐣ ᐊᔭᒪᑲᓄᐣ ᒥᓇ ᐱᑯ ᑲᐅᔅᑭ ᒪᒋᑐᑕᐃᐧᐁᐧᒪᑲᑭᐣ ᐊᔭᒪᑲᓄᐣ ᑐᑲᐣ ᒪᔅᑭᑭᑫᐎᐣ ᐁᑲᐧ ᓇᓇᑐᐤ ᑯᑕᑭᔭᐣ ᑫᑯᓇᐣ᙮ ᐊᓯᓴ ᐅᓭ ᒋᓇᓇᑕᐊᐧᐸᑕᒪᐤ ᐅᔅᑭ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᒥᔅᑯᐨ ᒋᐅᒋᐊᓄᑲᑕᒪᑭᐣ ᐅᑫᐧᓂᐊᐧᐣ ᒪᒋᓴᐃᐧᓇᐣ ᐁᑲᐧ ᐱᑯ ᑫᑭᓇᐃᐧᐟ ᑲᑲᓇᐊᐧᐸᒥᑎᓯᒥᐣ ᒥᓇ ᑭᑕᔑᑫᐎᓂᓇᓇᐣ ᒋᐅᒋᒥᑲᒪᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ᙮ ᐁᑲᐧ ᒥᓇ ᒪᐊᐧᐨ ᑭᒋᓀᐣᑕᑲᐧᐣ ᐊᓭ ᒋᑭᐦᑭᓄᐊᒪᐊᐧᔭᑲᐧ ᐅᔅᑲᑎᓴᐤ ᐊᓭ ᑲᔭ ᐁᐊᓂ ᒥᔑᓄᐊᐧᐨ ᐁᑲᐧ ᒥᓇ ᒋᑭᑫᐣᑕᒧᐊᐧᐨ ᐱᐅᑕᓇᐤ ᑲᑭᑕᐁᐧᐣᑕᒧᐃᐧᐣ ᐁᑲᐧ ᐱᑯ ᒥᓇ ᒋᐊᐸᒋᑐᐊᐧᐨ ᐅᐅᐁᐧ ᓄᑯᑦ ᑲᑭᔑᑲᓂᐤ᙮

ᑲᐅᑭᒪᐃᐧᐨ ᐅᑎᐸᒋᒧᐃᐧᐣ



ᑫᒥᐣ ᐧᒪᕓᐃᐣ

ᑭᒥᔑᓇᐊᐧ ᑲᑭᑫᐣᑕᒣᐠ ᐅᐁᐧ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ (SLFNHA) ᐁᑭᑲᑌᓂᐠ, ᑐᑲᐣ ᐃᑯ ᑯᑕᑭᔭᐣ ᐱᒧᒋᑫᐃᐧᓇᐣ ᑲᐃᓇᑌᑭᐣ, ᐅᓇᒋᑫᐃᐧᐣ ᑫᐃᔑᐱᒧᒋᑲᓂᐊᐧᐣ. ᓇᐱᐨ ᑕᐡ ᒥᔑᓈᐧᑭᓴᐊᐧᐣ ᑫᑯᓇᐣ ᐅᒪ ᐱᒧᒋᑫᐃᐧᓂᐠ ᑲᐅᐣᒋ ᑲᓇᐊᐧᐸᒋᑲᑌᑭᐣ, ᒥᑕᐡ ᐅᓄᐁᐧᓂᐊᐧᐣ ᑲᐱᒪᓄᑲᒋᑲᑌᑭᐣ;

- ᓂᐱᒥᐃᐧᑕᒪᑫᒥᐣ ᒋᒥᓄᓴᓂᑭᐣ ᐅᑕᑯᔨᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᐊᓂᔑᓂᓂᐊᐧᐠ ᑲᐱᒥᐃᐧᒋᐦᐃᑕᐧ
- ᓂᑐᒋ ᓂᑲᓂᐡᑲᒪᑫᒥᐣ ᑲᐱᒥ ᐅᓇᑐᔮᐣᐠ ᐊᓂᔑᓂᓂᐃᐧ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᐃᐧ ᐱᒧᒋᑫᐃᐧ ᐅᓇᑯᓂᑫᐃᐧᓇᐣ
- ᓂᑲᓄᒋᑫᑕᒪᐊᐧᒥᓇᐠ ᐅᑕᑯᔨᐠ ᑲᐃᔨᓴᓂᐠ ᒋᔑᐃᐧᒋᐦᐃᑕᐧ ᒥᓇ ᑲᐃᔑᐸᑯᓭᐣᑕᒧᐊᐧᐨ
- ᓂᐃᐧᐣᑕᒪᐊᐧᒥᐣ ᒋᑭᑫᐣᑕᒧᐊᐧᐨ ᑲᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᑕᒪᑫᐊᐧᐨ ᒥᓇ ᐅᒪ ᑲᐅᒋ ᑲᓇᐊᐧᐸᒥᐣᑕᐧ ᐊᓂᐣ ᐁᔑᑲᐸᐃᐧᒪᑲᓂᐠ ᐅᒪᐡᑲᐃᐧᔨᐃᐧᓂᐊᐧ ᒥᓇ ᐅᐸᐸᒥᔨᐃᐧᓂᐊᐧ ᑲᓂᐸᐸᑲᓂᓴᓂᐠ ᒪᐢᑭᑭᐃᐧᐊᓄᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐠ
- ᐱᒥᐅᓇᒋᑲᑌᐊᐧᐣ ᒋᒪᒪᐃᐧ ᐊᓄᑭᒪᑲᑭᐣ ᑲᐅᐣᒋ ᐸᐱᑭᔨ ᐱᒧᒋᑫᒪᑲᑭᐣ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ ᒥᓇ ᑯᑕᑭᔭᐣ ᓇᑕᒪᑫᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ

ᑲᑭᓇ ᐅᓄᐁᐧᓂᐊᐧᐣ ᐊᓄᑭᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓇᐣ ᐅᑭᒋᓈᐣᑕᓇᐊᐧ ᐅᑕᐱᑕᒪᑫᐠ, ᑲᐅᑭᒪᐃᐧᐊᐧᐨ ᒥᓇ ᐅᑭᒋᐊᐧᓄᑭᑕᒪᑫᐠ ᐅᒪ SLFNHA. ᐅᑫᐧᓂᐊᐧᐣ ᐱᒧᒋᑫᐃᐧᓇᐣ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᑲᐱᒧᑐᐊᐧᐨ ᓂᐦᔪᐣ ᑲᔭᑭᐣ; ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ, ᐅᑕᑯᔨᐠ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᒥᓇ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ.

ᐅᐁᐧ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ, ᐅᐣᒋ ᐱᒧᒋᑲᑌ ᐊᓂᔑᓇᐯ ᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧ ᐅᓇᒋᑫᐃᐧᓂᐠ, ᒥᔑᓇᑐᐣ ᐊᓄᑭᐃᐧᓇᐣ ᐅᒪ ᑲᐅᒋᐊᐧᓄᑲᑌᑭᐣ, ᐁᑲᐧ ᑲᑭᓇ ᑲᑕᔨᐸᐯᔑᑲᐧᑭᐣ ᐃᔑᑲᓇᐊᐧᐸᒋᑲᑌᐊᐧᐣ ᐁᐱᔨᐣᑕᐃᐧᐣᑕᐧ ᐅᒪ ᑲᐅᐣᒋ ᐃᐧᒋᐦᐃᑕᐧ ᐅᑕᑯᔨᐠ ᑫᒋᓇᐨ ᒋᑎᐱᐃᐧᒋᐦᐃᑕᐧ ᐅᒪ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐠ. ᒥᑕᐡ ᐅᓄᐁᐧᓂᐊᐧᐣ ᑲᔦ ᑲᐱᒧᑐᔭᐣᐠ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ, ᑌᕓᐊᐧᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ, ᒥᓂᐊᐧᐱᓈᐃᐧᐣ ᑭᐱᑎᓂᑫᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ ᒥᓇ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ, ᒥᓄᔭᐃᐧ ᑭᑭᓄᐦᐊᒪᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ, ᒥᓇ ᒥᔑᐣ ᑯᑕᑭᔭᐣ.

ᐁᑲᐧ ᐃᐁᐧ ᒥᓂᐊᐧᐱᓈᐃᐧᐣ ᑭᐱᑎᓂᑫᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ, ᑭᑭᐊᐧᔭᒥᑐᓇᐊᐧ ᐅᑕᓇᐠ ᑎᐸᒋᒧᐃᐧᓇᐣ ᐊᔕ ᓂᔓᐊᐧᐦᑭ ᐁᑲ ᑫᑯᐣ ᒥᓂᐊᐧᐱᓈᐃᐧᐣ ᐁᑭ ᐅᐣᒋ ᒥᑲᒪᐊᐧᑲᓄᐨ ᐊᐃᐧᔭ, ᒣᑲᐧᐨ ᐃᐁᐧ ᐅᐸᐅᐃᐧᐱᔨᑦ 2010 ᐊᑯᓇᐠ ᒫᑯᐱᔨᑦ 2013. ᒥᓇᐧᔑᐣ ᑕᐡ ᐅᐁᐧ ᑲᐃᔨᓴᐠ, ᐁᑲᐧ ᔕᑯᐨ ᐁᓇᓇᑲᑕᐁᐧᐣᒋᑲᑌᐠ ᐁᐧᑎ ᐃᓈᑫ ᑭᑕᓇᐱᐃᐧᓂᓇᓂᐠ ᓇᐱᐨ ᑭᒥᔑᓄᐊᐧᐠ ᐊᐃᐧᔭᐠ ᑲᑭᐱᑎᐱᐊᐧᐱᓈᐊᐧᐸᐣ ᒥᓇ ᐊᔕ ᐊᓂᑭᒋᐦᐊᐊᐧᑎᔨᐊᐧᐠ, ᒋᐊᐧᔭᑲᐧᒥᔨᑲᑕᒪᐠ ᒋᑭᐅᐣᒋᐃᐧᔨᓴᐠ ᒋᑭᐁᐧᐅᐧᔑᐦᐅᒪᑲᐠ . ᒥᑕᐡ ᐅᑯᐁᐧᓂᐊᐧᐠ ᐅᑕᓇᐠ ᑲᑭᑲᐡᑭᐦᐃᐣᑕᐧ ᒋᑭᓇᑕᐃᐧᐦᐃᑕᐧ ᑲᑭᐱ ᑎᐱᐊᐧᐱᓈᐊᐧᐸᐣ (ᑲᑭ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᐅᓇᑕᐃᐧᐦᐃᑯᐃᐧᓂᐊᐧ ᓇᐣᑕ ᑲᑭ ᑭᔑ ᓇᑕᐃᐧᐦᐃᑕᐧᐸᐣ) ᑲᑭ ᑎᐱᐊᐧᐱᓈᐊᐧᐨ, ᐁᑲᐧ ᐊᐱᐣ ᒥᓇᐊᐧ ᑲᓇᐱᓴᑲᐱᓈᐊᐧᐨ ᐃᐁᐧᓂ ᐃᓇᐱᓈᐃᐧᓂ ᐁᑲ ᑕᐡ ᐁᑫᒋᓇᐁᐧᐣᑕᑲᐧ ᑭᐡᐱᐣ ᑌᐯᐧ ᐅᐣᒋᒪᑲᓄᑫᐣ ᑎᐱᐊᐧᐱᓈᐃᐧ ᒫᔫᐡ ᑲᐅᐣᒋᐅᔑᐦᐅᐨ. ᑲᒪᐧᔭ 1950 ᐊᓂᒪᑕᑭᐣᑌᑭᐸᐣ ᐊᐦᑭᐃᐧ ᑎᐸᑭᐣᒋᑫᐃᐧᐣ, ᐅᓄᐁᐧᓂᐊᐧᐣ ᑎᐱᐊᐧᐱᓈᐃᐧ ᒪᐢᑭᑭᐣ ᑲᓇᑕᐃᐧᐦᐊᐊᐧᑲᓄᐊᐧᐠ ᑲᐃᐧᐣ ᑭᐅᐣᒋᐊᐧᔭᒪᑲᓄᐣ ᐃᐁᐧ ᐊᐱ. ᐊᑎ′ ᑕᐡ ᐊᐃᐧᔭᐠ ᑭᑕᔑ ᐱᒥᓇᑕᐃᐧᐦᐊᑲᓄᐊᐧᐠ ᑭᒋᐊᑯᔨᐃᐧᑲᒥᑯᐠ ᐁᑭᑲᓇᐁᐧᐣᑕᑯᔨᐊᐧᐨ ᒣᑲᐧᐨ ᑲᐱᒥᐅᐡᑲᑎᔨᐊᐧᐨ ᒥᓇ ᐸᐸᑲᐣ ᑯᑕᑭᔭᐣ ᐃᓇᐱᓈᐃᐧᓇᐣ ᐁᑭ ᑭᑭᐡᑲᑯᐊᐧᐨ, ᒥᑕᐡ ᐁᓈᐣᒋᑲᑌᐠ ᒥᓇᐊᐧ ᒋᓇᐱ ᒥᓂᐊᐧᐱᓈᐊᐧᐨ. ᑲᔭᐡ ᑲᑭᐱᒥᓂᐊᐧᐱᓈᐊᐧᐸᐣ ᑕᑭᓇᑕᐃᐧᐦᐊᑲᓄᐊᐧᐠ ᐅᐡᑭ ᒪᐢᑭᑭᐣ. ᒥᑕᐡ ᐅᐁᐧ ᑲᐊᓂᒧᒋᑲᑌᐠ ᑲᐊᓂᔑ ᐸᐸᑲᓂᓴᑭᐣ ᑭᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᓇᐣ ᒥᓇ ᐊᓂᐣ ᐁᓂᔑ ᐱᒥᐅᑕᐱᓂᑫᑕᒪᐊᐧᔭᑭᑕᐧ ᒋᑭᐅᒋ ᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐧ ᐊᓂᔑᓂᓂᐊᐧᐠ ᐁᔑᑲᓇᐊᐧᐸᒥᑯᐃᐧᔨᐊᐧᐨ ᑲᐱᒥ ᐊᓄᑭᑕᒪᐊᐧᑭᑕᐧ ᒥᓇ ᐁᔑᐸᐸᒥᔨᐊᐧᐨ ᐅᒪ ᒣᑲᐧᐨ ᑲᐊᓂᔑ ᐱᒥᐊᔭᐣᒋᓴᑭᐣ ᑫᑯᓇᐣ.

ᑲᐃᔑᑲᐯᔑᐦᐃᐣᑕᐧ ᐅᑕᑯᔨᐠ ᒥᓇ ᐱᒥᑕᐸᒋᑫᐃᐧᐣ ᐅᐣᒋᐱᒧᒋᑲᑌᐊᐧᐣ ᐅᑕᑯᔨᐠ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᐊᓄᑭᐃᐧᐣ. ᐅᒪ ᐱᒧᒋᑫᐃᐧᓂᐠ ᐊᓂᔑᑲᑫᐧ ᐱᒪᓄᑲᒋᑲᑌ ᐅᑕᑯᔨᐠ ᑲᐊᓂᔑ ᓇᑕᐁᐧᐣᑕᒧᐊᐧᐨ ᑲᐊᓂᐃᐧᐣᑕᒧᐊᐧᐨ ᒋᐃᔑᐱᒧᒋᑲᓂᐊᐧᐠ. ᒥᑕᐡ ᐁᑕ ᑫᑭᑎᐱᐣᑐᒋᑲᑌᓂᐠ ᑲᐃᓇᓄᑭᑕᒪᐊᐧᑭᑕᐧ ᐅᑕᑯᔨᐠ, ᓂᓇᑕᐁᐧᓂᒪᒥᐣ ᒋᑭᐱᐃᐧᐣᑕᒧᐊᐧᐸᐣ ᑲᐃᔑᐊᐧᐸᐣᑕᒧᐊᐧᐨ ᑫᐃᔑᒥᓄᓴᓂᑭᐸᐣ ᒋᔑᐱᒧᑕᒪᐃᐧᐣᑕᐧ ᐅᒪ ᑲᐅᒋᐃᐧᐦᐃᐧᑕ. ᐃᒪ ᑲᔦ ᓂᑐᒋ ᑭᑭᓄᐃᐧᓂᑯᒥᐣ ᒋᑲᐧᔭᑯᓴᐠ ᓂᑕᓄᑭᑕᒪᑫᐃᐧᓂᓇᐣ ᐊᓂᔑᓇᐯ ᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧ ᐅᓇᒋᑫᐃᐧᓂᐠ. ᐁᑲᐧ ᒥᓇ ᑲᐱᐸᑭᑎᓇᒧᐊᐧᐨ ᐅᑕᑯᔨᐠ ᐅᑎᑭᑐᐃᐧᓂᐊᐧ ᑫᓂᔑᒪᒥᓇᐧᒋᑲᑌᑭᐣ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ, ᒥᑕᐡ ᐃᒪ ᐁᓄᒋᒥᓄᓴᑭᐣ ᑲᐃᔑᐱᒧᑕᒪᑫᔭᐠ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ.

ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ ᒥᓇ ᓄᑎᐣ ᐊᐊᐧᔑᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ ᐅᐱᒥ ᓇᑐᑕᐊᐧᐊᐧᐣ ᑲᓂᑲᓂᑕᒪᑫᐊᐧᐨ ᒥᓇ ᐅᒪ ᑲᐅᒋᐃᐧᒋᐦᐃᑕᐧ ᐊᓂᐣ ᐊᐊᐧᔑᒣ ᑫᐃᔑᒥᓄᓴᐠ ᒪᒥᓄᒥᐁᐧ ᐊᓄᑭᑕᒪᑫᐃᐧᐣ ᑲᐱᒧᑕᒪᑫᔭᐠ. ᓄᑯᐨ ᑲᐊᐦᑭᐊᐧᐠ ᑭᒋᐊᓂᒥᓴᐃᐧᓂᐠ ᐃᓈᑫ ᑲᐃᔑ ᐱᒥᐃᐧᒋᐦᐁᐧᓇᓂᐊᐧᐠ ᑲᑭᐅᐣᒋ ᐊᔑᑎᓂᑲᑌᐠ ᑯᑕᑭᔭᐣ ᑲᐃᓇᓄᑭᑕᑲᓄᐊᐧᐠ ᓈᐅᐨ ᑭᐊᓂᑭᑕᐸᒋᒋᑲᑌ ᐁᑲᐧ ᐃᒪ ᓂᔑᐣ ᐃᐡᑯᓂᑲᓂᐠ ᑭᐊᓂᔑ ᒪᑕᓄᑲᑌ ᐁᓂᐃᐧᒋᐦᐃᑕᐧ ᑲᔭᐡ ᑲᐱᐅᐣᒋ ᐊᔭᓂᑫᒥᐣᒋᒥᓂᑯᐊᐧᐨ ᐅᑎᔨᓴᐃᐧᓂᐊᐧ ᐁᑲᐧ ᐊᐱᐣ ᑕᔑᑫᐃᐧᓂᐠ ᑲᓂᔑᒥᔨᑌ ᐸᑭᑌᐡᑭᑫᒪᑲᐠ ᐅᑕᓂᑫ ᐃᔨᓴᐃᐧᓂᐊᐧ. ᐊᒥ ᐁᑐᑕᒧᐊᐧᐨ ᓴᑲᒣᐨ ᐃᑯ ᐅᐱᒥ ᐊᓄᑲᓇᐊᐧᐣ, ᐅᑕᓂᔑᓂᓂᐃᐧ ᐱᒪᑎᓯᐃᐧᓂᐊᐧ ᐃᓈᑫ ᒋᐅᒋ ᑎᐸᐸᒥᐣᑕᐧ ᑫᓂᔑᐱᒥᐃᐧᒋᐦᐃᑕᐧ. ᒥᐦᐅᒪ ᑲᔦ ᐁᐅᐣᑎᓂᑲᑌᐠ ᐊᓂᐣ ᑫᐃᔑᐃᐧᒋᐦᐊᑲᓄᐊᐧᐨ ᑲᐱᒥ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐃᐣᑕᐧ ᑫᓄᒋ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ, ᐁᑲᐧ ᒥᓇ ᓄᑯᒥᑫ ᑲᑭ ᓇᓇᑲᒋᒋᑲᑌᑭᐸᐣ ᐃᐁᐧ ᐯᔑᐠ ᐊᓄᑭᐃᐧᐣ ᑭᐊᐧᐸᐣᒋᑲᑌ ᐁᐃᐧᒋᐦᐃᑯᐊᐧᐨ. ᐱᓂᐡ ᑕᐡ ᐃᔑᐱᒥ ᓇᑐᑕᐊᐧᐣᑭᑕᐧ ᑲᐊᐃᐧᑭᑐᐊᐧᐨ ᐊᐃᐧᔭᐠ, ᒥᐦᐃᒪ ᑫᓄᒋ ᐊᐧᐅᓇᒋᑫᔭᐠ ᒥᓇ ᑫᓂᔑᓇᑯᑐᔭᐠ ᐊᓂᔑᓂᓂᐊᐧᐠ ᑫᐃᐧᒋᐦᐃᑯᐊᐧᐨ.

ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ, ᓂᑭᑎᐸᒋᒧᒥᐣ ᓂᐦᓴᐧᔨ (7) ᐁᑕ ᐁᑭᐊᐧᔭᑭᐣ ᑕᔑᑫᐃᐧᓂᐠ ᑲᑕᓇᓄᑭᐊᐧᐨ ᑲᐊᓄᑭᑕᒪᑫᐊᐧᐨ. ᐁᑲᐧ ᓄᑯᐨ ᑲᐊᐦᑭᐊᐧᐠ, ᓂᒥᓈᐧᐣᑕᐣ ᐊᔕ ᐁᑭᑌᐱᓇᑭᑕᐧ ᐊᐃᓇᓈᐅᔕ' (18) ᐊᓄᑭᓇᑲᓇᐠ ᒋᑕᓇᓄᑭᐊᐧᐨ ᐃᐡᑯᓂᑲᓇᐣ, ᒥᓇ ᓂᑲᐱᒥᓇᓇᐣᑭ ᐊᓄᑭᐦᐊᒥᓇᐠ ᒋᑕᓇᓄᑭᐊᐧᐨ ᐃᐡᑯᓂᑲᓇᐣ. ᑯᑕᐠ ᒥᓇ ᑫᑯᐣ ᑲᑭᐅᓇᑐᔭᑭᐸᐣ, ᒋᐊᓂᑕᓇᓄᑭᐦᐃᑕᐧ ᐅᑕᓄᑭᐠ ᑕᓇᐱᐃᐧᓇᐣ, ᐅᐱᒥ ᐅᓇᑐᓇᐊᐧ ᑫᐃᓇᐱᑭᓂᑲᓂᐊᐧᐠ ᓇᓂᔭᐃᐧᒣᑎᓂᑫᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓂᐠ ᐃᐧᓇᐊᐧ ᒋᐅᒋ ᐱᒧᒋᑫᑕᒪᐧᔨᐊᐧᐨ ᒋᔭᓂ ᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐧ ᐃᐡᑯᓂᑲᓂᐠ ᑲᑕᓇᓄᑭᐦᐃᑕᐧ ᐅᑕᓄᑭᑕᒪᑫᐠ ᒥᓇ ᒋᐅᒋ ᐊᐧᐃᐧᒋᐦᐊᐊᐧᐨ ᑲᐃᐧᔭᓂ ᐅᑕᐱᓇᒧᐊᐧᐨ ᑭᒋᐊᓄᑭᐃᐧᓇᐣ.
ᑯᑕᐠ ᒥᓇ ᑫᑯᐣ ᑲᑭᐱᒥ ᑲᓇᐊᐧᐸᑕᒪᐠ ᒋᑭᑲᑫᐧ ᐅᓇᒋᑲᑌᑭᐸᐣ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᐠ. ᐊᔕ ᓂᐣᑭᐃᐧᐣᑕᒥᓇᐸᐣ ᓂᔕᐧᔦᐠ ᑲᐃᔑᐊᐧᐸᐣᑕᒪᐠ ᐁᔨᓴᐠ; ᓂᐢᑕᐨ ᐃᐁᐧ, ᑲᐃᐧᐣ ᑲᓇᑫ ᐯᔑᐠ ᐃᓂᐁᐧᓂᐊᐧᐣ 31 ᐃᐡᑯᓂᑲᓇᐣ ᑲᐱᒥᑲᓇᐊᐧᐸᑕᒪᑭᐣ ᐅᑕᔭᔨᓇᐊᐧ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᑯᓂ, ᐁᑲᐧ ᒥᓇ ᑯᑕᐠ ᑫᑯᐣ, ᐃᔑᓇᑲᐧᐣ ᐅᑯᐁᐧᓂᐊᐧᐠ ᑭᒋᐅᑭᒪᐠ ᐁᑲ ᐊᐊᐧᔑᒣ ᒋᐃᐧᐸᑭᑎᓇᐊᐧᐨ ᓀᓂᔭᐣ ᒣᑲᐧᐨ ᒥᓂᑯᐠ ᑲᐃᔑᐱᒥᐸᑭᑎᓇᐊᐧᐨ ᑲᐅᒋ ᑎᐸᐦᐃᑲᑌᑭᐣ ᒪᐢᑭᑭᐣ ᐁᐧᑎ ᑭᐁᐧᑎᓄᐠ. ᒥᑕᐡ ᐁᑕ ᑫᑭᐅᒋ ᐃᐧᒋᒋᑲᑌᑭᐸᐣ ᐅᐁᐧ ᒋᐅᔑᒋᑲᑌᐠ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᐠ ᐁᑲᐧ ᐊᐱᐣ ᑲᐅᐣᒋ ᓀᓂᔭᑫᒪᑲᐠ ᑕᐃᔑᑭᐁᐧᓴᐸᐣ ᑕᔑᑫᐃᐧᓇᐣ.

ᓄᑯᐨ ᑲᐊᐦᑭᐊᐧᐠ ᓂᑭ ᑭᑫᐣᑕᒥᐣ ᒪᐊᐧᐨ ᐃᓴᐣ ᒋᔭᓂᒪᐠ ᒋᐅᔑᒋᑲᑌᐠ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᐠ ᒥᓇ ᑭᓇᐧᑲᐡ ᒋᑕᔑᑭᑲᑌᐠ ᐅᓇᒋᑲᓂᐊᐧᐠ ᐊᐱᐨ ᓂᐢᑕᐨ ᑲᑭᐃᐅᐣᑕᒪᑭᐸᐣ. ᐊᑎᑲ, ᐁᑭᐃᐅᑕᒪᑭᐸᐣ, ᓂᑲᐣ ᒋᐅᓇᑭᒋᑲᑌᐠ ᐊᐧᑲᐦᐃᑲᐣ, ᐁᑲᐧ ᒥᓇ ᐱᓇᒪ ᑲᐧᕓᐃᐨ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᐠ ᒋᐱᓇᓇᑲᒋᑐᐊᐧᐨ ᐯᑭᐡ ᓂᓇᑐᑕᒪᑫᐃᐧ ᒧᐡᑭᓄᐱᐦᐃᑫᐃᐧᓂᓇᐣ. ᒥᐦᐅᒪ ᒥᓇ ᑫᐃᔑᐅᐣᑕᒥᔕᐠ ᒥᓇ ᑫᐅᐣᒋᒣᑎᓂᑫᐦᐃᑯᔭᐠ, ᒥᑕᐡ ᐃᑯ ᑫᐃᔑᐱᒥ ᓇᓇᑐᓇᒪᐠ ᑫᑭᐃᔑᐁᐧᐣᒋᓴᑭᐸᐣ ᐅᒪ ᑫᑭᐊᓄᒥ ᑌᐱᓂᑲᑌᑭᐸᐣ. ᐅᐁᐧ ᑕᐡ ᑲᑭᐅᒋᐃᐅᑕᒪᑭᐸᐣ ᒋᑲᑫᐧᑐᑕᒪᐠ ᐁᑲ ᐃᐣᑲᐧ ᐅᒪ ᑫᐊᓄᒋ ᒋᔑᒪᐢᑭᓇᐊᐧᐣᑲᑭᐨ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᑲᒥᐠ ᒥᐡᑲᐧ, ᐃᒪ ᐱᑯ ᐃᐡᑯᓂᑲᓇᐣ ᒋᔑᑭᐁᐧ ᐸᑭᑎᓂᑎᐸᐣ ᓀᓂᔭ ᑲᐅᐣᒋᓴᐨ ᒪᐢᑭᑭᐃᐧ ᐊᑕᐁᐧᐃᐧᓂᐠ, ᑲᐃᐧᐣ ᓂᐣᑲᐅᒋᕗᓂᑐᔨᒥᐣ. ᒥᐦᐅᐁᐧ ᑐᑲᐣ ᒪᒋᑕᐃᐧᐣ ᑫᓂᒪᒋᒋᑲᑌᐠ ᐊᐱ ᐊᓂᑲᐧᔭᐣᒋᓇᓂᐊᐧᐠ.
ᐁᑲᐧ ᒥᓇ ᐃᐡᑲᐧᔭᐨ, ᓂᐃᐧᑎᐸᑐᑕᐣ ᒥᓇᐊᐧ ᓂᑲᑐᑕᒥᐣ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᑲᐅᒋᓂᑲᓂᐱᒧᒋᑲᑌᐠ ᑕᑭᐁᐧ ᓇᓇᑲᒋᒋᑲᑌ ᓇᐊᐧᐨ ᑫᑭᐃᔑᓇᓇᐦᐊᒋᑲᑌᐣ ᐊᐊᐧᔑᒣ ᑫᐃᔑᒥᓄᓴᐠ ᐅᐁᐧ ᐱᒧᒋᑫᐃᐧᐣ. ᐅᑯᐁᐧᓂᐊᐧᐠ ᑕᐡ ᑲᐃᔑᐸᐸᒥᔨᐊᐧᐨ ᓂᑲᓂᐡᑲᒪᑫᐃᐧ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧ ᐊᐱᑕᒪᑫᐃᐧᓂᐠ ᑕᐧ ᔨᐱᔭ ᓂᐱᓇᒥᐠ ᐁᐅᐣᒋᐨ, ᒣᓂᐊᐣ ᐸᓇᒋᐣ ᒣᐡᑭᑲᐧᑲᒪᐠ ᐁᐅᐣᒋᐨ ᐁᑲᐧ ᒥᓇ ᐊᓇᐧᐸ′ ᑕᐧᒪᐣ ᐊᐧᔕᐦᐅᐠ ᐁᐅᒋᐨ. ᐁᑲᐧ ᓴᐧᕓ ᒣᒣᑫᐧ ᐅᑭᐣᑭᒪᓂᔨᐊᐧᐳᐠ ᐁᐅᐣᒋᐨ ᐱᓇᒪ ᐅᑲᓇᐱᐡᑲᐊᐧᐣ ᑕᐧᐣ ᔨᐱᔭᐊᐧᐦᐅᐣ ᒣᑲᐧᐨ ᑭᐱᒋ ᐁᑲ ᐁᒥᓄᔭᐨ. ᒥᑕᐡ ᐅᓄ ᑲᐊᓂ ᓂᐱᑌᔨᓇᐦᐃᑲᑌᐣ ᓂᑲᓂᐡᑲᒪᑫᐃᐧ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧ ᐊᐱᑕᒪᑫᐃᐧᓂᐠ ᑫᓇᓇᑲᒋᑐᐊᐧᐨ:

- ᑲᐃᔑᑲᐸᐃᐧᒪᑲᐠ
  - ᑕᑭᐁᐧ ᑲᓇᐊᐧᐸᒋᑲᑌᐊᐧᐣ ᒥᓇ ᑕᓇᓇᑲᒋᒋᑲᑌᐊᐧᐣ ᑲᐃᔑ ᐅᑲᐡᑭᐦᐅᐃᐧᓂᐊᐧᐨ ᒥᓇ ᐸᐸᑲᐣ ᑲᐃᔑᓇᑕᐁᐧᐣᑕᑯᔨᐊᐧᐨ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᑕᐱᑕᒪᑫᐠ
  - ᑲᐱᒥᓂᔕᐦᐃᑲᑌᐣ ᑲᐅᓂᓂᑕᐧ ᑫᓂᑲᓂᐡᑲᒪᑫᐊᐧᐨ
  - ᑲᐱᒥᑐᒋᑲᑌᐠ ᑲᐅᓇᐸᒥᑕᐧ ᑫᐱᒥᓂᔕᐦᐃᑫᐊᐧᐨ ᐊᐱᑕᒪᑫᐃᐧᓂᐠ, ᑲᐅᓂᓂᑕᐧ ᒥᓇ ᑲᐅᑕᐱᓂᑕᐧ
  - ᑫᐃᓂᑯᑲᐧᐠ ᐊᐱᑕᒪᑫᐃᐧᐣ ᒥᓇ ᑫᐃᔑᐱᒧᒋᑫᒪᑲᐠ
  - ᑲᐃᓇᑌᐠ ᑲᓂᑲᓂ ᐊᐱᑕᒪᑫᐊᐧᐨ ᒥᓂᑯᐠ ᑫᐊᐱᑕᒪᑫᐊᐧᐨ ᒥᓇ ᑲᐊᓂᑯᐅᓇᐱᐦᐃᑕᐧ
- ᐅᑕᐱᑕᒪᑫᐠ ᐅᑎᓇᓄᑭᐃᐧᓂᐊᐧ ᒥᓇ ᐅᐸᐸᒥᔨᐃᐧᓂᐊᐧ
  - ᑕᔨᐊᐦᑭ ᓂᑲᐣ ᑲᐅᓇᒋᑲᑌᐠ ᒥᓇ ᐊᓄᑭᐃᐧᐣ ᑫᓂᔑᐱᒧᒋᑲᑌᐠ ᑲᑲᑫᐧᑌᐱᓂᑲᑌᐠ
  - ᑭᑭᓄᐦᐃᑫᐃᐧᓇᐣ ᒥᓇ ᑲᐱᒥᐸᑭᑎᓂᑲᑌᓂᐠ ᐅᑭᑭᓄᐦᐊᒪᑯᐃᐧᓂᐊᐧ ᐅᑕᐱᑕᒪᑫᐠ
  - ᑕᔨᐊᐦᑭ ᐅᑕᓄᑭᐃᐧᓂᐊᐧ ᑲᓇᓇᑲᒋᒋᑲᑌᓂᐠ ᐅᑕᐱᑕᒪᑫᐠ
  - ᑕᔨᐊᐦᑭ ᐅᑕᓄᑭᐃᐧᐣ ᑲᓇᓇᑲᒋᒋᑲᑌᓂᐠ ᐅᑕᓄᑭᐃᐧᐣ ᑲᐅᑭᒪᐃᐧᐨ
  - ᑲᓂᔑᒪᒥᓄᓂᑲᑌᑭᐣ ᑲᐱᐦᒋᐊᓴᐧᔭᐸᐣᒋᑲᑌᑭᐣ ᐊᓄᑭᐃᐧᓂᐠ ᒥᓇ ᑲᐱᒥ ᑲᓇᐊᐧᐸᒋᑲᑌᑭᐣ ᒋᒥᓄᑲᐸᐃᐧᒪᑲᐠ ᐊᓄᑭᐃᐧᐣ
- ᐸᐯᔑᐠ ᐅᑕᐱᑕᒪᑫᐠ ᐅᑎᓇᓄᑭᐃᐧᓇᐣ ᒥᓇ ᐅᐸᐸᒥᔨᐃᐧᓇᐣ
  - ᑫᐃᔑ ᐱᒥᓂᔕᐦᐃᑲᑌᐠ ᐅᓇᓇᑲᒋᐦᐃᑯᐃᐧᐣ ᑲᓂᑲᓂ ᐊᐱᑕᒪᑫᐨ ᑲᑲᓇᐊᐧᐸᒥᑯᐨ ᐅᓂᑲᓂᑕᒪᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ ᒥᓇ ᐅᐱᒧᒋᑫᑕᒪᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ (ᑲᐃᓇᓄᑭᐨ ᒥᓇ ᐁᔑᐊᐧᐸᑕᐦᐊᐧᐨ ᑲᐊᓄᑲᐊᐧᐨ)
  - ᑕᑭᐁᐧ ᓇᓇᑲᒋᒋᑲᑌᓂ ᑲᐃᓇᑯᓂᑲᑌᐠ ᑫᐅᐣᒋᓈᔨᑕᒥᓴᐠ ᐅᓈᐣᑕᒧᐃᐧᐣ ᒋᐃᔕᐧᐨ ᒥᓇ ᒋᑕᑭᐧᐨ ᐃᐧᑕᓄᑭᒥᑐᐃᐧᓂᐠ
  - ᐸᐯᔑᐠ ᐅᑕᐱᑕᒪᑫᐠ ᑕᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐠ ᐊᓂᐣ ᐁᐱᒋᓇᐦᐃᑲᐣᑕᒧᐊᐧᑫᐧᐣ ᐅᑕᐱᑕᒪᑫᐃᐧ ᐸᐸᒥᔨᐃᐧᓂᐊᐧ

ᐊᐱ ᑕᐡ ᐅᓄᐁᐧᓂᐊᐧᐣ ᑭᑭᔑᒋᑲᑌᑭᐣ, ᐅᑕᐱᑕᒪᑫᐠ ᐅᑲᐃᔑᐸᑭᑎᓇᓇᐊᐧ ᐃᒪ ᐊᐱᑕᒪᑫᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓂᐠ ᐊᐣᑎ ᑫᐃᔑᐊᐣᑎᓂᑲᓂᐊᐧᐠ, ᐱᓇᒪ ᑕᐡ ᐃᐧᓇᐊᐧ ᐅᑲᐅᓈᐣᑕᓇᐊᐧ ᐃᒪ ᑲᐊᔑᑕᑭᔨᐊᐧᐨ ᒋᔕᐳᓇᒧᐊᐧᐨ, ᐅᑭᒪᑲᓇᐠ ᐁᒪᐧᔭ ᑲᑭᓇ ᑫᑯᓇᐣ ᒋᑭᔭᓂ ᒪᑕᓄᑲᑌᑭᐣ ᓇᐣᑕ ᒥᓇ ᒋᐊᓂ ᐊᐣᑎᓂᑲᑌᑭᐣ ᑫᑯᓇᐣ.

ᐅᑭᒪᑲᓇᐠ ᑲᐊᐱᑕᒪᑫᐘᐨ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎᓂᐠ

ᑲᑭᐱᐊᓄᑲᑌᐠ ᐱᐅᑕᓇᐠ
ᐅᑭᒪᑲᓇᐠ ᑲᐊᐱᑕᒧᐘᐨ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎᐣ (CCOH) ᑭᒪᒋᒋᑲᑌᑭᐸᐣ ᒥᑭᓯᐎᐱᓯᐨ 2004 (ᐅᓇᔓᐌᐎᐣ 04/446) ᐃᑫᐧᓂᐊᐧᐠ ᑲᑭ ᐅᓇᑐᐘᐨ ᐊᐧᓂᓇᐘᐠ ᑲᐅᐣᒋ ᑎᐯᐣᑕᑯᓯᐘᐨ ᐅᑭᒪᑲᓇᐠ. ᐃᐌ ᓂᑕᐨ ᑲᑭ ᐃᓇᐁᑭᐸᐣ ᒋᐊᓄᑲᑕᒧᐘᐨ ᐃᑫᐧᓂᐊᐧᐠ CCOH, ᔕᑯᐨ ᑲᐄᐣ ᐁᑕ ᐅᑫᐧᓂᐊᐧᐣ, ᑲᓂᐱᑌᐱᐦᐃᑲᑌᑭᐣ:

• ᒋᑲᑫᐧ ᑲᓇᐌᐧᐣᑕᒧᐘᐨ ᒣᑲᐧᐨ ᑲᐊᐸᑕᑭᐣ ᒥᓇ ᒋᓇᓇᐣᑐᓇᒧᐘᐨ ᑯᑕᑭᔭᐣ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ ᐃᒪ ᑕᔑᑫᐃᐧᓂᐠ ᑲᐊᔭᑭᐣ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎᓇᐣ ᒥᓇ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ
• ᑲᒪᒋᒋᑲᑌᐠ ᐃᐌ ᓂᑕᐨ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎ ᐅᓇᑯᓂᑫᐃᐧᓃᐣ

- ᒋᐅᓇᒋᑲᑌᑭᐣ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ ᐃᒪ ᐅᐢᑭ ᑲᐯᔑᐃᐧᑲᒥᐠ
- ᐃᐧᐸᐨ ᓇᐘᐨ ᒋᐊᐸᒋᐦᐊᑲᓄᐨ ᐊᑯᓯᐃᐧᑲᒥᐠ ᑲᐸᑭᑎᓇᑲᓄᐨ ᑫᔑᐊᐸᑕᓯᐨ ᓴᓂᔭ ᐊᓂᔑᓂᓂᐊᐧᐠ ᑫᐊᐸᒋᐦᐊᐧᐨ
- ᒋᐱᒥ ᐅᓇᒋᑲᑌᑭᐣ ᑫᐱᒥᓂᔕᐦᐃᑲᑌᐠ ᒥᓇ ᒋᐅᐡᑕᑲᐧᐠ ᑫᐃᔑ ᐊᓄᑲᑌᐠ ᒣᑲᐧᐨ ᑲᐱᒧᒋᑲᑌᐠ ᐊᑯᓯᐃ ᐅᓇᒋᑫᐎᓇᐣ
- ᒋᐅᓇᒋᑲᑌᑭᐣ ᑲᐧᔭᐠ ᒋᐃᔑᓇᑲᐧᐠ ᐃᐧᑕᓄᑭᒥᑎᐎᓇᐣ ᐃᒪ ᐊᓂᔑᓂᓂᐎ ᑕᔑᑫᐎᓇᐣ, ᒪᒋᑕᐎᓇᐣ ᒥᓇ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ ᑲᐸᑭᑎᓇᒧᐘᐧᐨ
- ᒣᑲᐧᐨ 2006, ᐃᑫᐧᓂᐊᐧᐠ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᑲᐅᐣᒋ ᑎᐯᐣᑕᑯᓯᐘᐨ ᐅᑭᒪᑲᓇᐠ ᐅᑭ ᓇᐣᑭᐦᑐᓇᐘᐧᐸᐣ ᐅᓇᒋᑫᐎᐣ ᐃᒪ CCOH (ᐅᓇᒋᑫᐎᐣ 06/08) ᐃᑫᐧᓂᐊᐧᐠ ᑲᐊᐱᑕᒪᑫᐘᐨ ᒋᐅᐣᒋ ᓂᑲᓂ ᓇᓇᑲᒋᑐᐘᐨ ᐊᓄᑭᐎᓇᐣ ᑲᑐᑕᒧᐘᐨ SLFNHA ᑲᐃᓇᑌᐠ ᐊᓂᔑᓇᐯ ᒪᐢᑭᑭᐎ ᐅᓇᒋᑫᐎᐣ ᑲᒪᒋᒋᑲᑌᐠ. ᐃᐌ ᐊᐦᐱ, ᐃᑫᐧᓂᐊᐧᐠ CCOH ᑭᑲᑫᐧᒋᒪᐊᐧᐠ ᒋᐱᒥ ᓇᓇᐣᑐᓇᒧᐘᐨ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ ᐁᑲ ᑲᐃᔑ ᑕᑲᐧᑭᐣ ᐃᒪ ᐊᓂᔑᓂᓂᐊᐧᐠ ᐅᒪᐢᑭᑭᐎ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᒥᓇ ᒋᐅᐣᒋ ᓇᓇᑲᒋᑐᐘᐨ ᐃᓯᓭᐎᓇᐣ ᐃᐌ ᐅᐣᒋ ᒪᐢᑭᑭᐎ ᐃᐧᒋᐦᐁᐃᐧᓇᐣ ᑲᐅᐣᒋ ᑎᐸᐦᐃᑲᑌᑭᐣ.

ᑲᑭ ᑭᒋ ᐊᓄᑲᑌᑭᐣ
ᒣᑲᐧᐨ 2012-13, ᐅᑭᒪᑲᓇᐠ ᑲᐊᐱᑕᒪᑫᐘᐨ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎᓂᐠ ᑭᐱᒥ ᒪᒪᐊᐧᒋᐦᐃᑐᐊᐧᐠ ᒥᓇ ᒥᔑᐣ ᑫᑯᓇᐣ ᑭᐅᒋᐱᒥ ᐊᓯᐢᑭᑫᑕᒪᑫᐊᐧᐠ ᒥᓇ ᑭᐱᒥ ᑭᑭᓄᐢᑲᒪᑫᐊᐧᐠ ᑫᐃᔑᒪᒥᓄᓂᑲᓂᐊᐧᐠ ᓇᓇᑐᐠ ᑲᑭᐱᒥᐅᓇᒋᑲᑌᑭᐣ ᑫᓂᑐᒋᑲᑌᐠ:

- ᑭᐃᐧᒋᒋᑲᑌ ᐊᓂᔑᓂᓂᐊᐧᐠ ᐅᓇᓇᑕᐃᐧᑭᑫᒋᑫᐎ ᒪᐊᐧᒋᐦᐃᑐᐃᐧᓂᐊᐧ ᑲᑭᑐᒋᑲᑌᐠ, ᒣᑲᐧᐨ ᒥᑭᓯᐎᐱᓯᐨ 2013 ᐃᒪ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ, ᒥᐦᐅᒪ ᒪᐘᐨ ᓂᐣᑕᐨ ᑲᑭᐅᐣᒋ ᒪᑕᓄᑲᑌᐠ ᒪᐢᑭᑭᐎ ᓇᓇᑕᐃᐧᑭᑫᐣᒋᑫᐎ ᐊᓄᑭᐎᐣ ᒋᐊᔭᒪᑲᐠ ᑲᑭᐃᑭᑐᐊᐧᐸᐣ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᐅᑭᒪᑲᓇᐠ ᒋᐊᓄᑲᑌᓂᐠ ᒣᑲᐧᐨ ᐁᐧᑎ 2012
- $29,500 ᒥᓂᑯᐠ ᓴᓂᔭ ᑭᐸᑭᑎᓇᑲᓄ ᐁᑭᐸᑭᑎᓂᑫᑲᑕᐃᐧᑕᐧ ᒋᐅᒋ ᐸᐸᑫᐧ ᒥᓂᑕᐧ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᐃᓀᑫ ᑲᐅᒋᐊᐧᐨ ᐊᓂᔑᓂᓂᐎ ᑭᑭᓄᐦᐊᒪᐊᐧᑲᓇᐠ ᑲᑭᐅᑕᐱᓇᒧᐘᐨ ᒪᐢᑭᑭᐎ ᐃᐢᑯᓄᐃᐧᓂ
- ᑭᐸᑭᑎᓂᑲᑌ ᐊᓂᐣ ᑫᐃᔑ ᒪᒋᒋᑲᑌᐠ AHP, ᑕᑯ ᑲᔦ ᑭᐌ ᓇᓇᑲᒋᒋᑫᐎᐣ ᒥᓇ ᒋᐸᑭᑎᓂᑲᑌᐠ ᐊᓂᐣ ᑫᐃᔑ ᐱᒥᐎᒋᑲᑌᐠ ᒪᐢᑭᑭᐎᓂᓂᐎ ᐃᐧᒋᐦᐁᐎ ᒪᓯᓇᐦᐃᑲᐣ ᒥᓇ ᑭᐱᒥ ᑭᑫᐣᑕᒨᐦᐃᐊᐧᓂᐊᐧᐣ ᑕᓴᐧᔦᐠ ᑲᑭᐊᐃᓇᓄᑭᐊᐧᐨ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᑲᐅᐣᒋ ᑎᐯᐣᑕᑲᐧᐠ ᒪᐢᑭᑭᐎ ᐃᐧᒋᐦᐁᐎ ᐱᒧᒋᑫᐎᐣ
- ᑭᐃᐧᒋᑲᐸᐃᐧᒋᑲᑌ ᒥᓇ ᑭᐅᓇᒋᑲᑌ ᑫᐱᒥᓂᔕᐦᐃᑲᑌᑭᐣ ᐃᒪ ᐅᑕᑯᓯᐠ ᑲᑕᔑ ᐊᐧᐸᒪᑲᓄᐘᐨ ᐱᒧᒋᑫᐎᐣ ᒥᓇ ᑫᐊᓂᓇᓄᑲᑌᐠ ᐃᐌ ᐅᐢᑭ ᐊᓄᑭᐎᑲᒥᐠ ᐅᑕᑯᓯᐠ ᑫᑕᔑ ᐊᐧᐸᒪᑲᓄᐘᐨ
- ᑭᑭᐌ ᓇᓇᑲᒋᒋᑲᑌ NIHB ᑕᑯ ᑲᔦ ᒪᐢᑭᑭᐎ ᐱᒧᒋᑫᐎᓇᐣ ᐃᓯᓭᐎᓇᐣ ᒥᓇ ᑲᒪᒥᑐᓀᐣᑕᑲᐧᑭᐣ ᒧᔕᐠ ᒋᐅᐣᒋ ᓇᓇᑲᒋᒋᑲᑌᑭᐣ
- ᑭᐱᒥᓂᔕᐦᐃᑲᑌᐊᐧᐣ ᐅᑎᐸᒋᒧᐎᓂᐊᐧ SLFNHA ᑲᐃᐧ ᐅᓇᒋᑲᑌᐠ ᐊᓂᔑᓂᓂᐊᐧᐠ ᒋᑭ ᑎᐯᐣᑕᒪᓯᐊᐧᐸᐣ ᒥᓇ ᒋᐱᒥᐸᓂᑕᐧᐘᐨ ᒪᐢᑭᑭᐎ ᐊᑕᐃᐧᑲᒥᐠ
- ᑭᐱᒥᓂᔕᐦᐃᑲᑌ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᒪᐢᑭᑭᐎᑲᒥᑯᐃᐧ ᑎᐸᒋᒧᐎᓇᐣ
- ᑭᑲᓄᓇᐊᐧᐠ SLFNHA ᐅᑕᓄᑭᐠ ᑫᒋᓇᐨ ᒋᐃᐧᓯᐢᑐᐘᐨ ᒪᐢᑭᑭᐎ ᐊᓄᑭᐎ ᐊᐧᐸᑕᐦᐁᐃᐧᓇᐣ ᒋᑐᒋᑲᑌᐠ, ᒋᒋᑭᐢᑲᒪᐃᐧᑕᐧ ᑲᐅᐢᑲᑎᓯᐘᐨ ᐊᓂᔑᓂᓂᐊᐧᐠ ᒋᔭᓂ ᒪᐢᑭᑭᐎ ᐊᓄᑭᐘᐨ
- ᑭᑲᓄᓇᐊᐧᐠ SLFNHA ᒋᐅᐣᒋ ᔑᑭᐢᑲᒪᐊᐧᐘᐨ ᐊᓂᔑᓂᓂᐎ ᐅᐢᑲᑎᓴᐣ ᒪᐢᑭᑭᐎ ᐊᓄᑭᐎᓂ ᐃᒪ ᐃᐁᑫ ᒪᓯᓇᐦᐃᑲᓂᐠ ᑫᑯᓇᐣ ᑲᐅᒋᐃᐧᐣᒋᑲᑌᑭᐣ

ᑫᐊᓂᓇᓄᑭᓇᓂᐊᐧᐠ
ᒋᐱᒥ ᐃᐧᒋᒋᑲᑌᐠ ᑲᐃᐧ ᒪᒋᒋᑲᑌᐠ AHP ᐅᒪ ᐃᐁᑫ:

- ᑲᑭᓇ ᐊᐃᐧᔭ ᐅᒪᐢᑭᑭᐎ ᐃᐧᒋᐦᐃᑯᐃᐧᐣ ᑲᐃᔑ ᐱᒧᒋᑲᑌᐠ ᑲᐅᓇᒋᑲᑌᐠ
- ᒋᐅᔑᒋᑲᑌᐠ ᐅᐢᑭ ᐊᓄᑭᐃᐧᑲᒥᐠ ᐅᑕᑯᓯᐠ ᑫᑕᔑ ᐊᐧᐸᒪᑲᓄᐘᐨ
- ᐅᑕᑯᓯᐠ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᑲᐃᔑ ᐱᒧᒋᑲᑌᐠ ᒋᐅᓇᒋᑲᑌᐠ
- ᑕᔑᑫᐎᐣ ᑫᐃᔑ ᒥᓄᔭᒪᑲᐠ ᑫᓂᔑ ᐱᒪᓄᑲᑌᐠ
- ᒋᒪᑕᓄᑲᑌᐠ ᐊᓂᔑᓂᓂᐎ ᓇᓇᑕᐃᐧᑭᑫᐣᒋᑫᐎ ᐊᓄᑭᐎᐣ, ᒋᐅᒋ ᐃᐧᑕᓄᑭᒥᑕᐧ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᒥᓄᔭᐎᐣ ᐊᑯᓯᐃᐧᑲᒥᑯᐠ ᐅᑕᓄᑭᐠ

ᑕᐱᒥ ᐊᐧᐃᐧᒋᒋᑲᑌ ᒪᐢᑭᑭᐎ ᐊᓄᑭᐎᐣ ᑲᑕᔑ ᑭᑭᓇᐊᐧᐸᑕᐦᐃᐊᐧᓂᐊᐧᐠ ᐅᐌ ᒋᑐᒋᑲᑌᐠ:

- ᒋᐊᐃᔕᓂᐊᐧᐠ ᐸᐸᑲᐣ ᓂᑲᑌᐦᐃ ᑕᔑᑫᐎᓇᐣ ᑲᑕᔑᒪᒪᐃᐧᑐᒋᑲᑌᐠ ᐊᓄᑭᐎᓇᐣ ᑲᐊᐧᐸᑕᐦᐃᐊᐧᓂᐊᐧᐠ
- ᑕᐱᒥ ᐊᓄᑲᑌ ᑲᐯᐦᐃ ᒋᐊᔭᒪᑲᐠ ᒥᓇ ᑲᐃᔑᐱᒪᓄᑭᒪᑲᐠ ᒪᐢᑭᑭᐎ ᐊᓄᑭᑕᒪᑫᐎᐣ ᐃᒪ ᐃᐁᑫ ᑲᒪᓯᓇᐦᐃᑲᑌᑭᐣ ᐃᐧᑕᒪᑫᐎᓂᐠ
- ᑕᓇᐣᑭ ᐊᐸᒋᒋᑲᑌ ᒪᒪᑕᐃᐧᐱᐊᐧᐱᑯᐠ ᑲᐅᐣᒋ ᑭᑫᑕᑯᒋᑲᑌᐠ ᑲᐃᓇᓄᑭᑕᒪᑫᔭᐠ
- ᑕᑲᑫᐧᒋᒪᐊᐧᐠ (ᑲᑭᔑᑐᐘᐨ ᐅᒪᐢᑭᑭᐎ ᐃᐢᑯᓄᐃᐧᓂᐊᐧ, ᐅᑭᒋᐅᑕᓄᑭᐠ, ᐅᑎᐢᑯᓄᐠ) ᒋᑎᐸᒋᒥᑕᐧ ᐣᒪᐢᑭᑭᐎ ᐊᓄᑭᑕᒪᑫᐎ ᑎᐸᒋᒧᐎᓂᓇᐣ
- ᑕᐅᓇᒋᑲᑌ ᓴᓂᔭ ᒋᒥᓂᐧᑕ ᑲᑭᔑᑐᐘᐨ ᐅᑎᐢᑯᓄᐃᐧᐃᓂᐊᐧ ᑲᐊᓂᔑᓂᓂᐎᐘᐨ ᑲᒪᐢᑭᑭᐎ ᐃᐢᑯᓄᐃᐧᐘᐨ

ᑲᑭᐊᐱᑕᒪᑫᐘᐨ 2012-13 ᑲᐊᐦᑭᐊᐧᐠ

- ᐅᑭᒪᑳᐣ ᑕᐧᓂ ᒪᐧᕓᐃᐣ, ᑭᒋᓇᒣᑯᓯᑊ ᐃᓂᓂᐊᐧᐠ
- ᐅᑭᒪᑳᐣ ᑮᐃᐳᕓᑊ ᐴ, ᐅᐱᔑᑯᑲᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᑲᐧᓂ ᒪᑫ - ᑯᕓᐁ, ᒣᐢᑭᑲᐧᑲᒪᐣᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᐦᐊᕓᐃ ᐸᐦᐸᐦ ᐊᐸᒪᑐᐣᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᐊᓄᑊ ᑳᑎᓄᕒ (ᑲᓇᐱᐢᑲᑯᐨ: ᐅᓇᔓᐌᐎᓂᓂ ᐊᓇᐧᐸᑊ ᑳᑎᓄᕒ, ᒥᑭᓯᐎᓴᑲᐃᑲᓂᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᒉᒥᐣ ᒣᒣᑫᐧ, ᑭᐣᑭᒪᓂᓯᐊᐧᐳᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᑕᔭᑕᐣ ᑌᑊ, ᐊᒋᑯᓴᑲᐃᑲᓂᐠ ᐃᐢᑯᓂᑲᐣ
- ᐅᑭᒪᑳᐣ ᐹᑊ ᒥᑭᐣ, ᓀᐣᑲᐃᐧᓴᑲᐃᑲᓂᐠ ᐃᐢᑯᓂᑲᐣ
- ᑎᓇ ᑲᑭᐱᑕᐨ - ᓴᑮᐣ, ᑭᐌᐧᑎᓄᐠ ᐅᑭᒪᑲᓇᐠ ᐅᑭᒪᐎᐣ
- ᑭᒋᐅᑭᒪᑲᓀᐣ ᐋᐱᐣ ᐲᐋᕒ, ᐊᓂᔑᓇᐯ ᐊᐣᑭ ᐅᑭᒪᐎᐣ

ᑭᒋᔭᐦᐊᐠ

- ᐱᐄᐣ ᓴᑦᐳ, ᑭᒋᓇᒣᑯᓯᑊ ᐃᓂᓂᐊᐧᐠ
- ᒍᓇᐣ ᐲᐋᕒ, ᓀᐣᑲᐃᐧᓴᑲᐦᐃᑲᓂᐠ ᐃᐢᑯᓂᑲᐣ

ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ

ᒐᓂᑊ ᐧᑲᕽᑎᐣ

ᑲᑭᐅᔑᒋᑲᑌᐠ ᐊᓂᔑᓇᐯ ᒪᐡᑭᑭᐃᐧ ᐱᒥᐃᐧᒋᑫᐃᐧ ᐅᓇᒋᑫᐃᐧᐣ

ᒣᑲᐧᐨ 2006, ᐊᐧᓂᓇᐊᐧᑲᐠ ᐅᑭᒪᑲᓇᐠ ᐅᑭ ᔓᐳᓇᓇᐊᐧᐸᐣ ᐅᑐᓇᔓᐁᐧᐃᐧᓂᐊᐧ ᒋᐅᑕᐱᓂᑲᑌᐠ ᐊᓂᔑᓇᐯ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐅᓇᒋᑫᐃᐧᐣ (AHP) ᐁᐧᑲ ᐅᑭ ᒥᓇᐊᐧᐣ SLFNHA ᐃᐧᓇᐊᐧ ᒋᐱᒍᑐᐊᐧᐨ ᐅᓇᒋᑫᐃᐧᐣ. ᐃᐁᐧ AHP ᐅᐃᐧᒋᑲᐸᐃᐧᑕᐣ ᑲᐅᓇᒋᑲᑌᐠ ᑲᐃᐧ ᒪᒪᐃᐧ ᐱᒍᒋᑲᑌᐠ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐊᓂᔑᓂᓂᐊᐧᐠ ᐧᐃᓇᐊᐧ ᒋᐅᓇᔓᐊᐧᑕᒍᐊᐧᐨ ᒥᓇ ᒋᐱᒍᑐᐊᐧᐨ.

ᐅᑕᓇᐣᐠ ᓂᑯᑕᐧᓯ ᐊᐦᑭ SLFNHA ᐅᑭ ᐊᓄᑲᑕᓇᐣ ᑫᑯᓇᐣ ᑫᐅᐣᒋ ᐃᐧᒋᑲᐸᐃᐧᒋᑫᒪᑲᑭᐣ ᑲᐅᓇᒋᑲᑌᐠ AHP. ᐅᑫᐧᓂᐧᐊᐧᐣ ᑲᑭ ᐊᓄᑲᑌᑭᐣ:

- ᐅᓇᒋᑫᐃᐧᓇᐣ, ᐊᓂᒍᒋᑫᐃᐧᓇᐣ ᒥᓇ ᑲᐅᓇᒋᑲᑌᑭᐣ ᐃᐁᐧ ᑭᓇᐧᑲᐡ ᑲᐱᒥᓭᐠ ᓇᑯᒥᑎᐃᐧᐣ ᐃᐁᐧ ᒪᐡᑭᑭᐃᐧᓂᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ
- ᑭᐅᓇᒋᑲᑌ ᒪᔦᐨ ᑲᐅᐣᒋ ᐱᒥᐃᐧᒋᑲᑌᐠ ᒪᐡᑭᑭᐃᐧ ᐸᒥᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐃᐧ ᒪᒋᒋᑲᑌᐠ ᐱᒥᐃᐧᒋᑫᐃᐧ ᐅᓇᒋᑫᐃᐧᐣ
- ᐱᑯ ᐊᐊᐧᑐᓇᐠ ᐅᑭᑭᓄᐦᐊᒪᑯᐃᐧᓂᐊᐧ ᑫᔑ ᒥᓄᓭᐠ ᐱᒪᑎᓯᐃᐧᐣ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ ᒥᓇ ᐅᓇᒋᑫᐃᐧᐣ
- ᒪᒥᑎᑐᐣᒋᑲᓇᐱᑐᐃᐧ ᒥᓄᔦᐃᐧᐣ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ
- ᐃᐧᐱᑎᒪᐡᑭᑭᐃᐧ ᐱᒍᒋᑫᐃᐧᐣ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ
- ᐅᑕᑯᓯᐠ ᑲᔑ ᐊᐧᐸᒥᐣᑕᐧ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ
- ᐅᑕᑯᓯ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᐣ ᑲᐅᐣᒋ ᓇᓇᑲᒋᒋᑲᑌᐠ ᑭᐁᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ

ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᐱᒥᐊᐸᒋᑐᓇᐊᐧ ᐃᐁᐧ AHP ᒋᐅᐣᒋ ᑲᐧᔦᑯᔑᓄᐊᐧᐨ ᑲᐅᓇᑐᐊᐧᐨ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᒥᓇ ᐱᒍᒋᑫᐃᐧᓇᐣ ᐃᒪ ᐊᓂᔑᓂᓂᐃᐧ ᑕᔑᑫᐃᐧᓇᐣ ᑲᔑᔦᑭᐣ ᑲᐊᓄᑲᑕᒪᐣᑭᐣ.

ᑲᐅᐣᒋ ᐱᒍᒋᑲᑌᐠ ᒪᐡᑭᑭᐃᐧᓂᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᐸᑭᑎᓇᓇᐊᐧ ᒪᓯᓇᐦᐃᑫᐃᐧᑲᒥᐠ ᒥᓇ ᓂᑲᓂᐡᑲᒪᑫᐃᐧ ᐊᓯᐡᑲᒪᑫᐃᐧ ᐱᒍᒋᑫᐃᐧᓇᐣ ᐃᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᒪᐡᑭᑭᐃᐧᓂᓂ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐱᒍᒋᑫᐃᐧᐣ (SLRPSI). ᐅᒪ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ, ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ;

- ᐅᑭᐅᓇᑐᓇᐣ ᒥᓇ ᐅᐱᒥᓇᓇᑲᒋᑐᐣ SLRPSI ᐅᓇᑯᓂᑫᐃᐧᓇᐣ
- ᐅᐱᒍᑐᓇᐊᐧ ᒪᐡᑭᑭᐃᐧᓂᓂᐃᐧ ᐊᓄᑭᐃᐧ ᓇᑯᒥᑎᐃᐧᓇᐣ
- ᐅᑕᓄᑭᐦᐊᐊᐧᐣ ᒥᓇ ᐅᑐᐣᒋ ᓇᓇᑲᒋᐦᐊᐊᐧᐣ 20 ᐊᓄᑭᓇᑲᓇᐣ
- ᒥᓯᐁᐧ ᐅᑐᐣᒋ ᑲᓇᐊᐧᐸᐣᑕᓇᐊᐧ, ᐅᑐᓇᑐᓇᐊᐧ ᒥᓇ ᐅᑐᐣᒋ ᓇᓇᑲᒋᑐᓇᐊᐧ ᐊᓇᐱ ᑫᔦᐃᐧᔕᓂᐨ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐣ ᑭᐁᐧᑎᓄᐠ ᑕᔑᑫᐃᐧᓂᐠ ᒥᓇ ᒥᓄᔦᐃᐧᐣ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐠ (SLMHC) ᐃᒪ ᑲᐃᓇᑌᐠ ᒪᐡᑭᑭᐃᐧᓂᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐅᓇᒋᑫᐃᐧᐣ
- ᐅᐸᑭᑎᓇᓇᐊᐧ ᑎᐸᐦᐃᑫᐃᐧᓇᐣ ᒥᓇ ᑯᑕᑭᔭᐣ ᑎᐸᒋᒍᐃᐧᓇᐣ ᑲᔑ ᓇᐣᑕᐁᐧᐣᑕᑲᐧ ᐃᒪ ᐅᐣᑌᕽᐃᐧᐟ ᐅᑭᒪᐃᐧᐣ ᒥᓄᔦᐃᐧᐣ ᒥᓇ ᑭᓇᐧᑲᐡ ᑲᐱᒪᓄᑲᑌᐠ ᐊᑯᓯᐃᐧ ᐸᒥᐦᐃᑯᐃᐧᐣ
- ᐅᑐᓇᑐᓇᐊᐧ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᑲᓇᓇᐣᑐᓇᐃᐧᐣᑕᐧ ᐅᓇᒋᑫᐃᐧᐣ
- ᐅᐱᒍᑐᓇᐊᐧ ᑭᐁᐧᑎᓄᐠ ᐅᑕᑯᓯᐠ ᑲᑕᔑ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ

ᒥᓂᑯᐠ ᑭᔑᑲᐊᐧᐣ ᑲᑭ ᐊᓄᑭᐊᐧᐨ ᑕᔑᑫᐃᐧᓂᐠ	2009-2010	2010-2011	2011-2012	2012-2013
ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᑭᐸᑭᑎᓇᒍᐊᐧᐨ	1,244.50	1,802.50	2,221	2,048

ᑲᑭ ᑭᒋ ᐊᓄᑲᑌᑭᐣ 2012-2013

- ᓇᓇᑲᒋᒋᑫᐃᐧᐣ, ᑲᑭᐊᐸᑕᐠ Malatest, ᐃᓂᐁᐧᓂᐊᐧᐣ ᒪᐡᑭᑭᐃᐧᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ ᑭᑐᒋᑲᑌ, ᐅᑭᐅᐣᒋ ᐃᐧᒋᐦᐃᑯᓇᐊᐧ SLRPSI ᐁᑭᐅᐣᑎᓇᒍᐊᐧᐨ ᐃᐧᐣᑕᒪᑫᐃᐧᓇᐣ ᓂᑲᐣ ᑫᑭᔦᓂ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᐃᐧᔦᓂᐅᓇᒋᑫᐊᐧᐨ ᒥᓇ ᑫᓂᔑ ᐱᒍᑐᐊᐧᐨ ᐅᒪᐡᑭᑭᐃᐧᓂᓂᐃᐧ ᐊᓄᑭᑕᒪᑫᐃᐧᓂᐊᐧ.
- ᓂᔓᑯᐣ ᒪᐊᐧᒋᐦᐃᑐᐃᐧᐣ ᑭᑐᒋᑲᑌ, ᐁᑭᐃᔑᓂᑲᑌᐠ ᐁᐱᒪᓄᑲᑌᐠ ᒪᐡᑭᑭᐃᐧ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ, ᒣᑲᐧᐨ ᐊᐱ ᒥᑭᓯᐃᐧᐱᓯᐨ 2013 ᑲᑭᓇ ᑭᓇᑐᒪᐊᐧᐠ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐅᒪ ᐊᐧᑲᐦᐃ ᑲᑕᓇᓄᑭᐊᐧᐨ ᒋᐃᐧᔕᐊᐧᐨ. ᒪᔦᐨ ᑲᑭᐊᐧᓂᒍᒋᑲᑌᑭᐣ ᑲᓴᑲᐱᑐᐦᐃᐁᐧᒪᑲᑭᐣ ᑫᑯᓇᐣ ᒥᓇ ᒥᓄᔦᐃᐧ ᓇᓇᑕᐃᐧᑭᑫᐣᒋᑫᐃᐧᐣ.
- ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐅᓇᓇᑯᒥᑯᐃᐧ ᐃᐧᓯᓂᐃᐧᓂᑫᐃᐧᐣ ᑭᑐᒋᑲᑌ ᒣᑲᐧᐨ ᑲᐡᑲᑎᓄᐱᓯᐨ 23, 2012.
- ᑲᓴᑲᐱᑐᐦᐃᐁᐧᒪᑲᑭᐣ ᑫᑯᓇᐣ ᑲᐃᔑᐊᓄᑭᑕᒪᑫᐊᐧᐨ ᐅᐊᐧᐃᐧᒋᑐᓇᐊᐧ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐊᓂᐅᔑᑕᒪᓯᐊᐧᐨ ᑫᒋᐊᐧᐠ ᐃᐧᓇᐊᐧ ᒋᐱᒍᑕᒪᓯᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ

ᑲᐃᔑᐊᒋᑲᑌᑭᐣ ᒪᐡᑭᑭᐃᐧ ᒪᓯᓇᐦᐅᑯᐃᐧᓇᐣ (EMR))

ᐊᔕ ᓂᔓᐊᐦᑭ ᐊᐱᐣ ᑲᑭᒪᐦᒋ ᐊᐸᒋᒋᑲᑌᑭᐸᐣ ᐅᐁᐧ ᐱᐊᐧᐱᑯᐠ ᑲᐃᔑᑲᓇᐁᐧᐣᒋᑲᑌᑭᐣ ᒪᐡᑭᑭᐃᐧ ᒪᓯᓇᐦᐅᑯᐃᐧᓇᐣ (OSCAR).

ᐊᐱ ᑲᑭᔦᓂᒪᒋᐊᐸᒋᒋᑲᑌᐠ ᐅᐁᐧ ᐅᐡᑭ ᐊᓄᑭᐃᐧ ᐊᐸᒋᒋᑲᐣ ᓂᐢᑕᐨ ᑲᔦᑭᐊᐧᐠ ᓂᑲᐣ ᑭᐸᑭᑎᓂᑲᑌ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ, ᑭᐅᓇᐱᑫᓯᒋᑲᑌ ᒥᓇ ᑭᐅᓇᒋᑲᑌ, ᐁᑲᐧ ᐊᐱᐣ ᑭᔦᓂᒥᐡᑲᐧᑲᒋ ᐊᓄᑭᐊᐧᑲᓄᐊᐧᐣ ᐁᑲ ᐯᐸᐣ ᒋᐊᐸᑕᐠ ᐱᐊᐧᐱᑯᐠ ᑲᓂᔑ ᐱᐣᑎᑫᐱᐦᐅᑕᐧ ᐅᑕᑯᓯᐠ ᐅᒪᐡᑭᑭᐃᐧ ᒪᓯᓇᐦᐅᑯᐃᐧᓂᐊᐧ ᐃᒪ ᐸᐯᔑᐠ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ. ᐁᑲᐧ ᒥᓇ ᒥᔑᐣ ᐅᑕᑯᓯᐠ ᐅᑕᔑᑫᐃᐧᓂᐊᐧᐠ ᑲᑭᑕᔑᓇᓇᑲᒋᐦᐃᑕᐧ ᑲᒪᒋᓂᔕᐦᐃᑲᑌᓂᐠ ᐱᐊᐧᐱᑯᐠ ᐅᐣᒋᐱᑭᐁᐧᓂᔕᐦᐃᑲᑌᐊᐧᐣ ᐊᓂᐣ ᑲᑭᐃᔑᒥᑲᒪᐃᐧᑕᐧ ᒥᓇ ᑭᐅᓇᓴᑲᓄᐊᐧᐠ ᐅᑕᐱᑕᒪᑫᐠ ᒋᐅᒋ ᐊᓄᑲᑕᒍᐊᐧᐨ ᑲᐱᓴᑯᓭᑭᐣ ᐯᐸᓄᐣ ᐊᐧᓂᓇᐊᐧᑲᐠ ᒥᓄᔦᐃᐧᐣ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐠ ᑲᐱᐅᐣᒋᒪᑲᑭᐣ. ᓄᑯᐨ ᑲᑭᐊᐦᑭᐊᐧᐠ, ᓂᐣᑭᐊᓄᑲᑕᒥᐣ ᒋᐊᓂᐊᔦᒪᑲᑭᐣ ᐅᐡᑭ ᐊᓄᑭᐃᐧ ᐊᐸᒋᒋᑲᓇᐣ ᒥᓇ ᐊᐊᐧᔑᒣ ᑫᐃᔑᒥᓄᓭᐠ ᑕᓯᑭᔑᑲ ᑲᐃᔑᐱᒪᓄᑭᓇᓂᐊᐧᐠ, ᐊᔑᐨ ᒥᓇ ᒪᓯᓇᐦᐃᑫᐃᐧᓇᐣ ᑲᐃᓇᓄᑲᑌᑭᐣ ᒥᓇ ᑭᐅᓇᒋᑲᑌ ᐅᐡᑭ ᒪᒪᑕᐃᐧ ᐱᐊᐧᐱᐠ ᒋᐁᐧᐣᒋᓴᓂᐠ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᒋᐅᒋ ᐃᓇᐱᐊᐧᐨ ᒥᓇ ᐱᑯ ᒋᔦᓂᔑ ᒪᓯᓇᐦᐊᒍᐊᐧᐨ ᐅᑐᐡᑭ ᑎᐸᒋᒍᐃᐧᓂᐊᐧ ᒪᐡᑭᑭᐃᐧ ᒪᓯᓇᐦᐅᑯᐃᐧᓇᐣ.

ᑫᔦᓂᓇᓄᑭᓇᓂᐊᐧᐠ

- ᑲᑭᓇ ᐅᑕᓄᑭᐠ ᑕᑭᑭᓄᐦᐊᒪᐊᐧᐊᐧᐠ ᑲᑭᐅᓇᑌᐠ ᐅᐡᑭ ᐱᐊᐧᐱᑯ ᐊᓄᑭᐃᐧ ᐊᐸᒋᒋᑲᐣ OSCAR ᒋᑭᔦᓂ ᑲᐡᑭᑐᐊᐧᐨ ᐅᑕᓄᑭᐠ ᐁᑲ ᐯᐸᐣ ᑲᐊᐸᑕᐠ ᐅᒪ ᐅᐡᑭ ᐊᓄᑭᐃᐧ ᐊᐸᒋᒋᑲᓂᐠ
- ᑕᑭᐁᐧ ᑲᓇᐊᐸᐧᒋᑲᑌ ᐊᓂᐣ ᐁᔑᓇᑲᐧᐠ ᐊᐸᒋᒋᑲᐣ ᑲᐃᔑᑲᓇᐁᐧᐣᒋᑲᑌᑭᐣ ᐅᑕᑯᓯᐠ ᐅᑎᐸᒋᒥᑯᐃᐧᓂᐊᐧ ᐃᒪ ᑲᑭᓇ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ, ᒋᑭᐅᐣᒋ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᑲᐃᔕᐊᐧᐨ ᒋᐊᐸᒋᑐᐊᐧᐨ ᑲᐃᔑᐊᒋᑲᑌᑭᐣ ᒪᐡᑭᑭᐃᐧ ᒪᓯᓇᐦᐅᑯᐃᐧᓇᐣ
- ᑕᐱᒥ ᐃᐧᑕᓄᑭᒪᐊᐧᐠ ᑕᐣᑐᕽ ᐯ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐠ ᑲᐅᒋᐊᔦᔓᓂᔓᐦᐃᑲᑌᑭᐣ ᐱᐊᐧᐱᑯᐠ ᐅᑕᑯᓯ ᐅᑎᐸᒋᒥᑯᐃᐧᐣ ᑲᑭᐅᓇᑌᑭᐣ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᒋᐅᒋ ᐃᐧᒋᐦᐃᑎᐊᐧᐨ ᐅᒪ (POI)
- ᐊᐧᓂᓇᐊᐧᑲᐠ ᒥᓄᔦᐃᐧᐣ ᐊᑯᓯᐃᐧᑲᒥᐠ ᑕᓂᔑ ᐸᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᐅᐱᐣᑎᑫᓯᓇᐦᐅᑯᐃᐧᓂᐊᐧ ᒥᓇ ᑲᐱᑕᑯᔑᓄᐊᐧᐨ ᐅᑕᑯᓯᐠ

ᐅᑐᐣᒋ ᑭᒋᐃᐧᒋᐦᐃᑯᓇᐊᐧ ᐅᑕᑯᓯᐠ ᑲᐧᔦᐠ ᒋᐃᓯᓴᓂᐠ ᐅᑕᑯᓯᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᑲᐊᐸᑕᐠ ᐅᐁᐧ EMR ᐊᐸᒋᒋᑲᐣ. ᐅᐃᐧᐣᑕᓇᐊᐧ ᒪᐡᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐁᑭᑕᐸᒋᑐᐊᐧᐨ ᐅᐁᐧᓂ ᑲᔦᓂᒥᐡᑲᐧᒋ ᐊᐸᒋᑐᐊᐧᐨ ᐊᐸᒋᒋᑲᓂ.

ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ

ᑭᐁᐧᑎᓄᐠ ᑲᑕᓯ ᐊᐧᐸᒥᐣᑕᐧ ᐅᑕᑯᔨᐠ ᐊᓄᑭᐃᐧᑲᒥᐠ

ᐁᑲᐧ ᐅᐁᐧ ᐊᓄᑭᐃᐧᑲᒥᐠ ᒥᐦᐅᒪ ᐁᑕᓯᐊᐧᐸᒥᐣᑕᐧ ᐅᑕᑯᔨᐠ ᑭᐁᐧᑎᓄᐠ ᐃᐢᑯᓂᑲᓇᐣ ᑲᐅᐣᒋ ᒪᒪᒋᓂᐦᐅᐣᑕᐧ. ᒣᑲᐧᐨ ᓀᓂᔭᐊᐧᐦᑭ ᑲᑭ ᐱᒥᓴᐠ ᓄᑯᑦ ᑲᐊᐦᑭᐊᐧᐠ, 3,306 ᐅᑕᑯᔨᐠ ᑭᐊᐧᐸᒪᑲᓄᐊᐧᐠ ᐃᒪ ᑲᑕᓯᐊᐧᐸᒥᐣᑕᐧ ᐊᓄᑭᐃᐧᑲᒥᑯᐠ, ᐁᑲᐧ ᒥᓇ:

- ᑲᑭ ᐅᓇᒋᑲᑌᓂᐠ ᑫᓯ ᐊᐧᐸᒥᑯᐊᐧᐨ ᒪᐢᑭᑭᐃᐧᓂᐊᐧᐣ
- ᑲᐸᐸᔓᐣᑕᑲᐧᐠ ᓇᐣᑕ ᑲᓴ ᒥᓇᐊᐧ ᒋᓇᐱ ᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐨ ᐃᒪ ᐅᑕᓯᑫᐃᐧᓂᐊᐧ ᑲᐅᐣᑐᓴᐊᐧᐨ
- ᒥᓇᐊᐧ ᒋᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᐃᒪ ᒪᐢᑭᑭᐃᐧᑲᒥᑯᐠ ᑲᑭᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᒥᓇ ᑲᐃᐢᑲᐧ ᐸᑭᑎᓇᑲᓄᐊᐧᐨ ᒪᐢᑭᑭᐃᐧᑲᒥᑯᐠ
- ᑭᒋᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐣ ᑲᐊᐧᐸᒪᐊᐧᐨ

ᐅᓄᐁᐧᓂᐊᐧᐣ ᐱᒧᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ ᒥᐦᐃᒪ ᑭᔭᐱᐨ ᐁᑕᓇᓄᑲᑌᑭᐣ ᑫᑌ ᐊᑯᔨᐃᐧᑲᒥᑯᐠ, ᓇᐊᐧᐨ ᑕᐢ ᐅᑐᐣᒋ ᐃᐧᒋᐦᐃᑯᓇᐊᐧ ᐅᑕᑯᔨᐠ ᐊᐧᑭᒋᔭᐦᐃ ᑲᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᐊᓇᒪᑲᒥᐠ ᑲᑭ ᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐸᐣ ᓇᐱᐨ ᐁᑭ ᓇᓂᓴᓀᐣᑕᑲᐧᑭᐸᐣ. ᐃᐁᐧ ᐅᑕᑯᔨᐠ ᑲᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᑲᐃᐧᐣ ᒥᔨᐁᐧ ᒋᑭ ᐃᓇᓄᑭᒪᑲᐠ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ ᑲᓯ ᓇᐣᑕᐁᐧᐣᑕᑲᐧᐠ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ ᐁᑲᐧ ᑕᐢ ᐅᐁᐧ ᑲᐅᐣᒋᔨᓴᐠ ᐃᒪ ᑲᓯ ᑕᑲᐧᐠ ᑫᑌ ᐊᑯᔨᐃᐧᑲᒥᐠ. ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᐱᒥ ᓇᓇᑐᓇᓇᐊᐧ ᑲᐱᒥ ᑲᑫᒋᒪᑲᓄᐨ ᑲᐃᐧᑕᓄᑭᒪᐊᐧᐨ ᑲᓇᑕ ᑭᒋᒪᐢᑭᑭᐃᐧᑭᒪᐣ ᒋᐅᓯᒋᑲᑌᐠ ᐅᐢᑭ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᐃᐧᑲᒥᐠ ᒋᑕᓯᐃᐧᒋᐦᐃᑕᐧ ᑭᐁᐧᑎᓄᐠ ᑲᐱᐅᐣᒋᒪᒪᒐᐊᐧᐨ ᐅᑕᑯᔨᐠ, ᑫᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ, ᑫᑕᓯ ᐊᐧᐸᒥᐣᑕᐧ ᐅᑕᑯᔨᐠ ᐊᓄᑭᐃᐧᑲᒥᐠ, ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᑫᑕᓇᓄᑭᐊᐧᐨ ᒥᓇ ᑯᑕᑭᔭᐣ ᑲᓇᓄᑌᓴᑭᐣ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ.

ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᓂᐠ ᑲᓇᑕ ᒪᐢᑭᑭᐃᐧᑭᒪ ᐅᑭ ᐃᐣᑕᒪᐊᐧᐣ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐃᒪ ᐅᑕᑯᔨᐠ ᑲᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᐁᓇᐣᑕᐁᐧᐣᑕᑯᔨᐊᐧᐨ ᒋᓴᑲᐦᐊᒍᐊᐧᐨ ᐃᒪ ᑫᑌ ᐊᑯᔨᐃᐧᑲᒥᐠ ᒣᑲᐧᐨ ᑲᐃᓯ ᑕᑲᐧᐠ (ᐅᐱᒪᐦᐊᒍᐃᐧᐱᔨᒍᐣ 31, 2012 ᑭᐃᐦᑲᐧᑕᒪᐊᐧᐸᓂᐠ ᐊᐧᔓ ᒋᔭᓂᑲᑫᐧᓴᑲᐦᐊᒍᐊᐧᐨ). ᐁᑲᐧ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᑭᐃᐧᒋᐦᐃᑯᐊᐧᐣ (SLRPSI) ᑫᒋᓇᐨ ᒋᑲᑫᐧᒥᑲᒍᐊᐧᐨ ᑫᐃᐧᓯᒥᓇᐧᓯᐠ ᐊᒋᓇ ᑫᑕᓇᓄᑲᑌᐠ ᐅᐁᐧ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᑲᐧ ᒋᐊᐱᒋ ᐊᓄᑲᑕᒍᐊᐧᐨ ᑲᑲᑫᐧ ᐅᐣᑎᓇᒍᐊᐧᐨ ᐅᐱᐨ ᑫᐃᐧᓯᑕᑲᐧᐠ ᐃᐁᐧ ᐅᐢᑭ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᐠ.

ᑫᔭᓂᓇᓄᑭᓇᓂᐊᐧᐠ

- ᒋᐅᓯᒋᑲᑌᐠ ᐅᐢᑭ ᐊᓄᑭᐃᐧᑲᒥᐠ ᑫᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᐅᑕᑯᔨᐠ ᒋᑕᑲᐧᐠ ᐯᓀᐣᐨ ᐃᒪ ᐊᑯᔨᐃᐧᑲᒥᐠ ᒥᓇ ᑲᐯᓯᐃᐧᑲᒥᐠ ᒥᓄᔭᐃᐧᐣ ᐊᑯᔨᐃᐧᑲᒥᑯᐠ
- ᑕᐊᓄᑭᐦᐊᑲᓄ ᑭᒋᒪᐢᑭᑭᐃᐧᑫᐧᐃᐧᓂᐠ ᑲᐃᓇᓄᑭᐨ ᒋᐃᐧᑕᓄᑭᒪᐨ ᑯᑕᑭᔭᐠ ᒪᐢᑭᑭᐃᐧᓂᓂᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ

ᑲᓇᓇᐣᑐᓇᐃᐧᐣᑕᐧ ᒥᓇ ᑲᑭᒋᐃᐧᓂᐣᑕᐧ ᒪᐢᑭᑭᐃᐧᐊᓄᑭᑕᒪᑫᐠ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ

ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ ᑲᑭᑐᒋᑲᑌᐠ ᑲᓇᓇᑐᓇᐃᐧᐣᑕᐧ ᒪᐢᑭᑭᐃᐧᐊᓄᑭᑕᒪᑫᐠ ᑭᐃᐧᒋᐦᐁᐧᓇᓄᐊᐧᐣ ᐊᑎᐟ ᑲᑭᐃᓯ ᒪᐊᐧᒋᐦᐃᑎᓇᓂᐊᐧᐠ, ᑐᑲᐣ ᐃᒪ ᐅᐢᑭ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᑲᑕᓯ ᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐧ ᑲᐸᐸᒥᐃᐧᓂᑕᐧ, ᐊᐣᑕᐃᐧᐦᐁᐧᐃᐧ ᐊᓂᒧᒋᑫᐃᐧᐣ ᐁᑲᐧ ᒥᓇ ᑭᒋ ᑕᐃᐧᓂᐠ ᒥᓇ ᓄᐱᒪᑲᒥᐠ ᑲᑕᓇᓄᑭᐊᐧᐨ ᒪᐢᑭᑭᐃᐧᓂᐊᐧᐠ ᒪᐊᐧᒋᐦᐃᑐᐃᐧᓂᐠ. ᐃᒪ ᑲᑭᐃᓇᓂᐊᐧᐠ ᒪᐊᐧᒋᐦᐃᑐᐃᐧᓇᐣ ᓂᑭᐊᑐᒥᐣ ᑫᐅᐣᒋ ᐊᐧᐸᒋᑲᑌᑭᐣ ᑲᓇᑐᓇᐊᐧᑭᑕᐧ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᒥᓇ ᑫᒋᐊᐧᐠ ᓂᑭᐊᔭᒥᐦᐊᒥᐣ ᑲᐱᒥᒪᐢᑭᑭᐃᐧ ᐃᐢᑯᓄᐊᐧᐨ ᒥᓇ ᑲᔭᓂ ᑭᓯᑐᐊᐧᐨ ᐅᒪᐢᑭᑭᐃᐧ ᐃᐢᑯᓄᐃᐧᓂᐊᐧ.

ᑲᓇᑕᐊᐧᓄᑭᐦᐊᐨ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐣ ᐅᑭᐃᐧᑕᓄᑭᒪᐣ ᐅᐣᑌᐃᐧᔭ ᒥᔨᐁᐧ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓂᐠ ᐁᒋᐅᐣᒋᑕᒪᑯᔭᑭᑕᐧ ᐊᓂᐣ ᑫᑭᑐᑕᒪᑭᐸᐣ ᑲᓇᓇᑐᓇᐊᐧᑭᑕᐧ ᒋᐱᐊᓄᑭᐊᐧᐨ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ.

ᒣᑲᐧᐨ ᐊᐱ ᑲᐢᑲᑎᓄᐱᔨᑦ 2012, ᐯᓯᑯᐱᒥᑯᓇᑲ ᑭᐱᒥᐊᐧᐸᑕᐦᐊᐊᐧᐠ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐅᓇᓇᑯᒥᑯᐃᐧᓂᐊᐧ. ᑭᒪᒥᓇᑲᓄᐊᐧᐠ ᑫᑯᓇᐣ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐁᑲᐧ ᒥᓇ ᐯᓯᑲᐧ ᐯᓯᑯᐊᐧᐦᑭ ᐃᓯᒋᑫᐃᐧᐣ ᑲᑭᒪᒋᒋᑲᑌᑭᐸᐣ ᐁᓇᑐᒥᐣᑕᐧ ᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᒥᓇ ᐅᑕᓄᑭᐠ ᐁᒪᑯᔓᐦᐃᐣᑕᐧ ᒥᓇ ᐊᐱᐣ ᑲᐊᐧᓄᓇᑯᓯᓂᐠ ᐁᓂᒥᐦᐃᑎᓇᓂᐊᐧᐠ.

ᐅᑕᑯᔨᐠ ᑲᐅᐣᒋ ᐅᓇᑕᒪᐃᐧᐣᑕᐧ ᐅᐊᐧᐸᒥᑯᐃᐧᓂᐊᐧ ᐱᒧᒋᑫᐃᐧᐣ

ᐃᐁᐧ ᐅᑕᑯᔨᐠ ᑲᑕᓯ ᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᑲᐱᒧᑐᐊᐧᐨ ᐱᒧᒋᑫᐃᐧ ᐅᓇᒋᑫᐃᐧᐣ ᑎᐸᒋᒧᐃᐧᐣ ᑲᑭ ᐸᑭᑎᓂᑲᑌᐠ ᒥᑭᓯᐃᐧᐱᓯᑦ 2011, ᑭᓂᓯᑕᐃᐧᓂᑲᑌ ᐅᑕᑯᔨᐣ ᑫᐅᐣᒋ ᐊᐧᐅᓇᑕᒪᐊᐧᐨ ᑫᐃᐧᓯ ᐊᐧᐊᐧᐸᒪᑲᓄᓂᐨ ᐃᒪ ᐃᐧᒋᐦᐁᐧᐃᐧᓂᐠ ᐊᐊᐧᓯᒣ ᑫᑭᓯ ᒥᓄᓴᑭᐸᐣ ᒣᑲᐧᐨ ᑲᐃᓯ ᐱᒧᒋᑲᑌᐠ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ. ᐁᑲᐧ ᓇᑫ ᐃᐧᐸᐨ ᐅᑕᑯᔨᐠ ᑲᑕᓯ ᐊᐧᐸᒪᑕᓄᐊᐧᐨ ᑲᐱᒥᑲᓇᐊᐧᐸᑕᒍᐊᐧᐨ ᑭᐅᓇᔓᐸᓂᐠ ᐃᐧᓇᐊᐧ ᓂᑲᓂ ᑲᓇᐊᐧᐸᒋᑫᑕᒪᑫᐊᐧᐨ ᐃᒪ ᑲᑭᐅᐣᑎᓂᑕᐧ ᑲᐃᓯᐃᐧᒋᑕᐊᐧᐨ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯ ᒪᐢᑭᑭᐃᐧᑭᐃᐧᐣ, ᐃᐢᑯᓂᑲᓂᐠ ᒥᓇ ᐃᓄᐃᐧᐟ ᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐠ (NIHB, ᐊᐧᓂᓇᐊᐧᑲᐠ ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ, ᒪᐢᑭᑭᐃᐧᑫᐧᐣ ᑲᐅᐣᒋ ᓇᓇᑲᒋᐦᐊᐨ), ᑭᐁᐧᑎᓄᐠ ᐅᑭᒪᑲᓇᐠ ᒥᓇ ᓯᐸᐧᑲᒪ ᐅᑭᒪᑲᓇᐠ.

ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ, ᐅᑯᐁᐧᓂᐊᐧᐠ ᑲᓂᑲᓂ ᑲᓇᐊᐧᐸᒋᑫᑕᒪᑫᐊᐧᐨ ᐅᑭᐊᓄᑲᑕᓇᐊᐧ:

- ᑭᐅᓯᒋᑲᑌ ᒪᔨᓇᐦᐃᑲᐣ ᐊᐧᑲᐦᐃ ᐊᐧᓂᓇᐊᐧᑲᐠ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᒪᒋᑭᑐᐊᑭᑕᔨᓇᐣ
- ᓂᐃᐧᑕᓄᑭᒪᒥᐣ ᑲᓇᑕ ᑭᒋᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐊᐊᐧᓯᒣ ᑫᓂᓯᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᐅᑕᑯᔨᐠ (ᐅᑕᑯᔨ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᐣ ᑲᐅᐣᒋ ᓇᓇᑲᒋᒋᑲᑌᐠ, ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ, ᒪᐢᑭᑭᐃᐧᑫᐧᐣ ᑲᐅᐣᒋ ᓇᓇᑲᒋᐦᐊᐨ) ᒋᐊᓂᒧᑕᐃᐧᐣᑕᐧ ᐊᓂᐣ ᑫᐃᐧᓇᐊᐧ ᒪᔭᑦ ᑲᔭᓂᐸᑭᑕᓀᐊᐧᒋᑫᐊᐧᐨ ᒋᑭᐸᐸᒥᔨᐊᐧᐸᐣ ᑲᐃᐧᐃᐧᓯ ᐅᓇᒋᑲᑌᐠ ᒋᐊᓂᒥᓂᑕᐧ ᐊᓂᓯᓂᓂᐊᐧᐠ ᒋᐱᒧᑕᒪᔨᐊᐧᐨ ᒪᐢᑭᑭᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓇᐣ

ᑲᑭᓇ ᐊᐃᐧᔭᐠ ᐅᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ

ᒣᑲᐧᐨ 2012, ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯᐠ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᑭᐅᐣᒋᒥᓇᑲᓄᐊᐧᐠ ᓀᓂᔭᐣ ᐃᐢᑯᓂᑲᓂᐠ ᒥᓇ ᐃᓄᐃᐧᐟ ᒪᐢᑭᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐠ - ᐅᐣᑌᐃᐧᔭ ᑲᐅᒋᑲᓇᐊᐧᐸᒋᑲᑌᐠ (FNIH-OR) ᓀᓂᔭ ᑲᐅᒋᐸᑭᑎᓂᑲᓄᐨ ᒋᒪᒪᐊᐧᓄᑲᑌᑭᐣ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ (HSIF) ᒋᔭᓂ ᒪᒋᒋᑲᑌᑭᐣ ᑲᐅᒋ ᒪᒪᐃᐧ ᑲᓇᐊᐧᐸᒋᑲᑌᑭᐣ ᑲᓇᑕ ᒥᓇ ᐅᐣᑌᐃᐧᔭ ᐅᑭᒪᐃᐧᓂᐠ ᑲᑭᓇ ᐊᐃᐧᔭᐠ ᑲᐅᒋ ᐃᐧᒋᐦᐃᑕᐧ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓇᐣ ᑫᒋᓇᐨ ᑫᐃᐧᓇᐊᐧ ᐊᓂᓯᓂᓂᐊᐧᐠ ᒋᐅᒋ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᒋᐃᐧᓇᒋᑲᑌᐠ ᑲᐃᐧᓯᐊᓄᑲᑌᑭᐣ. ᐅᒪ ᑲᑭᐸᑭᑎᓂᐨ ᓀᓂᔭ, ᑭᐊᓄᑭᐦᐊᑲᓄ ᒋᑲᐯ ᐊᓄᑭᐨ ᑫᐅᐣᒋ ᐱᒥᑲᓂᐢᑲᒪᑫᐨ ᒣᑲᐧᐨ ᐊᐱ ᐅᐱᒪᐦᐊᒍᐃᐧᐱᔨᑦ 2012 ᓂᐦᒋᐊᐧᐦᑭ ᒋᐱᒪᓄᑭᐨ ᒋᐱᒥᒥᐃᐧᒋᐦᐁᐧᐨ ᐊᓂ ᐅᓇᒋᑲᑌᐠ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᐣ ᑫᐱᒥᓂᔓᐦᐃᑲᑌᐠ. ᐁᑲᐧ ᒥᓇ ᑫᐱᒥᐃᐧᒋᐦᐃᑯᐨ ᐅᒪ ᐊᓄᑭᐃᐧᓂᐠ ᑭᒪᑕᓄᑭᐦᐊᑲᓄ ᒉᐣᐁᐧᕒᐃ ᐱᓯᑦ 2013.

ᒪᑯᔓᑭᓯᑲᐣᐱᓯᑦ 2012, ᐸᐠ ᒪᒋᑭᑐᐃᐧᓂᐠ ᑭᐅᐣᒋᐃᐧᓯᓂᔓᐦᐊᒪᐊᐧᐊᐧᐠ ᐅᑭᒪᑲᓇᐠ ᒪᔨᓇᐦᐃᑲᓂ ᑲᑭᓇ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯᐠ ᒪᐢᑭᑭᐃᐧᑭᐃᐧᐣ ᑲᐅᒋᑲᓇᐊᐧᐸᒋᑲᑌᐠ ᐃᐢᑯᓂᑲᓇᐣ ᐁᑲᑫᐧᒋᒥᐣᑕᐧ ᒋᐃᐧᐣᑕᒍᐊᐧᐨ ᐊᓂᐣ ᐁᑎᑕᒍᐊᐧᐨ ᑲᐃᐧᐊᓂ ᐅᓇᒋᑲᑌᐠ ᐅᐁᐧ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᐣ. ᐁᑲᐧ ᒥᓇ ᒪᔭᑦ ᐅᒪ ᑲᐊᓄᑭᐊᐧᐨ ᑭᐊᓂ ᐊᔭᑭᑎᑭᐅᑫᐊᐧᐨ ᐃᐢᑯᓂᑲᓇᐣ ᑲᔭᓂᒪᑕᑭᔨᓂᐨ ᑭᔓᐱᔨᒍᐣ 2013 ᐁᑭᑲᑫᐧᒋᒥᐁᐧᐊᐧᐨ ᐅᐁᐧᓂ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓇᐣ. ᐊᐱ ᑲᔭᓂᐳᓂᓴᐠ 2012-2013 ᓀᓂᔭᐃᐧᐊᐧᐦᑭ, 15 ᐃᐢᑯᓂᑲᓇᐣ ᑭᐃᐧᓯᐊᐧᐠ.

ᑫᐊᓂᓇᓄᑭᓇᓂᐊᐧᐠ

- ᑕᐊᓂᑭᓯᓄᑲᑌᐊᐧᐣ ᑎᐸᒋᒧᐃᐧᓂᑫᐃᐧᓇᐣ ᑲᑭᐅᐣᑎᓂᑲᑌᑭᐣ ᑕᔨᐣ ᐃᐢᑯᓂᑲᓇᐣ ᑲᑭᐃᐧᓯᓂᐊᐧᐠ
- ᑕᐅᓇᓴᑲᓄᐊᐧᐠ ᑫᐅᐣᒋ ᐊᔨᐢᑲᒪᑫᐃᐧ ᐊᐱᑕᒪᑫᐊᐧᐨ
- ᑕᑭᓯᒋᑲᑌ ᐯᓯᑯᐊᐧᐦᑭ ᑲᑭᐃᐧᓯᐱᒪᓄᑲᑌᐠ ᒋᑎᐸᑐᑌᐠ

ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ

ᒥᓄᔭᐃᐧ ᐃᐧᒋᐦᐃᑎᓯᐃᐧ ᐊᓯᐢᑲᒪᑫᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ

ᐁᑲᐧ ᐅᐁᐧ ᒥᓄᔭᐃᐧ ᐃᐧᒋᐦᐃᑎᓯᐃᐧ ᐊᓯᐢᑲᒪᑫᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ ᑭᐅᓇᒋᑲᑌᑭᐸᐣ ᒋᑕᑲᐧᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐣ ᐁᐧᓴ ᒥᐢᑕᐦᐃ ᑲᑕᑲᐧᐠ ᑲᐊᐧᓂᐊᐸᒋᑐᐊᐧᐨ ᒪᐢᑭᑭᐣ ᒥᓇ ᑲᐊᓄᒋᒪᒋᑐᑕᑯᐊᐧᐨ, ᐃᒪ ᒥᓇ ᐃᓂᑫ ᑲᓄᒋᑲᒋᑎᓂᑯᐊᐧᐨ ᒪᒪᐱᓂᐃᐧᓇᐣ (STIs) ᒥᓇ ᒥᐢᑭᐧᑲᐧᐠ ᑲᐅᐣᒋᐊᐡᐦᐃᑎᐊᐧᐨ (BBIs), ᑐᑲᐣ ᐅᑯᓇᐱᓂᐃᐧᐣ ᒥᓇ ᒪᐊᐧᐨ ᑲᐊᐧᓂᒪᐠ ᒪᒪᐱᓂᐃᐧᐣ. ᐅᐁᐧ ᐱᒧᒋᑫᐃᐧᐣ ᑕᓇᓄᑲᑌ ᐃᐢᑯᓂᑲᓇᐣ ᒥᓇ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ ᐅᑕᓄᑲᑕᓇᐊᐧ ᐁᑭᑭᓄᐦᐊᒪᑫᐊᐧᐨ ᑫᐃᐧᔑ ᐊᔭᑲᐧᒥᓯᓇᓂᐊᐧᐠ ᒥᓇ ᑫᐃᐧᔑ ᓇᑲᓇᒪᓯᓇᓂᐊᐧᐠ ᑲᐊᐧᐡᐦᐁᐧᒪᑲᑭᐣ ᒥᓇ ᑲᒪᒋᑐᑕᑫᒪᑲᐣ ᐱᒪᑎᓯᐃᐧᓂᐠ, ᐁᑲᐧ ᒥᓇ ᒋᐃᐧᒋᒋᑲᑌᑭᐣ ᑲᒪᒋᒋᑲᑌᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑫᓄᒋᓂᓯᐢᑲᒪᑲᐠ ᐊᐧᓂᑐᑕᓯᐃᐧᐣ, ᒥᓇ ᒋᐃᐧᒋᒋᑲᑌᑭᐣ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐃᐧᐅᔑᑐᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᑯᐣ.

ᑲᑭ ᑭᒋ ᐊᓄᑲᑌᑭᐣ

- ᑫᓂᑲᓂ ᐊᓄᑲᑕᐠ ᐅᐁᐧᓂ ᐱᒧᒋᑫᐃᐧᓂ ᒥᓇ ᑫᐊᐧᓂᑫᐃᐧᑕᓄᑭᒥᑯᐨ ᒋᐊᓄᑭᐦᐊᑲᓄᐊᐧᐠ ᑫᐣᐁᐧᐩᐃ ᐱᓯᑦ 2013.
- ᑭᐅᐣᒋ ᐃᐧᒋᐦᐃᑎᐊᐧᐠ ᒪᔦ ᑲᐱᒥ ᓂᑲᓂᑲᓇᐊᐧᐸᑕᒧᐊᐧᐨ ᐊᓄᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᓇᐣ ᐁᑲᐧ ᒥᓇ ᒪᒪᐱᓂᐃᐧᐣ ᒥᓇ ᒥᐢᑭᐧᑭᐠ ᑲᐅᒋᐊᐡᐦᐃᑎᓇᓂᐊᐧᐠ ᐊᑯᓯᐃᐧᓇᐣ (STBBI) ᑲᒪᒪᐊᓄᑲᑕᒧᐊᐧᐨ, ᐁᑲᐧ ᑫᐅᐣᒋ ᑭᑫᐣᑕᒧᓂᐁᐧᓇᓂᐊᐧᐠ ᑭᒪᑕᓄᑲᑌ. ᐁᑲᐧ ᑕᐅᐣᒋᐃᐧᑕᒪᑲᓄᐊᐧᐣ ᓇᑐᑕᒧᐃᐧᓂᐠ ᒋᐱᐣᐱᑫᐁᐧᔨᒋᑲᓄᐊᐧᐠ ᒥᓇ ᑕᒪᔨᓇᐅᔨᒋᑲᑌᐊᐧᐣ ᒋᔑᓂᔕᐦᐃᑲᑌᑭᐣ ᐃᐢᑯᓂᑲᓂᐠ, ᑕᐊᓂᑭᔑᒋᑲᑌᐊᐧᐣ ᒥᓇ ᑲᑕᐊᓂ ᐊᔭᑭᓃ ᐸᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᐅᐁᐧ ᑲᐊᐦᑭᐊᐧᐠ. ᑭᑭᓄᐦᐊᒪᑫᐃᐧ ᐊᐸᒋᒋᑲᓇᐣ ᑭᐸᐸᑭᑎᓂᑲᑌᐸᓂᐣ ᑲᑭᓇ ᐃᐢᑯᓂᑲᓂᐠ.
- ᓂᐦᔨᐣ ᐃᐢᑯᓂᑲᓇᐣ ᑭᐃᐧᔕᐊᐧᐠ ᐁᑭᐊᐣᑕᐃᐧ ᐊᐧᓂᒧᒋᑲᑌᑭᐣ ᑫᑭᑐᒋᑲᑌᐠ ᒋᐊᒋᐃᐧᓴᐠ ᐊᐧᓂᑐᑕᓯᐃᐧᐣ (ᒪᒪᐱᓂᐃᐧᐣ ᒥᓇ ᒥᐢᑭᐧᑭᐠ ᑲᐅᒋᐊᐡᐦᐃᑎᓇᓂᐊᐧᐠ ᑭᐱᑎᓂᑫᐃᐧᐣ). ᑭᐸᐸᑭᑎᓂᑲᑌ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ ᑫᑐᒋᑲᑌᐠ ᓇᑐᑕᒧᐃᐧᓂᐠ ᐃᐧᐅᐣᒋ ᐊᐧᐃᐧᐣᑕᒪᑲᓄᐊᐧᐠ ᐅᐁᐧ ᐁᑲᐧ ᒥᓇ ᑭᐊᐧᐃᐧᐣᑕᒪᐊᐧᐊᐧᐠ ᑲᐅᐢᑲᑎᓯᐊᐧᐨ ᑫᑐᑕᒧᐊᐧᐨ ᐁᑲ ᑫᑭᐅᐣᒋ ᑲᒋᑎᓂᑯᐊᐧᐨ ᐅᐁᐧᓂ ᐊᐧᐡᐦᐁᐧᐃᐧᓂ.
- ᑭᒪᑕᓄᑲᑌ ᒋᐅᒋ ᑲᓇᐁᐧᐣᒋᑲᑌᐠ ᒋᑕᐦᐅᑎᓯᐃᐧ ᔕᐳᓂᑲᓇᐣ ᒋᐊᐃᐧᔑᓂᐡᐦᐃᑲᑌᑭᐣ ᐃᐢᑯᓂᑲᓂᐠ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐃᐦᑯᑎᐯᐣᒋᑫᒪᑲᐠ.

ᑫᐊᐧᓂᓇᓄᑭᓇᓂᐊᐧᐠ

- ᑭᔭᐱᐨ ᑕᐱᒪᓄᑲᑌ ᒋᑕᐦᐅᑎᓯᐃᐧ ᔕᐳᓂᑲᓇᐣ ᐅᐣᒋᑕᒪᑫᐃᐧᐣ ᒥᓇ ᐃᒪ ᑕᔑᑫᐃᐧᓇᐣ ᐊᐊᐧᔑᒣ ᑕᐊᐧᓂ ᐸᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᐃᐧᐣᑕᒪᑫᐃᐧᓇᐣ ᑫᑭᐅᐣᒣ ᑭᑫᐣᑕᒧᐊᐧᐨ ᐁᑲ ᒋᐊᐧᓂᑐᑕᓯᐊᐧᐨ ᑲᐊᐧᓂᐊᐸᒋᑐᐊᐧᐨ ᒪᐢᑭᑭᐣ.
- ᐃᐢᑯᓂᑲᓂᐠ ᑕᐅᒋᐊᓄᑲᑌ ᐊᓯᐢᑲᒪᑫᐃᐧ ᐱᒧᒋᑫᐃᐧᓇᐣ ᑫᐃᐧᔑᑲᓇᐊᐧᐸᒋᑲᑌᐠ ᑲᐊᓂᒥᐦᐃᐁᐧᒪᑲᐠ ᒪᐢᑭᑭᑫᐃᐧᓇᐣ ᒥᓇ ᑫᑭᐃᐧᔑ ᑲᑫᐃᐧᒋᐦᐃᑕ ᑲᐳᓂᑐᐊᐧᐨ.
- ᑕᓇᐣᑭᐸᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᓇᐣ ᒥᓇ ᒋᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐠ ᐃᐢᑯᓂᑲᓇᐣ ᑲᑲᐯᔑᐊᐧᐨ ᒥᓇ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐠ.
- ᐅᐁᐧ HCV (ᐅᑯᓇᐱᓂᐃᐧᐣ ᐅᐋᐦᐃᐁᐧᐃᐧᐣ) ᑲᓂᑲᓂᐢᑲᐠ ᐊᓄᑭᐃᐧ ᑲᓇᐊᐧᐸᒋᑫᐃᐧᓂ ᑭᐊᓄᑭᐦᐊᑲᓄ ᒋᐱᒧᑐᐨ, ᒋᐱᒥᐊᓯᐢᑲᒪᑫᐨ ᒥᓇ ᒋᓇᓇᑐᓇᒪᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂ ᑲᓇᓂᓴᓂᐦᐃᑎᓯᐊᐧᐨ ᓇᐣᑕ ᐊᔕ ᐅᐁᐧᓂ ᑲᑭᐊᐋᐦᐃᑯᐊᐧᐨ ᐃᓇᐱᓂᐃᐧᓂ.
- ᑕᔑᑫᐃᐧᓂᐠ ᒥᓄᔭᐃᐧ ᐃᐧᒋᐦᐃᑎᓯᐃᐧᐣ ᒪᒋᑕᐃᐧᐣ ᑲᐊᓄᑲᑕᒧᐊᐧᐨ (CWDT) ᑕᐅᓇᓴᑲᓄᐊᐧᐠ ᐃᒪ ᒥᓄᔭᐃᐧ ᐃᐧᒋᐦᐃᑎᓯᐃᐧ ᐊᓯᐢᑲᒪᑫᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐠ ᒋᐅᒋ ᑲᓇᐊᐧᐸᒋᑲᑌᓂᐠ ᐅᑕᓄᑭᐃᐧᓂᐊᐧ. CWDT ᒪᒥᑐᑎᒋᑲᓇᐱᓂᐃᐧᐣ ᒥᓇ ᑲᑎᐯᓂᒥᑯᐊᐧᐨ ᒥᓂᑫᐃᐧᐣ ᒥᓇ ᑯᑕᑭᔭᐣ ᑫᑯᓇᐣ ᑭᒋᒪᐢᑭᑭᐃᐧᓂᓂᐊᐧᐠ ᐅᐊᐧᐃᐧᒋᑐᓇᐊᐧ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐅᓇᑐᐊᐧᐨ, ᑲᒪᑕᓄᑲᑕᒧᐊᐧᐨ ᒥᓇ ᑲᐱᒥ ᓇᓇᑲᒋᑐᐊᐧᐨ ᐅᑕᔑᑫᐃᐧᓂᐊᐧᐠ ᑲᑕᓇᓄᑲᑌᓂᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᑯᓂ ᐊᓂᐣ ᐊᐊᐧᔑᒣ ᑫᑭᐃᐧᔑ ᐃᐧᒋᐦᐃᑯᐊᐧᐨ ᑲᐃᐧᔑ ᐱᒥᐃᐧᒋᐦᐃᑕᐃᐧ ᒪᒥᑐᑎᒋᑲᓇᐱᓂᐃᐧᓂᐠ ᒥᓇ ᑲᑎᐯᓂᒥᑯᐊᐧᐨ ᒥᓂᑫᐃᐧᓂ.
- ᐊᐧᓂᓇᐊᐧᑲᐠ ᒥᓄᔭᐃᐧᐣ ᒪᐢᑭᑭᐃᐧᑲᒥᑯᐠ ᑭᑕᑯ ᐃᐧᒋᑕᐃᐧ ᑲᑭᒧᐢᑭᓃᐱᐦᐃᑲᓂᐊᐧᐠ ᐋᓂᔭ ᓇᑐᑕᒪᑫᐃᐧᐣ, ᐁᓇᑕᐁᐧᐣᑕᑲᐧᐠ ᒋᓇᐣᑭᓂᑲᑌᐠ ᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒥᓇ ᓇᓇᑲ ᑯᑕᑭᔭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐃᒪ ᒋᑕᑲᐧᑭᐣ.

ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᓇᓇᐣᑕᐃᐧ ᑭᑫᐣᒋᑫᐃᐧᐣ ᐊᓄᑭᐃᐧᐣ

ᑲᑭᐱᐃᓇᓄᑲᑌᐠ

ᐁᑲᐧ ᐅᐁᐧ ᐊᑲᒪᑭᐠ ᐊᓂᔑᓂᓂᐊᐧᐠ ᒥᓄᔭᐃᐧ ᓇᓇᑕᐃᐧᑭᑫᒋᑫᐃᐧ ᐃᐧᑕᓄᑭᒥᑐᐃᐧᐣ, ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᓇᓇᐣᑕᐃᐧ ᑭᑫᐣᒋᑫᐃᐧᐣ ᐊᓄᑭᐃᐧᐣ ᓂᐦᔨᐊᐦᑭ ᑭᐅᓇᒋᑲᑌ ᒋᐊᓄᑲᑌᐠ ᑫᐃᐧᔑᐃᐧᒋᒋᑲᑌᐠ ᐁᑲ ᐁᐧᓴ ᐃᐧᐸᐨ ᐊᐊᐧᔑᐢ ᒋᒪᒪᐱᑌᐨ ᒋᑭᑭᓄᐦᐊᒪᐊᐧᑲᓄᐨ ᐃᑫᐧ ᒫᑲᐧᐨ ᐃᑫᐧ ᑲᑭᑭᐢᑲᐊᐧᐊᐧᐨ ᐊᓂᐣ ᑫᑭᑐᑕᑭᐸᐣ ᒋᐃᐧᒋᐦᐃᑎᐨ. ᐅᓄᐁᐧᓂᐊᐧᐣ ᐊᐦᑭᐣ ᑲᑭᑕᑭᐧᒪᑲᑭᐣ ᐅᐁᐧ ᐊᓄᑭᐃᐧᓂᐠ ᐊᐢᑐᕑᐊᕑᐃᔭ, ᑲᓇᑕ ᒥᓇ ᓂᕙ ᓯᕑᐊᐣᐟ. ᑭᐃᐧᔑᒥᑭᑲᐧ ᓇᐱᐨ ᒥᐢᑕᐦᐃ ᐁᐸᐸᑲᓂᓴᐠ ᐅᓄᐁᐧᓂᐊᐧᐣ ᓂᐦᔨᐣ ᐸᐸᑲᐣ ᐊᐦᑭᐣ ᐊᐊᐧᔑᔕᐠ ᐃᐧᐸᐨ ᑲᐊᐧᓂᒪᒪᐱᑌᐊᐧᐨ ᑲᐊᐧᓂᔑᓂᓂᐃᐧᐊᐧᐨ ᒥᓇ ᐸᐸᑲᐣ ᑲᐃᓇᑲᑎᔨᐊᐧᐨ.

ᐅᐁᐧ ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᓇᓇᐣᑕᐃᐧ ᑭᑫᐣᒋᑫᐃᐧᐣ ᐊᓄᑭᐃᐧᐣ ᐱᒥᐊᔭᑲᐃᐧ ᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐠ ᑲᑭᑭᐢᑲᐊᐧᐊᐧᔨᐊᐧᐨ ᐃᑫᐧᐊᐧᐠ ᒥᓇ ᐊᐱᐣ ᑲᐊᓂ ᐱᒥᑭᓂᐨ ᐅᑕᐊᐧᔑᔑᒥᐊᐧᐣ.

ᑲᑭ ᑭᒋ ᐊᓄᑲᑌᑭᐣ

- ᑲᑭᓇᓇᑐᓇᐃᐧᑕ ᐅᒪ ᑫᐅᐣᒋ ᐱᒥ ᓇᓇᑲᒋᐦᐃᐣᑕ ᑭᒪᑕᓄᑲᑌᐸᐣ ᐅᐸᐦᐅᐃᐧᐱᓯᑦ 2011 ᐁᑲᐧ ᑭᑭᔕᓄᑲᑌ ᒪᑯᐢᑭᔑᑲᓂᐱᓯᑦ 2012. ᐁᑲᐧ ᒪᒪᐤ 224 ᐃᑫᐧᐊᐧᐠ ᑭᐅᒋ ᐱᒥᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐠ.
- ᒣᑲᐧ ᐊᐱ ᒥᑭᓯᐃᐧᐱᓯᑦ 2013, ᓂᔑᐣ ᐃᐧᐱᑎᒪᐢᑭᑭᐃᐧ ᑭᓯᔭᐱᑌᐦᐃᑫᐠ ᑭᒥᓇᑲᓄᐊᐧᐠ ᐊᒋᓇ ᐊᓄᑭᐃᐧᓂ ᒋᐱᒥ ᓇᓇᑲᒋᐦᐊᐊᐧᐨ ᑲᑭᐅᑕᐱᓂᑕᐧ ᑫᐱᒥ ᓇᓇᑲᒋᐦᐃᑕᐧ ᐅᒪᒪᒥᒪᐠ ᐁᑲᐧ ᒥᓇ ᑭᒥᓇᑲᓄᐊᐧᐠ ᑭᓯᓴᐱᑌᐦᐅᓇᐳᓂ ᐅᑕᐊᐧᔑᔑᒥᐊᐧᐣ. ᒣᑲᐧ 2012-2013 ᑲᑭᐱᒥᓴᐠ, ᐊᐃᓇᓀᐤ ᐃᐢᑯᓂᑲᓇᐣ ᑭᐊᐣᑕᐃᐧ ᐃᔑᓇᓇᑲᒋᒋᑲᑌᐊᐧᐣ ᒥᓇ ᐃᐢᑯᓂᑲᓂᐠ ᑲᑲᐯᔑᐊᐧᐠ ᑭᑕᑭᐊᐧᐠ ᐃᐧᐱᑎ ᓇᓇᑲᒋᐦᐃᑯᐃᐧᓂᐠ.
- ᐅᐁᐧ ᐃᐧᐱᑎ ᒪᐢᑭᑭᐃᐧ ᓇᓇᑲᒋᒋᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ ᒥᓯᐁᐧ ᑲᑭᐃᓇᓄᑲᑌᐠ ᑕᐸᑭᑎᓂᑲᑌ ᑎᐸᒋᒧᐃᐧᐣ ᐊᐱ ᐊᓂᑕᑲᐧᑭᐠ 2014 ᐊᐦᑭᐊᐧᐠ.

ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑭᐱᑎᓂᑫᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᑲᑭᐱᐃᓇᓄᑲᑌᐠ

ᐊᐧᓂᓇᐊᐧᑲᐠ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᐱᒥᐃᐧᑐᓇᐊᐧ ᒥᓂᐊᐧᐱᓀᐃᐧ (TB) ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ 1997 ᐅᐣᒋ ᒪᒋ. ᐃᐁᐧ ᑲᑭ ᐃᔑᐅᓇᒋᑲᑌᑭᐸᐣ ᐅᐁᐧ ᐱᒧᒋᑫᐃᐧᐣ ᓇᐊᐧᐨ ᒋᑭ ᐅᐣᒋ ᑕᐸᔨᓴᑭᐸᐣ ᒥᓂᐊᐧᐱᓀᐃᐧᓇᐣ ᐃᒪ ᐊᓂᔑᓇᐯᐃᐧ ᑕᔑᑫᐃᐧᓇᐣ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐅᐣᒋ ᑎᐯᐣᑕᑲᐧᐸᐣ ᐁᑭ ᐱᒥ ᓇᓇᑲᒋᒋᑲᑌᑭᐸᐣ, ᐁᑲ ᑲᓇᐁᐧᐣᑕᑲᐧᐸᐣ ᐅᑫᐧᓂᐊᐧᐣ ᐊᑯᓯᐃᐧᓇᐣ ᒥᓇ ᐁᑲ ᐊᐃᐧᔭ ᒋᐅᐣᒋ ᓴᑲᐱᓀᐨ, ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ ᒥᓇ ᐁᑭ ᐃᐧᐣᑕᒪᑲᓂᐊᐧᐠ ᐅᐁᐧ ᐅᐣᒋ ᐊᑯᓯᐃᐧᐣ. ᐃᒪ ᑕᐢ ᓀᓂᔭ ᑲᐅᐣᒋᓴᐨ ᑕᓯᐊᐦᑭ ᑲᐸᑭᑎᓇᐊᐧᐨ ᐊᓂᔑᓂᓂ ᒥᓇ ᐃᓄᐃᐧᐟ ᒥᓄᔭᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ (FNIH).

ᑲᑭ ᑭᒋ ᐊᓄᑲᑌᑭᐣ

ᐊᒥ ᐊᔕ ᐅᐁᐧ ᓂᓈᐦᑭ ᐁᑲ ᑫᑯᐣ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᐁᑭ ᐅᐣᒋ ᒥᑲᒪᐊᐧᑲᓄᐨ ᐊᐃᐧᔭ ᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐅᒋᑎᐯᐣᑕᑲᐧᑭᐣ ᐃᐢᑯᓂᑲᓇᐣ. TB ᓇᓇᐣᑕᐃᐧ ᑭᑫᐣᒋᑫᐃᐧᐣ ᒥᓇ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ ᒪᐊᐧᐨ ᐁᑭ ᑭᒋᓀᐣᑕᑲᐧᑭᐣ ᐁᑲ ᒋᑭ ᒥᓯᑌᐢᑲᑭᐸᐣ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ. ᐱᒥᑐᒋᑲᑌ ᒥᓂᐊᐧᐱᓀᐃᐧ ᑭᐱᑎᓂᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ ᐁᐱᒥ ᑲᑫᐧ ᐃᐧᒋᒋᑲᑌᐤ ᑭᑎᐢᑯᓂᑲᓂᓇᐣ ᐁᓂᔭᐸᑕᑭᐣ ᐅᐢᑭ ᒪᓯᓇᑌᐱᒋᑫᐃᐧ ᐊᐸᒋᒋᑲᓇᐣ ᒥᓇ ᓂᐱᒥ ᐊᔭᒥᐦᐊᒥᓇᐠ ᑲᓂᑲᓂᑕᒪᑫᐊᐧᐨ ᒥᓇ ᑲᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᑕᒪᑫᐊᐧᐨ. TB ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ ᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᑲᑭᓇ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐃᔑᔭᑭᐣ ᒥᓇ ᐁᓇᐣᑕᐁᐧᐣᑕᑯᓯᐊᐧᐨ ᐃᒪ ᑕᔑᑫᐃᐧᓂᐠ ᑲᑲᐯᔑᐊᐧᐨ ᒋᑭ ᑭᑫᐣᑕᒧᐊᐧᐸᐣ, ᑲᔦ ᐅᓂᑲᓂᑕᒪᑫᐠ, ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ, ᑲᓂᑲᓂᐢᑲᒧᐊᐧᐨ ᐊᑯᓯᐃᐧ ᐱᒧᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐅᑎᐢᑯᓂᐠ.

ᐃᐁᐧ TB ᐱᒧᒋᑫᐃᐧᐣ ᐅᐱᒥ ᐸᑭᑎᓇᓇᐊᐧ ᐃᐧᐣᑕᒪᑫᐃᐧᓇᐣ ᒥᓇ ᐱᐊᐧᐱᑯᐠ ᑫᐃᓇᐱᓇᓂᐊᐧᐠ ᐃᐁᐧ TB ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐃᒪ ᑲᐃᔑ ᐊᑌᐠ SLFNHA ᐱᐊᐧᐱᑯᐠ.

ᐊᒥ ᐊᔕ ᓂᓈᐦᑭ ᐃᒪ ᒣᓂᒪᔦ ᒪᑫ ᑲᐯᔑᐃᐧᑲᒥᐠ ᒥᐦᐃᒪ ᑲᑭ ᑕᔑ ᑐᒋᑲᑌᐠ ᒥᓯᐁᐧᑲᒥᐠ TB ᑭᔑᑲ, ᒥᑭᓯᐃᐧᐱᓯᑦ 24, ᐊᐧᐸᐣᑕᐦᐃᐁᐧᐃᐧᐣ ᑲᑭ ᓇᑯᑐᐊᐧᐨ ᑭᑭᓄᐦᐊᒪᑫᐃᐧ ᐃᐧᐣᑕᒪᑫᐃᐧᓇᐣ ᒥᓇ ᑲᔦ ᔕᐦᑲᒧᓇᐣ ᐁᑭ ᐸᑭᑎᓇᒧᐊᐧᐨ. ᒪᓯᓇᐦᐃᑲᓇᐣ ᑲᑭᑭᓄᐦᐊᒪᑫᒪᑲᑭᐣ ᐃᒪ ᑫᐅᐣᒋ ᑭᑫᐣᑕᒧᐊᐧᐨ ᑕᔑᑫᐃᐧᓂᐠ ᑲᔭᐊᐧᐨ ᐊᐃᐧᔭᐠ ᑭᐃᔑᓂᔕᐦᐊᒪᐊᐧᐊᐧᐠ ᑲᓂᑲᓂᐢᑲᒧᐊᐧᐨ ᐊᑯᓯᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ ᒥᓇ ᒪᐢᑭᑭᐃᐧᑲᒥᑯᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ.

ᒪᐡᑭᑭᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᓇᐣ

ᑫᐊᓂᓇᓄᑭᓇᓂᐊᐧᐠ

ᐃᐁᐧ ᑕᐡ ᑫᐅᐣᕆ ᒥᓄᓴᒪᑲᐠ ᐅᐁᐧ ᓂᔕᐧ TB ᐁᑲ ᑲᒥᑭᑲᐅᐠ ᓄᑯᑦ ᑲᐊ"ᑭᐊᐧᐠ ᒥᓇ ᐃᒪ ᕆᐅᐣᕆ ᐱᒥᐃᐧᕆᑲᐅᐠ ᑲᐃᓇᐅᐠ ᐃᒪ ᐊᓂᔑᓇᐯ ᒪᐡᑭᑭᐃᐧ ᐅᓇᕆᑫᐃᐧᐣ, ᐃᐁᐧ SLFNHA TB ᐱᒧᕆᑫᐃᐧᐣ ᐅᐱᒥ ᐊᓄᑲᑕᓇᐊᐧ ᕆᑭ ᐅᐣᕆ ᑲᓇᐁᐧᐣᑕᑲᐧᑭᐸᐣ ᒥᓄᔭᐃᐧᓇᐣ. ᐃᒪ ᑕᐡ ᑕᔑᑫᐃᐧᓂᐠ ᑲᐅᐣᕆ ᐃᐧᕆᕆᑲᐅᑭᐣ, ᐅᐁᐧ ᓂᑲ ᑐᑕᒥᐣ:

- ᕆᒪᕆᑐᔭᐣᐠ ᐅᓇᕆᑫᐃᐧᓇᐣ ᑫᑯᐣ ᑫᐃᔑ ᐃᐧᕆᕆᑲᐅᑭᐣ ᐊᓂᔑᓂᓂᐊᐧᐠ ᑲᐅᐣᕆ ᐊᑯᓯᐊᐧᐨ
- ᕆᑭᑭᓄ"ᐊᒪᐊᐧᑲᓄᐊᐧᐨ ᐁᐣᑕᓯᐸᐯᔑᑯᐨ ᐊᐃᐧᔭ ᒥᓇ ᑕᔑᑫᐃᐧᓇᐣ ᐃᐁᐧ ᐅᐣᕆ TB ᑫᐃᔑ ᓇᓂᓴᓂᑲᐣᕆᑲᐅᐠ
- ᕆᐃᐧᕆᑲᐸᐃᐧᕆᑲᐅᑭᐣ ᒥᓇ ᕆᑭᑭᓄ"ᐊᒪᑲᓂᐊᐧᐠ TB ᓇᓇᑲᕆᕆᑫᐃᐧᓇᐣ ᐃᒪ ᑲᑭᓇ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐃᔑᔭᑭᐣ
- ᑕᑲᓇᐁᐧᕆᑲᐅᐊᐧᐣ ᑭᑫᑕᒪᐃᐧᓇᐣ ᕆᒪᐊᐧᕆᕆᑲᐅᑭᐣ ᒥᓇ ᕆᒪᐊᐧᑐᓯᓇ"ᑲᐅᓂᑭᐣ ᑭᕆᔭ"ᐊᐠ ᐅᑎᐸᕆᒧᐃᐧᓂᐊᐧ, ᕆᐱᒥᓂᔕ"ᐃᑲᐅᐠ ᑲᔭᐡ ᑲᑭᐱᑐᕆᑲᐅᐠ ᑲᑭᐣᕆᒥᓄᔭᓂᐊᐧᐠ, ᒥᕆᒥᑫᐃᐧᐣ ᒥᓇ ᑭᔑᑌᐳᐃᐧᓇᐣ
- ᑕᐱᒥ ᓇᓇᑲᕆᕆᑲᐅ ᕆᓇᑕᐁᐧᑕᑲᐧᓄᑫᐧᐣ BCG ᒪᐡᑭᑭ ᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐃᑯᑎᐯᐣᑕᑲᐧᐠ ᐁᑲᐧ ᒥᓇ ᕆᐅᓇᕆᑲᐅᐠ ᑫᐃᔑᐱᒧᕆᑲᐅᐠ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑭᐱᑎᓂᑫᐃᐧ ᐃᓇᓄᑭᐃᐧᓇᐣ ᑫᐊᐸᑕᑭᐣ ᑫᑭᐅᐣᕆ ᐃᐧᕆ"ᐃᑯᐊᐧᐸᐣ ᐊᓂᔑᓂᓂᐊᐧᐠ ᑲᐃᔑᑲᑲᐯᔑᐊᐧᐨ ᐃᑭᐁᐧᓂᐊᐧᐠ ᑫᐱᒥ ᐊᓭᐧᐸᕆᑫᑕᒪᑫᐊᐧᐨ BCG ᑭᑭᓄᐡᑲᒪᑫᐃᐧ ᐊᐱᑕᒪᑫᐠ. (ᐅᐁᐧ BCG ᒪᐡᑭᑭ ᒥᓇᑲᓄᐊᐧᐠ ᐊᐊᐧᔑᔕᐧᐠ ᐁᑲ ᕆᓴᑲᐱᓀᐊᐧᐨ ᑲᐊᓂᒪᐱᓀ"ᐃᐁᐧᒪᑲᐠ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑐᑲᐣ TB ᐃᐧᐣᑎᐱᐠ ᐸᑭᓴᐃᐧᐣ ᒥᓇ ᐊᐧᐃᑲᓀᔭᐱᐠ).

ᐊᓂᔑᓇᐯᐠ ᐁᑲᐧ ᐁᓂᐃᐧᐟ ᒪᐡᑭᑭᐃᐧ ᑭᑭᓄᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ

ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᔑᓇᐯᐠ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ (SLFNHA) ᐅᓂᑲᓂᐡᑲᐣ ᐊ"ᐃᐣ 28 ᑕᔑᑫᐃᓇᐣ ᑲᐅᕆᐱᒥ ᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ ᐊ"ᐃ ᒪᒪᑕᐃᐧᐱᐊᐧᐱᐠ ᑲᐊᐸᑕᐠ ᐊ"ᐃᐠ ᐅᑕ ᐅᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐅᕆᐊᓄᑲᐅᑭᐣₓ ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᐊᐧᑐ ᓇᓇᑲᕆᕆᑫᐃᐧᐣ ᐊ"ᐃ ᐊᓂᔑᓇᐯᐠ ᐁᑲᐧ ᐁᓂᐃᐧᐟ ᒪᐡᑭᑭᐃᐧ ᑭᑭᓄᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ ᐃᔑᓂᑲᐅ (FNIHIS)ₓ

ᐁᑲᐧ ᐅᐅᐁᐧ FNIHIS ᐱᒧᕆᑫᐃᐧᐣ ᐅᒪᐊᐧᑐᓇᓇᐊᐧ ᐅᑕᑯᓯᐠ ᑲᐃᐧᕆ"ᐃᑕᐧ ᐁᑲᐧ ᐊᐱᐣ ᒪᒪᑕᐃᐧ ᐱᐊᐧᐱᑯᐠ ᐃᔑᔭᕆᑲᐅᐊᐧᓄᐣ ᐃᑫᐧᓂᐊᐧᐠ ᐅᑕ ᑲᑭᕆᐣᑕᐊᐧᑲᓄᐊᐧᐨ ᒥᓇ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑲᑭᓇᓇᑲᕆᕆᑲᐅᓂᐠ ᒥᓇ ᐱᑯ ᐅᐡᑭ ᐅᑕᑯᓯᐠ ᑲᒪᕆᓇᓇᑲᕆ"ᐃᑕᐧ ᐁᑲᐧ ᑲᔭ ᑲᐃᔑᑭᑫᐣᓂᒥᑕᐧₓ ᐁᑲᐧ ᐊ"ᐊᐧᐁᐧ (FNIHIS) ᐊᓄᑭᓇᑲᐣ ᐊ"ᐃᐠ ᒪᒪᑕᐃᐧᐱᐊᐧᐱᑯᐠ ᐅᑎᔑᔭᑐᓇᐣ ᐁᐧᑎ ᐅᑕ ᑭᐁᐧᑎᓄ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ ᑲᐅᕆᓂᔕ"ᐃᑲᐅᓂᑭᐣ ᐊ"ᐃᐠ ᐅᑕ ᑲᔭ ᓇᓇᑲ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ ᐁᑲᐧ ᑭᕆᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ ᑲᐅᕆᓴᒪᑲᓂᑭᐣₓ ᐊ"ᐊᐧᐁᐧ ᐊᓄᑭᓇᑲᐣ ᒥᓇ ᐅᑐᓇᑐᓇᐣ ᑫᐃᔑᕆᐡᑕ"ᐃᑲᓂᐊᐧᐠ ᑕᑕᓯᐱᓯᑦ ᒥᓇ ᐱᑯ ᓇᓇᑲ ᐊᑯᓯᐃᐧ ᑫᐃᔑᕆᐡᑕ"ᐃᑲᓂᐊᐧᐠ ᑕᑕᓯᔭᑭ ᐅᑐᓇᑐᓇᐣ ᐊ"ᐃ ᑲᔭ ᑲᐊᐃᑕᓯᓇᓂᐊᐧᐠ ᐊᕆᒧᐃᐧᐣ ᐃᐃᒪ ᑭᑕᔑᑫᐃᐧᓂᓇᓇᐣ ᐅᒪᐊᐧᑐᓇᓇᐣ ᐊ"ᐃᐠ ᐊᐧᓂᓇᐊᐧᑲᐠ ᑲᐅᕆᐊᓄᑲᐅᑭᐣₓ

ᑲᑭᕆᐡᑕᐊᐧᑯᓄᐊᐧᐨ/ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑲᑭᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ (TB) ᒥᓇ ᓇᓇᑲ ᐅᑕᑯᓯᐠ ᑲᐃᐧᕆ"ᐃᑕᐧ ᓇᐣᑕ ᑲᔭ ᑲᑭᕆᐡᑕᐊᐧᑯᓄᐊᐧᐨ/ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑲᑭᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ (TB) ᐊᕆᒧᐃᐧᓇᐣ ᐊᔭᐊᐧᓄᐣ ᐃᐃᒪ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐠ, ᓇᓇᑲ ᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᑲᒥᑯᐣ, ᑭᕆᐊᑯᓯᐃᐧᑲᒥᑯᐣ ᐁᑲᐧ ᐊᐊᐧᔑᔕᐧᐠ ᐱᒧᕆᑫᐃᐧᑲᒥᑯᐣ ᑲᐅᕆᐊᓄᑲᓇᑲᓄᐊᐧᐨₓ

ᐅᑕᑯᓯᐠ ᑲᐅᕆᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ	
ᐅᐡᑭ ᐅᑕᑯᓯᐠ	618
ᑲᒥᐡᑯᑎᓂᑲᐅᓂᐠ ᐅᑕᑯᓯᐠ ᐅᐃᐧᕆ"ᐃᑯᓂᐊᐧ	493
ᑲᑭᐃᐡᑲᐧᐱᒪᑎᓯᐊᐧᐨ	123
ᑲᑭᕆᐡᑕᐊᐧᑲᓄᐊᐧᐨ ᑲᐅᕆᑲᓂᐁᐧᐣᕆᑲᐅᐠ	
ᑕᓯᐣ ᑲᑭᕆᐡᑕᐊᐧᑲᓄᐊᐧᐨ	13,263
ᑕᓯᐣ ᒥᓂᐊᐧᐱᓀᐃᐧᐣ ᑲᑭᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ	438
ᑲᑭᓇᑐᑕᒪᐊᐧᐨ ᕆᕆᐡᑕᐊᐧᑲᓄᐊᐧᐨ ᒥᓇ ᕆᓇᓇᑲᕆᔭᑲᓄᐊᐧᐨ	1323

ᑌᐌᐊᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ

ᐅᐅᐁᐧ ᐱᒧᕆᑫᐃᐧᐣ ᒪᔭᑦ ᑲᐃᓇᓄᑭᒪᑲᐠ

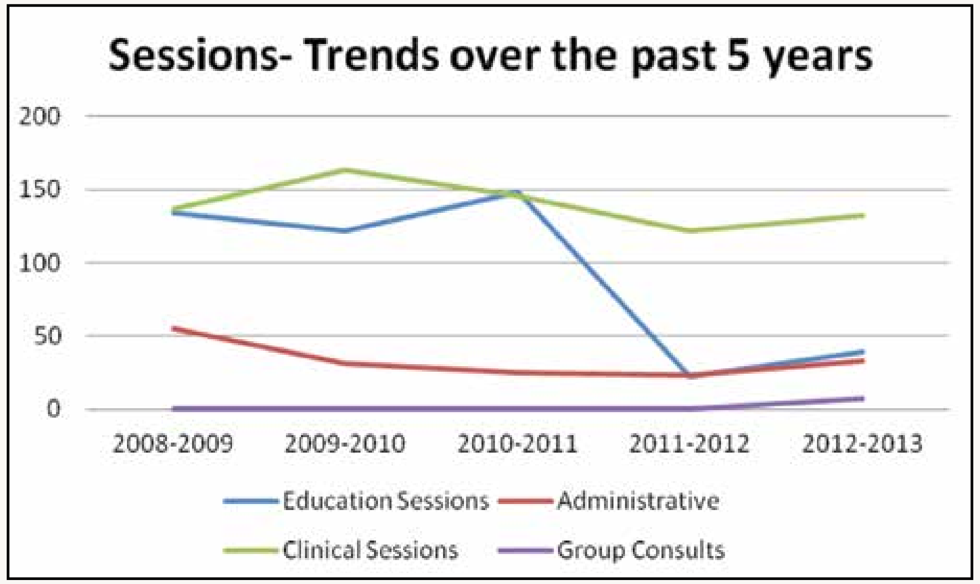
ᐁᑲᐧ ᐅᐅᐁᐧ ᑌᐌᐊᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ ᐃᓇᑌ ᒪᐡᑭᑭᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᐣ ᒥᓇ ᒪᒥᑐᓀᐣᕆᑲᓇᐱᓀᐃᐧᐣ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᐣ ᕆᐸᑭᑎᓂᑲᐅᑭᐣ ᐃᐃᒪ ᐅᑕ ᒪᔑᓇᑌᔑᕆᑲᓂᐠ ᑲᐅᕆᐊᔭᒥ"ᐃᑐᐊᐧᐨₓ ᓂᔑᑕᓇ ᓂᑯᑕᐧᔑᔕᐧ' ᑕᔑᑫᐃᐧᓇᐣ ᐅᕆᐃᐧᑕᓄᑭᒪᑲᓄᐊᐧᐠ ᐅᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐃᓀᑫ ᐁᑲᐧ ᐅᐅᐁᐧ ᑌᐌᐊᒪᐡᑭᑭ ᐁ"ᐊᐠ ᑭᐁᐧᑎᓄᐠ ᐅᑭᒪᑲᓇᐠ ᑌᐌᐊᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ (KOTM), ᐅᐣᑌᐃᔦ ᑌᐌᐊᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ (OTN), ᐊᐊᐧᔑᔑᐃᐧ ᑐᐌᐊᐣᑐ ᑭᕆᐊᑯᓯᐃᐧᑲᒥᐠ ᐁᑲᐧ ᑎᑭᓇᑲᐣ ᐊᐊᐧᔑᔑᐃᐧ ᐱᒧᕆᑫᐃᐧᑲᒥᐠ ᓂᐃᐧᑕᓄᑭᒪᒥᓇᐠₓ

ᐁᑲᐧ ᒥᓇ ᑯᑕᑭᔭᐣ ᓇᓇᑲ ᒪᐡᑭᑭᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᓇᐣ ᐊ"ᐃ ᒪᔑᓇᑌᔑᕆᑲᐣ ᑲᐊᐸᑕᐠ ᐊ"ᐃᐠ ᐅᕆᐸᑭᑎᓂᑲᐅᐊᐧᐣ ᐃᐃᒪ SLFNHA ᑌᐌᐊᒪᐡᑭᑭᐃᐧ ᐱᒧᕆᑫᐃᐧᐣ ᐁ"ᐊᐠ ᐅᑕ ᕆᐊᐸᕆᑐᐊᐧᐨ ᐅᑕᑯᓯᐠ, ᑎᐯᐣᕆᑫᐃᐧᓇᐣ, ᐊᓄᑭᓇᑲᓇᐠ ᐁᑲᐧ ᓇᓇᑲ ᑕᔑᑫᐃᐧᓇᐣ ᑲᐅᕆᐃᐧᑕᓄᑭᒪᔭᑲᐧₓ ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᒪᑕᐃᐧ ᒪᔑᓇᑌᔑᕆᑲᐣ ᑲᐊᐸᑕᐠ ᐊ"ᐃ ᑲᔭ ᐃᔑᔭᐸᑕᐣ ᐊᑯᓯᐃᐧ ᑲᓇᐊᐧᐸᕆᑫᐃᐧᐣ ᒪᐊᐧᕆ"ᐃᑐᐃᐧᓂᐠ ᒥᓇ ᐱᑯ ᓇᓇᑲ ᑯᑕᑭᔭᐣ ᐅᓇᐡᐁᐧᐃᐧᓇᐣ ᑲᑕᑲᐧᑭᐣₓ

ᑕᑕᓯᔭᑭ ᐅᑫᐧᓂᐊᐧᐣ ᑲᐱᒥᑲᓇᐊᐧᐸᕆᑲᐅᑭᐣ

ᐱᒧᕆᑫᐃᐧᓇᐣ ᑲᐃᔑᓂᑲᐅᑭᐣ	# ᑕᓴᐧ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ	ᒪᒪᐤ ᑕᓯᐣ ᐅᑕᑯᓯᐠ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ
ᐊᑯᓯᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᐣ	132	142
ᐅᑕᑯᓯᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐠ	7	
ᑭᑭᓄᐊᒪᑫᐃᐧᓇᐣ	39	
ᐊᑯᓯᐃᐧ ᑲᓇᐊᐧᐸᕆᑫᐃᐧᐣ	33	
	ᒪᒪᐤ ᑕᓴᐧ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ: **211**	ᒪᒪᐤ ᑕᓯᐣ ᐅᑕᑯᓯᐠ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ: **142**

ᓇᓇᑲ ᑲᐃᔑᓴᑭᐣ ᐅᑫᐧᓂᐊᐧᐣ ᐱᒧᕆᑫᐃᐧᓇᐣ ᑲᐱᑭᓴᐅᑭᐣ



ᐁᑲᐧ ᐅᑕᓇᐠ ᓂᔭᓄᔭᑭ ᐁᐃᓇᐱᓇᓂᐊᐧᐠ ᐊ"ᐃ ᒪᐊᐧᐨ ᐊᑯᓯᐃᐧ ᐃᐧᕆ"ᐃᐁᐧᐃᐧᐣ ᑐᑲᐣ ᐅᐡᑎᑲᐧᓂᐠ ᑲᓇᓇᑲᕆᕆᑲᐅᐠ, ᒪᕆᔑᑫᐃᐧᓂᐠ, ᓇᓇᑲ ᑲᐃᔑᓇᓇᑲᕆᕆᑲᓂᐊᐧᐠ ᒪᐊᐧᐨ ᑕᓴᐧ ᑭᐱᒥᐃᐡᐱᐡᑲᒪᑲᐣₓ ᐁᑲᐧ ᐅᐅᐁᐧ ᑲᐅᕆᐃᐡᐱᓴᐠ ᐁ"ᐊᐠ ᒪᒥᑎᓀᐣᕆᑲᓂᒪᐡᑭᑭᐃᐧᓂᐊᐧᐠ ᒥᓇ ᐱᑯ ᓇᓇᑲ ᑯᑕᑭᔭᐠ ᒪᐡᑭᑭᐃᐧᓂᐊᐧᐠ ᐁᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᒥᓇ ᐱᑯ ᐁᑭᓇᓇᐱᐊᐧᐸᒪᑲᓄᐊᐧᐨ ᐁ"ᐊᐠ ᐅᑕ ᑲᔭ ᐅᒪᒥᓄᒥᐁᐧᐊᓄᑭᓇᑲᓇᐠₓ

ᐁᑲᐧ ᐅᐅᐁᐧ ᐅᑕᓇᐠ ᑲᑭᐊᑭᐊᐧᐠ ᐊ"ᐃᐠ ᐅᑕᑯᓯᐃᐧ ᐃᐧᕆ"ᐃᐁᐃᐧ ᐊᔭᒥ"ᐃᐁᐧᐃᐧᓇᐣ ᑭᒪᕆᕆᑲᐅ ᐁ"ᐊᐠ ᐅᑕ ᐊᓄᑭᓇᑲᓇᐠ ᑲᑭᐃᐧᕆᑕᐧᐊᐧᐨ ᐃᐃᒪ ᐊᕆᓇᐃᐧᐣ ᑲᐃᔑᓇᓇᑲᕆᕆᑲᓂᐊᐧᐠ ᒥᓇ ᓇᑕᐃᐧ"ᐃᐁᐧᑲᒥᑯᐠ ᑭᐊᐸᑕᓄᐣ ᐁᑲᐧ ᑲᔭ ᐊᐊᐧᔑᐡ ᐅᒪᒥᑎᓀᐣᕆᑲᓂ ᒪᐡᑭᑭᐃᐧᓂ ᑭᐃᐧᕆᑕᐧ ᐁᑲᐧ ᐱᑯ ᒥᓇ ᓇᓇᑲ ᑫᑯᓇᐣ ᐊᓄᑭᓇᑲᓇᐠ ᑭ ᑭ"ᑭᓄᐊᒪᐊᐧᐊᐧᐠₓ

ᒪᔪᑭᐊ· Δ·ᑭᖏΔ∇·Δ·ᓇᑐ

ᐅᑫ·ơᐊ·ᑐ ᐊᓄᑭΔ·ᖮᓴᑐ ᑲᑭ ᑭᑕᐊᓄᖮUᑭᑐ

- ∇ᖮ· ᐅᐅ∇· ᑲΛᒥ ᓇᓇᑲᑕᖮUᔪ SLFNHA Uᕮᐊᒪᔪᑭᐊ· ΛᒧᒋᕈΔ·ᑐ ơᓯᑕΔ·ᓇᖮ·ᑐ ᐊ"Δ ᐅᑕძᓯᔪ ᑲᐊ·<ᒋძᐊ·⁻ ᒪᒋΠᖮᑐᒋᖮơ ᒪᔪᑭᐊ·ơơᐊ·ᑐ ᒪᐊ·⁻ ∇Λᒥ ΔᔪΛᔪᖮᒪᖮᔪ ᐊ"Δᔪ ᐅᑕ ᒪᐊ·⁻ UᕮᐊᒪᒋΠᖮᑐᒋᖮᓇᐅΔ·ơᔪ ∇ᖮ· UᕮᐊᒪᒋΠᖮᑐᒋᖮ Δ·ᑭ"Δ∇·Δ·ơᔪₓ
- ᒥᓇ ơΔ·ᑕᓇᑭᒪᒥᑐ ᓇΠᑐ (CFI) ΛᒧᒋᕈΔ·ᖮᒥᔪ, ᐊᐊ·ᔨᔨΔ· ᐊძᓯΔ·ᖮᒥძᑐ ᒥᓇ ძᑕᑭᔭᑐ ᒪᔪᑭᐊ· Δ·ᑭ"Δ∇·Δ·ᖮᒥძᑐ ΔΔᒪ ᐅᑐUᕮΔᓬ Uᕮᐊᒪᔪᑭᐊ· ΛᒧᒋᕈΔ·ᖮᒥᔪ ᖮᐅᑎᔪᑭᓯᑐ (OTN) ∇ᖮ· ᒥᓇ SLFNHA Uᕮᐊᒪᔪᑭᐊ· ΛᒧᒋᕈΔ·ᑐ ᒪᐊ·⁻ ᐱძ ᖮ·ᔪᔪ ᐊ<ᑕᑐ ᐊ"Δ ᐅᑕ ᓇᓇᖮ ᒪᔪᑭᐊ· Δ·ᑭ"Δ∇·Δ·ᓇᑐ ∇ᐅᑎᐱᒥ ᐅΠơᖮUᑭᑐₓ

ᕆᐊơᓇơᑭᓇơᐊ·ᔪ
∇ᖮ· ᒥᓇ ᐊơ ᐅᔪᑭᐊ"ᑭᐊ·ᔪ, ᐅᑫ·ơᐊ·ᑐ Uᕮᐃᒪᔪᑭᐊ· ΛᒧᒋᕈΔ·ᑐ ᐅΔ·ᐊძᖮᑕᓇᑐ:

- ᖮ·ᔪᔪ ᑎᐅᓇUᔪ ᐅᓇᒋᕈΔ·ᑐ ᒥᓇ ϽᑕᒧΔ·ᓇᑐ ᑕΛᔪძ⁻ ᐊΔ·ᔪᔪ ᖮΛΠᕆᓴᐊ·⁻ ΔΔᒪ Uᕮᐊᒪᔪᑭᐊᖮᔪ
- ᒥᓇ ᖮ·ᔪᔪ ᒧᔪᑭᖮΛᑦΔᖮᓇᑐ ᑎΔᔨᓇᖮᑭᑐ ∇ᖮ ᒥᔪᑦᑭΔ·ᑐ ᑎᐊᔪᕆᓴᐊ·⁻ ᐊΔ·ᔪᔪ ᖮΛΠᕆᓴᐊ·⁻ ᐊᐊ<ᑕᔪᔪ Ͻᖮᔪ ᒪᔪᑭᐊ· Δ·ᑭ"Δ∇·Δ·ơᔪ ∇ᖮ· ᓇᓇᖮ ᕆძᓇᑐ ᐊᓄᑭΔ·ᖮᓴᑐ ᖮᑭᑭơΠᓇơᐊ·ᔪ ᓇᓇᖮ ᒪᔪᑭᐊ· Δ·ᑭ"Δ∇·Δ· ϽᑕᒧΔ·ᓇᑐ

ᖮᒪᖮΠᔨᐊ·⁻ ᖮᐅᑎΔ·ᑭ"Δᑕ·

ᖮᒪᖮΠᔨᐊ·⁻ ᖮᐅᑎΔ·ᑭ"Δᑕ· ΛᒧᒋᕈΔ·ᑐ ∇"ᐊᑐ ᑭᑕᐊᔪΔ·ᔪᑐ ᒥᓇ ᐅᔪᖮΠᔪᑐ ᓇᓇᖮ ᖮΔᔨᒪᖮΠᔨơ⁻ Ͻᖮᑐ ᐅᒪᒥΠᖮᑐᒋᖮơᐊ·ᔪ ᒥᓇ ᖮᐊΔᔨᐊᔪᐊ·⁻ ᐅΛᒪΠᔨơᐊ·ᔪ ᐅΠᔨΛᒥ ᐊᓄᖮᐊ·ᐊ·ᑐₓ ∇ᖮ· ᐅᐅ∇· ΛᒧᒋᕈΔ·ᑐ ᐊᒥ∇· Λძ ∇ΔᔨΛᒥ Δ·ᑕᓇᑭᒪᒥ·⁻ ᒪᖮ·⁻ ᖮΛᒥ ΔᔪძᓇΔ·ơ⁻ ᖮΔ·⁻ ᐊΛᑐ ᖮơᑭᑭᔪᐊᔪᐊ·ᑫᑕძᔨơ⁻ ᐊ"Δ ᖮᔪ ᐊᒥ∇· Λძ ∇ΔᔨΛᒥ ᒪᔪᑭᐊ· Δ·ᑭ"Δᑕ· ᒥᓇ Λძ ᓇᓇᖮ ᕆძᓇᑐ ∇ᒥơᑕ· ᐅᑫ·ơᐊ·ᔪ ᐅᑕძᔨᔪₓ

ᓇᓇᖮ ΛᒧᒋᕈΔ·ᖮᒥძᑐ ᖮΔ·ᑕᓇᑭᒪᔪᖮ·
∇ᖮ· ᐊ·ơᓇᐊ·ᖮᔪ ᒪᔪᑭᐊ·ᑭᒪΔ·ᑐ (SLFNHA) ∇"ᐊᑐ ᖮᐅᑎΔ·ᑕᓇᑭᒪ⁻ ᑕᔨᒋᕈΔ·ᑐ ΛᒪΠᔨᐊ·ᑐ ᐊ·ơᓇᐊ·ᖮᔪ ᒥᓇ ᔪᕮ∇ ΛᒧᒋᕈΔ·ᖮᒥᔪ ᐊ"Δᔪ ϽᕮᐊᑐϽ ᑭᒋᑕΔ·ơᔪ ᖮΔᔨᑕᖮ·ᔪₓ ᐅᑫ·ơᐊ·ᔪ ᖮΔ·ᑕᓇᑭᒪᔪᖮ· ᑭΔ·ᓇᐊ· ᐊ"Δᑐ ΛΠᒋᔪᔪᐊ Δ·ᑭ"Δ∇·Δ·ᑐ ∇"ᐊᑐ ᐅᑕ ᓇᓇᖮ Δ·ᑭ"Δ∇· ᒪᔪᑭᐊ· ᐊᓄᑭΔ·ᖮᒥᔪ ᖮΔᔨᒪᖮΠᔨᐊ·⁻ Ͻᖮᑐ ᒪᒋϽᖮᑐᒋᖮᑐ ᒪᔪᑭᐊ·ᒋᑐ, ᒪᒋϽᖮᑐᒋᖮᑐ ᒪᔪᑭᐊ·ơ, ᔨᔪΔ·ᓇᑐ ᒪᔪᑭᐊ·ơ, ᒪᔪᑭᑦΔơ ᖮᐊᓄᖮ⁻ ∇ᖮ· ᖮᑭᔪᒥơ⁻ ∇ᖮ· ᒪᔪᑭᐊ·ơ ᓇᓇᖮ ᖮΔᔨᔪơᐊ·ơơᔪ ᖮΔᔨᒪᖮΠᔨ∇·⁻ₓ

ᐅᑫ·ơᐊ·ᔪ ᐊᓄᑭΔ·ᖮᓴᑐ ᖮᑭ ᑭᑕᐊᓄᖮUᑭᑐ
∇ᖮ· ᐅᐅ∇· ΛᒧᒋᕈΔ·ᑐ ơᔨᑐ ᐊᓄᑭᓇᖮᔪ ᐊᔪᐊ·ᔪ ᖮΔ·ᑕᔪᐊ·⁻ ᐅᑕძᔨᑐ ᒥᓇ ᐅᐊ·ძᒪᖮơᐅᑐ ∇ᖮ· ᖮᔪ ᒪᔪᑭᐊ· ᐊᓄᑭᓇᖮᔪ ᐅᒥᓇ ᐅᐊ·ᐊᒪᖮơᐅᑐ ∇ᖮ· ᐅᑫ·ơᐊ·ᔪ ᖮᔪ ᐅᖮᓇᐊ·<ᑕᓇᐊ· ᑫᑕᓇ⁻ ΛᒧᒋᕈΔ·ᓇᑐ ᑕᐊᔨᑐ ΔΔᒪ ᑕᔨᑭΔ·ᓇᑐ ᑕᖮᔨᑦₓ ∇ᖮ· ᐅᐅ∇· ᒪᖮ·⁻ 109 ᐅᑕძᔨᔪ ᐅᒧᔪᑦΔᖮơᐊ·ᔪ ᐊᔪᐊ·ᓄᑐ ∇ᖮ· 61 ᒪᖮ·⁻ ᐊᓄᖮUᐊ·ᓄᔪₓ

2012/2013 ᖮᐊ"ᑭᐊ·ᔨ
- ơΔ·ᔭᑊ ᑕᔨᑭΔ·ᓇᑐ ᑭΔᔨᑭΔ·Uᓇơᐊ·ᔪ (ᐅΛᔨძᖮᔪ, ᓇᒣძᔨΛᔪ, ᐊ·Δ·ᔪᖮᒪ, ᐊ·ᓇᒪᑐ, Λᓬᔪᖮ"Δᖮơᔪ, ᐊᔪᑦᓇᖮᔪ, Λᖮᑐᖮᑕ, ᐯ<ᑭᔪᔪΛძ <Δ·Πძᑐᔪ, ᒣᔪᑭᖮ·ᖮᒪᔪ, ᒥᑕᖮơᔪᖮ"Δᖮơᔪ, ᐊ·Λᑭᖮᔪ, ᖮᓇ·ᗒᐊ ∇ᖮ· Δ·ᑫ·Ͻᑐ (ᑕᑐCV) ∇"ᐊᔪ ᐅᑕ ᑭ∇·Πᓄᔪ ᖮᐅᑎᐊ·⁻ ᖮᔪᑕᖮᑐᔪ, ᑭ∇·Δ·ᑐ ∇ᖮ· Λᓬᔪᖮ"Δᖮơᔪ ᖮΔᔨᖮᓇ∇·ᑐᑕძᔨᐊ·⁻ₓ

- ∇ᖮ· ᐊΔᓇᖮ° ᐊΔ·ᔨᔪ ᖮᑭᒪᔪᑭᐊ· ᓇᓇᖮᔨᔪᖮᓇᐊ·⁻ ᑭᑭᔨᑕᖮUᐊ·ᑐ
- ∇ᖮ· ᒥᑕᔨ ᒪᔨᑕᑫΔ· Δ·ᑭ"Δ∇·Δ·ᓇᑐ ΔΔᒪ ᐅᑐUᕮΔᔨ ᓇᓇᖮᔨᑕᑫΔ·ơᔪ ᑭᑭᔨᑕᖮUᐊ·ᑐ
- ∇ᖮ· ᒥᓇ 35 ᒪᔪᑭᐊ· Δ·ᑭ"Δ∇·Δ·ᓇᑐ Ͻᖮᑐ ᒪᒋΠᖮᑐᒋᖮᓇᐅΔ·ᑐ, ᓇᓇᖮ ΔᔨᔪΔ·ᓇᑐ ∇ᖮ· ᒪᒋơᒥ∇·Δ·ᓇᑐ ᖮ·ᔪᔪ ᑭΔ·ᑎᔨᖮUᐊ·ᑐ
- ∇ᖮ· ᒥᓇ <ᑫ<·ᗒ᙮ ᓬơᔪΔ· ΛᒧᒋᕈΔ·ᑐ ∇"ᐊᑐ ơძᑕ·ᔭᔨᔪ ᒧᔪᑭᖮᓴΛ"Δᖮᓇᑐ Δ·ᑎᔨᖮUᐊ·ᑐ ᐅᐅ∇· ᒣᖮ·⁻ ∇ᖮ· ᒥᓇ ΛᑎᖮUᐊ·ᑐ ᑭᔪᔪᐊᔪᐊ·ᑫΔ·ᑐ

ᐅᑕძᔨΔ· ΛᒧᒋᕈΔ·ᓇᑐ
∇ᖮ· ᒪᒪΔ· Δ·ᑕᓇᑭᒪᒥᑐ ᑭᒪᑎᔨᖮUᐊᑐ 2009 ᖮᐊ"ᑭᐊ·ᔨ ∇"ᐊᔪ ᖮᒪᑭᔪᐊ·⁻ ᐊΔ·ᔪᔪ ᖮΔ·ᑎ"Δᑕ· ∇ᖮ· ძᑕᑭᔪᑐ ᐊΔ·ᔪᑐ ᐅᐅ∇· ᖮΔᔨᔪᐊ·⁻ ᒧᑎᑭᑫơᒪᐊ·⁻ₓ ơᓬᔭᑊ ᐊΔ·ᔪᔪ ᐅᐅᒪ Δ·ᑕᓇᑭᒪᒥᑐ·ơᔪ ᐊᔭ ᑭᓇᓇᖮᔨᔪᖮᓇᐊ·ᔨ ∇ᖮ· ᑕᔨᒧΔ·ᓇᑐ ᒪᒪᔪᑭᐊ· ᖮᐊᓄᖮUᐊ·ᑐₓ ∇ᖮ· ᒥᓇ ᑭᒪᐊ·ᑎᔨᖮUᐊ·ᔨ ᒪძᑐᔨᖮơᔨᔪᔨᔪ 2012 ᖮᐊ"ᑭᐊ·ᔨₓ ∇ᖮ· ᐊ"Δᔪ ᖮᔪ ᑭᐅᑎΔ·ᑎᑕ·ᐊ·ᔨ ΔΔᒪ ᐊ·Δ·ᔪᖮᒪ, ᔪ·ᑭᑐ, ᐯᓬᔪᖮ"Δᖮơᔪ, ᐅΛᔨძᖮᔪ, ᐊΠძᖮᑐ, ᐊᔪᑦᓇᖮᔪ ∇ᖮ· ᐊΠძᔪᖮ"Δᖮơᔪₓ

∇ᖮ· ᒥᓇ ᑭᑭᔨᐊᔪᐊ·ᑫΔ· ᒪᐊ·ᑎ"ΔᑐΔ·ᑐ ᑭᑐᑎᖮU ᐊ·Uᔪᖮᔪ·Λᔨᑦ 17-21 ᖮΔᓇᑭᔨ⁻ ∇ᖮ· 19 ᐅᑕძᔨᔪ ∇ᖮ· ᖮᑭΛΔ·ᑎ"ΔΔ·ძᐊ·⁻ ᑭᔪᔪᐊ·ᔪₓ ∇ᖮ· ᐅᐅ∇· ᖮᑭᐅᑎᑐᖮU ∇"ᐊᔪ ∇·Π ᑭ∇·Πᓄᔪ ᑕᔨᒧΔ·ᓇᑐ ᖮᒪᑭᔪᐊ·⁻
ᑫΔ·ᓇᐊ· ᓇᔭᑕ ᑎΔᔨᖮᑕᐊ·ᖮᔪᐊ·⁻ ᒥᓇ Λძ ᑎᐅᑎᒥᓬᔭᑕᒧᐊ·⁻ₓ ᐅᐅ∇· ᖮᑭΔᔨơᖮU ᖮᑭᒪᔪᑭᐊ·ᑎ"ΔΠᓇơᐊ·ᔪ "ᖮ·ᔪᔪ ᑎᖮᓇ∇·ơᒥΠᔨᔪᔪₓ" ơ"ᔨᔭ ᑫძᓇᑐ ᑭᖮᓇᐊ·<ᒋᖮUᐊ·ᔪ ΛᒪΠᔨᐊ·ᑐ, ᖮᐊΔᓇᒪᑎᐅᔪᑐ, ∇ᖮ· Δ·ᔪᔨΛᒪΠᔨᐊ·ᑐₓ

ᕆᐊơᓇơᑭᓇơᐊ·ᔪ
- ᑎΛᒥ Δ·ᑕᓇᑭᒪᖮᓇᐊ·⁻ ᐊơᔨᓇᐯΔ· ᑕᔨᑫΔ·ᓇᑐ ᐊ"Δ ᑭᑭᓇᐊᔪᑫΔ·ᑐ. Δ·ᑭ"Δ∇·Δ·ᑐ, ΛᒧᒋᕈΔ·ᓇᑐ ᒥᒥᓇᖮᓇᐊ·⁻ ᐅᑫ·ơᐊ·ᔪ ᐅᑕ ᖮᒪᑭᔪᐊ·⁻ₓ
- ᐊᐊ·ᔨᒣ ᑭᔪΛ⁻ Δ·ᑭ"Δ∇·Δ·ᓇᑐ ᑎᐅΠơᑫᑕᒪᐊ·ᖮᓇᐊ·⁻ ᐅᑕძᔨᔪₓ
- ᐊᐊ·ᔨᒣ ᒥᓇ ᑭᑭᓇᐊᔪᑫΔ·ᓇᑐ ᐊ<ᒋᒥᖮᓇᑐ ᒋᐊ·<ᑕᑭ"Δᑕ· ᐅᑫ·ơᐊ·ᔪ ᒪᔪᑭᐊ·ơᐊ·ᔪ, ΠΛᔨᒋᑫΔ·ᓇᑐ, ᐅᑕძᔨᔪ ∇ᖮ· ᓇᓇᖮ Δ·ᑭ"Δ∇·Δ·ᓇᑐ ᖮᐊᔪᒪᑭᑐᔪₓ
- ᐊᐊ·ᔨᒣ ᐊΔ·ᔨᔪ ΔΔᒪ ᑕᔨᑫΔ·ᓇᑐ ᖮᐊᔪᐊ·⁻ ᒋᑭᑭᓇᐊᔪᐊ·ᖮᓇᐊ·⁻ ᐊơᔨᑐ ᑫΔᔨΔ·ᒋᔪᐊ·⁻ ᖮᒪᑭᔪᐊ·⁻ₓ
- ᐊᐊ·ᔨᒣ ᒥᓇ ᖮ·ᔪᔪ ᑎᔨᔪᑫΔ·ᓇᑐ ᒥᓇ Δ·ᑭ"Δ∇·Δ·ᓇᑐ ᒋᑕᖮ·ᑭᑐ ΔΔᒪ ᑕᔨᑫΔ·ᓇᑐ ᖮᑕᒋᔪᑐₓ

ᓄᑎᐣ ᐊᐊᐧᔑᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᑫᐱᐣ ᐱᕒᐅᐱ

ᓄᑎᐣ ᐊᐊᐧᔑᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐅᐸᑭᑎᓇᐣ ᐊᐊᐧᔑᔕᐠ, ᑲᑭᒋᐦᐊᐃᐧᐊᐧᐨ, ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓇᐣ ᒪᒥᑐᓀᒋᑲᓂᐠ ᒥᓄᔭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐃᐃᒪ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᑲᐅᒋ ᑎᐯᐣᑕᑲᐧᑭᐣ ᑕᔑᑫᐃᐧᓇᐣ. ᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᒪᒥᑐᓀᒋᑲᓂᐠ ᒥᓄᔭᐃᐧ ᒪᒥᓄᒥᐁᐧᐃᐧᐣ, ᐁᐅᒋᑕᒪᐊᐧᑲᐧᓄᐊᐧᐨ ᐃᔭᑲᓇ ᑭᐱᑎᓂᑫᐃᐧ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ, ᐊᓂᔑᓂᓂᐃᐧ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ, ᑭᒋᐊᓂᒥᓴᐃᐧᓂᐠ ᐱᒧᒋᑫᑕᒪᑫ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ, ᑯᑕᑭᔭᐣ ᐃᓯᓴᐃᐧᓇᐣ ᑲᐅᒋᐱᒥ ᐊᐧᐃᐧᒋᒋᑲᑌᑭᐣ ᒥᓇ ᐅᐡᑲᑎᓴᐠ ᑲᔭᓂᒥᓴᐊᐧᐨ ᑲᑕᔑᑲᓇᐁᐧᑕᑯᓯᐊᐧᐨ ᐁᑲᐧ ᒥᓇ ᐅᒋ ᒪᒣᒋᑲᐦᐊᐊᐧᐠ ᐊᒋᓇ ᑲᔭᐸᑕᐠ ᓇᓇᑕᐃᐧᑭᑫᓂᒥᑯᐃᐧᐣ. ᐸᑭᑎᓂᑲᑌᐊᐧᐣ ᑲᔭ ᐁᐱᒥ ᑭᑭᓄᐦᐊᒪᐃᐧᑕᐧ ᒥᓇ ᐅᓇᒋᑲᑌᐊᐧᐣ ᐊᓂᐣ ᑫᐃᔑᐱᒥ ᐊᔭᓯᓂᑕᐧ ᑕᔑᑫᐃᐧᓂᐠ ᑲᑕᓇᓄᑭᐊᐧᐨ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ᑲᐊᓄᑲᑕᒧᐊᐧᐨ.

ᓄᑎᐣ ᐊᐊᐧᔑᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ∾ᓂᔭᐣ ᐃᐃᒪ ᐅᒋ ᐸᑭᑎᓇᑲᓄ ᐅᐣᑌᕒᐃᔪ ᐅᑭᒪᐅᓂᐠ ᐊᔕᒥᑐᐃᐧᐣ ᑲᐅᒋᐸᑭᑎᓂᑲᑌᐠ ᐁᑲᐧ ᒥᓇ ᐃᐃᒪ ᑲᓇᑕ ᐅᑭᒪᐅᓂᐠ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐅᒋ ᐸᑭᑎᓂᑲᑌᐠ.

ᑲᐃᐧᑕᓄᑭᒪᔭᑲᐧ

ᐊᓂᔑᓇᐯᐃᐧ ᑕᔑᑫᐃᐧᓇᐣ	ᐊᓂᔑᓇᐯᐃᐧ ᐊᓄᑭᐃᐧ ᐱᒧᒋᑫᐃᐧᑲᒥᑯᐣ
ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᒥᓄᔭᐃᐧᐣ ᒪᐡᑭᑭᐃᐧᑲᒥᐠ	ᐊᓂᔑᓇᐯ ᐊᐢᑭ ᑑᐃᔑᐣ
ᑕᔑᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧᐃᐧᐣ ᒥᓇ ᑲᓴᑲᐱᑑᐦᐃᐁᐧᒪᑲᐣ	ᑎᑭᓇᑲᐣ ᐊᐊᐧᔑᔕᐠ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ
ᑫᑯᓇᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ	ᑭᓇᕒᐠ ᐊᐊᐧᔑᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ
ᑭᐁᐧᑎᓄᐠ ᐅᑭᒪᑲᓇᐠ ᑌᕒᐃ ᒪᐡᑭᑭ	
ᒪᒋ ᒪᐢᑭᑭᐣ ᒥᓇ ᑯᑕᑭᔭᐣ ᑫᑯᓇᐣ ᑲᔭᐸᒋᑐᐊᐧᐨ	ᐊᐊᐧᔑᔑᐃᐧ ᒪᒥᑐᓀᒋᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᐠ
ᒥᓇ ᒪᒥᑐᓀᒋᑲᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᐠ	ᐊᐊᐧᔑᔑᐃᐧ ᒪᐡᑭᑭᐃᐧᑲᒥᐠ ᐅᐣᑌᕒᐃᔪ
ᐊᐊᐧᔑᔑᐃᐧ ᒪᒥᑐᓀᒋᑲᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐱᒧᒋᑫᐃᐧᓇᐣ – CHEO	ᐊᐊᐧᔑᔑᐃᐧ ᒪᒥᑐᓀᒋᑲᓂᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐱᒧᒋᑫᐃᐧᓇᐣ

ᐅᐅᐁᐧ ᑲᐊᐦᑭᐊᐧᐠ ᐅᑫᐧᓂᐊᐧᐣ ᑲᑭᑐᑕᒪᑭᐣ:

- ᑭᑭᓄᐊᒪᑫᐃᐧᐣ ᑲᑭᑕᑲᐧᐠ ᐃᐃᒪ ᑲᑭᒋᐃᔑᔑᐠ ᒪᒥᑐᓀᒋᑲᐣ ᑲᐃᔑᐡᑲᒪᑲᐠ ᐁᐦᐊᐠ ᐅᒪᒥᓄᒥᐁᐧᐃᐧ ᐅᐃᐧᒋᐦᐃᐁᐧᐠ ᒋᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐧ
- ᐅᑭᑭᓄᐦᐊᒪᑫ ᒋᑭᑭᓄᐦᐊᒪᐊᐧᐨ ᑲᑭᑭᓄᐊᒪᑯᓯᓂᐨ; ᐁᑲᐧ ᓂᐦᓯᐣ ᓄᑎᐣ ᐊᓄᑭᓇᑲᓇᐠ ᑭᑭᓄᐦᐊᒪᐊᐧᑲᓄᐊᐧᐠ ᐊᐦᐃ ᒪᒥᑐᓀᒋᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᒥᑐᓀᒋᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒋᐊᓂ ᑭᑭᓄᐦᐊᒪᐊᐧᐊᐧᐨ ᐁᐦᐊᐣ ᐊᓄᑭᓇᑲᓇᐣ ᒥᓇ ᐱᑯ ᐃᐃᒪ ᑕᔑᑫᐃᐧᓂᐠ ᑲᐃᔑᓇᑕᐁᐧᐣᑕᑲᐧᑭᐣ᙮
- ᐊᐦᐃ ᒥᓇ ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ ᐁᑲᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ ᐱᒥᐡᑲᒪᑲᓄᐣ ᐃᐃᐁᐧ ᒪᓯᓂᐱᐦᐃᑫᐃᐧᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐊᐸᑕᐠ ᐃᑫᐧᓂᐊᐧᐠ ᐅᒪᒥᓄᒥᐁᐧᐠ ᒋᐃᐧᑕᓄᑭᒪᐊᐧᐨ ᑲᐊᓄᑲᐊᐧᐊᐧᐨ ᐁᐧᑎ ᑕᔑᑫᐃᐧᓂᐠ ᑲᐅᑐᓭᓂᐨ ᐁᑲᐧ ᐃᐃᒪ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᒥᓇ ᐯᓪᐃᑲᐣ ᐸᐧᓪᐢ ᐊᓂᔑᓇᐯᐃᐧ ᐃᐡᑯᓄᐃᐧᑲᒥᑯᐠ ᑲᐱᔕᓂᐨ᙮
- ∾ᓂᔭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒋᐱᒥᓴᐠ ᐁᐦᐊ ᐅᐡᑲᑎᓯᐃᐧ ᐊᓄᑭᓇᑲᐣ ᒋᐱᒥᐃᐧᑕᓄᑭᒪᐨ ᐅᐡᑲᑎᓴᐣ ᐃᐃᒪ ᐯᔑᐠ ᑕᔑᑫᐃᐧᓇᐣ ᑲᑕᓯᑭᐣ ᐁᐦᐊ ᐅᑕ ᑲᑭᑫᓂᒪᐊᐧᐨ ᐅᐡᑲᑎᓴᐣ ᑲᑭᒋᐊᓂᒥᓴᓂᐨ
- ᒥᓇ ᐱᑯ ᐅᓇᓇᑕᐃᐧ ᑭᑫᐣᒋᑫᐠ ᒋᐅᔑᑐᐊᐧᐨ ᐊᐦᐃ ᑕᔑᑫᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᑭᑭᓄᒋᑲᐣ ᒥᓇ ᐱᑯ ᑕᔑᑫᐃᐧ ᓇᓇᑲ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᒥᓇ ᐱᒧᒋᑫᐃᐧ ᓇᓇᑲᒋᒋᑫᐃᐧᓇᐣ ᒋᑭᔑᒋᑲᑌᑭᐣ ᐁᐦᐊᐠ ᐅᑕ ᑕᔑᑫᐃᐧᓇᐣ ᐅᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐊᐧ ᒪᐊᐧᐨ ᒋᑭᒋᐃᐧᒋᐦᐃᑯᐊᐧᐨ
- ∾ᓂᔭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒋᐱᒥᓴᐠ ᐊᐦᐃ ᐅᑕ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ ᒥᓇ ᓇᓇᑕᐃᐧᑭᑫᐣᒋᑫᐃᐧᐣ ᒋᐅᔑᒋᑲᑌᐠ ᐁᐦᐊᐠ ᐅᑕ ᐊᐊᐧᔑᐢ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᐠ ᒋᑕᑲᐧᐠ ᐁᑲᐧ ᐊᓂᔑᓇᐯᐃᐧ ᑕᔑᑫᐃᐧᓇᐣ ᒋᐃᐧᑕᓄᑭᒪᐊᐧᐨ ᐅᐅᒪ ᐅᑕ ᐊᐧᓂᓇᐊᐧᑲᐧᐠ ᑌᑎᐸᐦᐃ ᑲᐃᔑᑕᑲᐧᑭᐣ
- ᐁᑲᐧ ᒪᒋᓴᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐃᓇᑌᐠ 46 ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᓇᑐᑕᒪᐃᐧᓇᐣ ᐊᔭᒪᑲᓄᐣ ᐊᐦᐃᐠ ᑭᑕᔑᑫᐃᐧᓂᓇᓇᐣ ᐁᐅᒋᓴᒪᑲᑭᐣ᙮
- ᒥᓇ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐃᐁᐧᐠ ᐊᐦᐃᐠ ᐸᑲᐣ ᐅᒋᐸᑭᑎᓇᑲᓄᐃᐧ ∾ᓂᔭᐣ ᒥᐡᑯᐨ ᐅᑫᐧᓂᐊᐧᐠ ᐅᐃᐧᒋᐦᐃᐁᐧᐠ ᒋᐃᐧᒋᐦᐊᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐣ ᑕᔑᑫᐃᐧᓇᐣ ᑲᔕᐳᓴᓂᐠ ᐅᐅᐁᐧ ᑐᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ᙮

ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐊᐦᐃᐣ ᑲᔭ ᓇᓇᑲ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᑯᐣ ᒥᓇ ᐃᔑᐱᒪᑎᓯᐃᐧᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐊᔭᒪᑲᑭᐣ ᓇᐣᑕ ᐱᑯ ᒪᒪᐤ 3,870 ᐅᑕᑯᓯᐠ ᑭᐊᐧᐸᒪᑲᓄᐊᐧᐠ ᐅᐅᐁᐧ ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ᙮ ᑲᐧᓂᐣ ᐅᑫᐧᓂᐊᐧᐠ ᐅᑕᑯᓯᐠ ᒪᒥᓄᒥᐁᐧᐃᐧᓂᐠ ᒥᓇ ᑭᒋᒪᒋᓴᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ᑲᐅᒋᐃᐧᒋᐦᐊᑲᓄᐊᐧᐨ ᒋᐊᔑᑕᑭᒪᑲᓄᐊᐧᐨ᙮ ᔕᑯᐨ ᒥᓇ 5,608 ᐅᑕᑯᓯᐠ ᑭᐅᒋᐃᐧᒋᐦᐊᑲᓄᐊᐧᐠ ᐅᐅᐁᐧ 2012/2013 ᑲᑭᐊᐦᑭᐊᐧᐠ᙮

ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐠ ᐅᐃᐧᒋᐦᐃᐁᐧᐠ ᐊᒥᐁᐧ ᐱᑯ ᐁᐃᔑᐱᒥ ᒪᒥᓄᒪᐊᐧᐨ ᐅᑕᑯᓯᐣ ᒥᓇ ᐁᐃᐧᒋᐦᐊᐊᐧᐨ ᐃᐁᐧᑎ ᑭᐁᐧᑎᓄᐠ ᑕᔑᑫᐃᐧᓇᐣ ᑲᑕᑲᐧᑭᐣ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᑲᑭᐊᐦᑭᐊᐧᐠ 1.443 ᐅᑕᑯᓯᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑭᒥᓇᑲᓄᐊᐧᐠ᙮ ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐠ ᒪᒪᐤ 1,443 ᑲᑭᐊᐧᐸᒥᑕᐧ 559 ᑭᐅᒋᒥᓇᑲᓄᐊᐧᐠ ᐃᐃᒪ ᑯᑕᑭᓂ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᑕᑲᐧᓂᓂᐠ᙮ ᐁᑲᐧ ᐅᐅᒪ ᐸᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᓂ ᑲᐅᒋᐃᐧᒋᐦᐃᑕᐧ ᐊᒥᐁᐧ ᐱᑯ ᑫᐃᔑᐱᒥ ᒥᓇᑲᓄᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐃᐃᒪ ᐅᑕᔑᑫᐧᐃᓂᐊᐧᐠ ᒥᓇ ᐱᑯ ᐅᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐊᓄᑭᓇᑲᓇᐣ ᐅᑕᔑᑫᐃᐧᓂᐊᐧ ᑲᐊᔭᓂᐨ ᒋᐃᐧᑕᓄᑭᒥᑯᐊᐧᐨ᙮

ᐁᑲᐧ ᒥᓇ ᓇᓇᑲ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐊᔭᒪᑲᑭᐣ ᑐᑲᐣ ᑭᐊᐧᐡᑫᐃᐧ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒥᓇ ᐱᑯ ᓇᓇᑐᐠ ᑯᑕᑭᔭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐊᔭᒪᑲᑭᐣ ᐅᐱᒥᐸᑭᑎᓇᓇᐊᐧ ᐅᓇᓇᑲᒋᒋᑫᐃᐧ ᑎᐸᒋᒧᓂᐊᐧ ᒥᓇ ᑲᐃᔑᐃᐧᒋᐦᐊᐊᐧᐨ ᐁᑲᐧ ᑲᐃᔑᐱᒥᐃᐧᑕᓄᑭᒪᑲᓄᐊᐧᐨ ᐅᑫᐧᓂᐊᐧᐣ 647 ᐅᑕᑯᓯᐣ ᐅᐅᐁᐧ ᑲᑭᐊᐦᑭᐊᐧᐠ᙮ ᐊᒥᐁᐧ ᐁᑫᐧᓇᐠ ᐁᑭ ᐊᐱᒋᒥᔑᓄᐊᐧᐨ ᐅᑫᐧᓂᐊᐧᐠ ᐅᑕᑯᓯᐠ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ᙮ ᑭᔭᐱᐨ ᐱᑯ ᐊᓂᐊᐱᒋᒥᔑᓄᐊᐧᐠ ᐁᑲᐧ ᒥᔑᐣ ᑲᔭ ᓇᐱᐨ ᒪᓯᓇᐦᐃᑲᓯᐊᐧᐠ ᑲᐱᐦᐅᐊᐧᐨ᙮ ᒪᐊᐧᐨ ᐱᑯ ᑭᒋᐊᓂᒪᒡ ᐅᐅᐁᐧ ᑲᐃᔑᓴᐠ ᐁᑲ ᐅᑕ ᑌᐯᐧ ᐁᒥᔑᓄᐊᐧᐨ ᐅᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐠ ᒥᓇ ᐱᑯ ᐊᑎᐟ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐁᐊᔭᒪᑲᑭᐣ ᐁᑲᐧ ᒪᐊᐧᐨ ᑭᒋᓇᑕᐁᐧᐣᑕᑲᐧᓄᐣ ᐅᑫᐧᓂᐊᐧᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ᙮

ᐁᑲᐧ ᐅᐅᐁᐧ ᐃᔑᐱᒪᑎᓯᐃᐧᐣ ᐱᒧᒋᑫᐃᐧᐣ ᐊᓄᑭᓇᑲᓇᐠ ᓇᐣᑕ ᐱᑯ 1,780 ᐅᑕᑯᓯᐣ ᐅᑭᐃᐧᒋᐦᐊᐊᐣ ᐅᐅᐁᐧ ᑲᑭᐊᐦᑭᐊᐧᐠ᙮ ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐠ 1,780 ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ, 1,265 ᑲᐊᐱᑕᐊᐧᑎᓯᐊᐧᐨ ᐊᐃᐧᔭᐠ, 225 ᑭᒋᐦᐊᐠ ᐁᑲᐧ 290 ᐊᐊᐧᔑᔕᐠ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᒪᒪᐃᐧ ᐃᐧᑕᓄᑭᒥᑐᐃᐧᓂᐠ ᐃᐃᒪ ᐃᔑᐱᒪᑎᓯᐃᐧᐣ ᐱᒧᒋᑫᐃᐧᓂᐠ ᑲᐅᒋ ᐃᐧᒋᐦᐁᐧᓇᓂᐊᐧᐠ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐊᓄᑲᑌᐠ ᐅᑫᐧᓂᐊᐧᐠ ᐊᓄᑭᓇᑲᓇᐠ 33 ᐅᑕᑯᓯᐣ ᐊᐦᐃᐠ ᒪᑐᑎᓴᐧᓇᐣ ᐅᑭᐅᒋᐃᐧᒋᐦᐊᐊᐣ ᐊᑎᐟ ᑲᑭᐱᑎᑫᐊᐧᐨ ᑭᓇᑐᒪᑲᓄᐊᐧᐠ ᐁᑲᐧ 10 ᑕᔑᑫᐃᐧᓇᐣ ᑲᔭ ᐅᑭᐸᑭᑎᓇᓇᐊᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ᙮ ᐁᑲᐧ ᒥᓇ ᑲᑭᑐᒋᑲᑌᑭᐣ ᐅᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐅᒋ ᐃᐧᔭᐃᐧᓇᐣ ᑭᐃᐧᒋᑲᑌᐊᐧᓄᐣ ᒥᓇ ᑭᒪᑯ∾ᓂᐊᐧᐣ ᒥᓇ ᑭᑭᓂᑲᐧᓇᐱᓇᓂᐊᐧᐣ ᒥᓇ ᑭᑭᐃᐧᑌᐊᐧᐠ ᑭᒋᐦᐊᐠ ᒥᓇ ᐁᐧᐡᑲᐨ ᐃᐡᑯᓄᐃᐧᐣ ᑲᑭᒪᒋᑐᑕᑯᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐊᔭᒪᑲᐣ ᒥᓇ ᐊᓂᔑᓇᐯ ᒪᐡᑭᑭᐃᐧ ᑭᑭᓄᐦᐃᑫᐃᐧᐣ ᑕᑲᐧᐣ ᒥᓇ ᓇᓴᒪ ᑲᐊᐸᑎᓯᐨ ᐊᔭᒪᑲᐣ ᐁᑲᐧ ᓇᓇᑲ ᐊᓂᒥᓴᐃᐧᓇᐣ ᐊᐃᐧᔭᐠ ᑲᐃᓯᓴᐊᐧᐨ ᐊᔭᒪᑲᓄᐣ᙮

ᐁᑲᐧ ᒥᓇ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒪᒋᑭᑐᐃᐧᐣ ᐊᐦᐃᐠ ᐊᐧᓂᒪᓂᓴᑲᐦᐃᑲᓂᐠ ᐃᔑᑕᑲᐧᐣ ᐁᑲᐧ ᐊᐦᐃᐠ ᐅᐣᑌᕒᐃᔪ ᐅᑭᒪᐅᓂᐠ ᐊᔕᒥᑐᐃᐧᐣ ∾ᓂᔭᐣ ᐅᒋᐸᒋᑎᓇᑲᓄᐃᐧ ᑕᐱᐡᑯᐨ ᒪᒋᓴᐃᐧᒪᒋᑭᑐᐃᐧᓇᐣ ᐃᐃᒪ ᒋᐊᔕᐧᑌᑭᐣ ᒋᐅᒋᐃᐧᒋᐦᐊᑲᓄᐊᐧᐨ ᑭᑕᔑᑫᐃᐧᓂᓇᓇᐣ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒪᒋᑭᑐᐃᐧᐣ ᑫᒋᓇᐨ 200 ᐊᐃᐧᔭᐠ ᑭᐅᒋᐃᐧᒋᐦᐃᐊᔭᑲᓄᐊᐧᐠ ᐅᐅᐁᐧ ᑲᑭᐊᑭᐊᐧᐠ᙮ ᓄᑎᐣ ᑲᔭ ᐅᐱᒥ ᐃᐧᑕᓄᑭᒪᐣ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ ᑭᑕᔑᑫᐃᐧᓂᓇᓂᐠ ᑲᑕᑲᐧᑭᐣ ᒋᑕᔑᑭᑫᐣᑕᒧᐊᐧᐨ ᐊᐦᐃ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᒪᒋᑭᑐᐃᐧᐣ ᐁᑕᑲᐧᓂᓂᐠ᙮ ᒪᓯᓇᐦᐃᑲᓇᐣ ᑲᐊᑯᒋᑲᑌᑭᐣ ᐁᑲᐧ ᒪᓯᓇᐦᐃᑲᓀᓴᐣ ᑭᐅᔑᒋᑲᑌᐸᓂᐣ ᐁᐃᐧᒋᑲᑌᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᒪᒋᑭᑐᐃᐧᐣ ᐁᐊᔭᐠ᙮ ᐁᑲᐧ ᐃᐧᑕᒪᑫᐃᐧ ᒪᓯᓇᐦᐃᑲᓇᐣ ᒪᐡᑭᑭᐃᐧᑲᒥᑯᐣ ᑲᑕᓯᑭᐣ ᑭᐁᐧᑎᓄᐠ ᐃᔑᓂᔕᐦᐃᑲᑌᐊᐧᓄᐣ ᐁᐸᑯᓴᓂᒪᑲᓄᐊᐧᐨ ᐊᐃᐧᔭᐠ ᒋᐊᐸᒋᑐᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐠ ᐅᑕ ᒪᐊᐧᐨ ᑫᑭᒋᐃᐧᒋᐦᐃᑯᐊᐧᐨ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᒪᒋᑭᑐᐣ ᑕᓇᓇᑲᒋᒋᑲᑌ ᑭᐡᐱᐣ ᐊᐊᐧᔑᒣ ᑫᑭᐊᐸᑕᓄᑫᐧᐣ ᐅᓴᒡ ᐁᑲ ᑌᐯᐧ ᐁᔭᐸᑕᐠ ᐁᐦᐊ ᐅᑕ ᑲᐸᑭᑎᓇᐨ ∾ᓂᔭᓇᐣ ᑲᐃᑭᑐᐨ ᐅᑭᒪᐃᐧᐣ (0 ᐊᑯᓇᐠ 17 ᑲᐊᐱᑕᑎᓯᐊᐧᐨ)᙮

ᓄᑎᐣ ᐊᐊᐧᓯᐡ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᐁᑲᐧ ᓄᑎᐣ ᑲᑭᐃᓯᐊᐧᐃᐧᒋᐦᐃᐁᐧᐨ 47 ᑎᐸᒋᒍᐃᐧ ᐃᓯᓴᐃᐧᓇᐣ ᒥᓇ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᓇᑐᑕᒪᐃᐧᓇᐣ ᐅᑭᐊᓄᑲᑕᓇᐣ᙮ 46 ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ ᐁᑲᐧ 110 ᐅᒪᒥᓄᒥᐁᐧᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ ᑭᐃᓯᓂᓴᐊᐧᑲᓄᐊᐧᐠ ᐊᐦᐃᐠ ᑕᓯᑫᐃᐧᓇᐣ ᑕᑲᔨᑭᐣ ᐃᑫᐧᓂᐊᐧᐠ ᐅᑕ ᑲᑭᐱᓇᑐᑕᒪᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ᙮ ᑫᒋᓇᐨ ᓇᐣᑕ 5,608 ᐅᑕᑯᔨᐠ ᐅᐅᒪ ᒪᒋᓴᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ᑭᐅᒋᐊᐧᐸᒪᑲᓄᐊᐧᐠ᙮ ᐅᒪᒥᓄᒥᐁᐧᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ ᑲᐃᓴᐊᐧᐠ ᑲᐱᓇᑐᒪᑲᓄᐊᐧᐨ ᐃᐃᒪ ᑕᓯᑫᐃᐧᓂᐠ ᐁᑭ ᐊᐣᑕᐃᐧ ᐊᐧᐃᐧᒋᑕᐊᐧᐨ᙮ ᒥᓇ ᐱᑯ ᐅᑫᐧᓂᐊᐧᐠ ᐅᒪᒥᓄᒥᐁᐧᐃᐧ ᐊᓄᑭᓇᑲᓇᐠ ᑭᐃᓭᐊᐧᐠ ᐃᐃᒪ ᑕᓯᑫᐃᐧᓂᐠ ᐁᑭ ᐊᐣᑕᐃᐧ ᐃᐧᒋᐦᐊᐊᐧᐨ ᐊᔭᒥᐦᐁᐃᐧᑭᒪᐣ ᒉᑲᐧᐨ ᑲᓇᐦᐃᓂᑫᓂᐨ ᓇᐣᑕ ᑲᔭ ᐊᐃᐧᔭᐣ ᑲᒥᑲᐃᐧᐣᑕᐊᐧᑲᓄᓂᐨ᙮

ᐊᐊᐧᓯᓭᐠ ᒪᒥᑐᓀᐣᒋᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒥᓇ ᓇᓇᑲ ᑫᑯᓇᐣ ᑲᒥᒋᒥᓂᑯᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᐅᐅᐁᐧ ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ ᓄᑎᐣ ᐊᐦᐃᐠ ᓭᓂᔭᓇᐣ ᑭᐅᒋᒥᓇᑲᓄᐃᐧᐨ ᐅᐣᑌᕒᐃᔪ ᐅᑭᒪᐅᓂᐠ ᐊᓴᒥᑐᐃᐧᐣ ᒥᐡᑯᐨ 11.5 ᐊᓄᑭᐃᐧᓇᐣ ᒋᐊᔭᒪᑲᑭᐣ ᐁᑲᐧ ᒥᓇ ᐊᓄᑭᓇᑲᓇᐠ ᒋᐊᔭᐊᐧᐨ ᒋᐃᐧᒋᐦᐊᔭᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐣ ᑲᐊᓂᒥᓴᓂᐨ ᐅᐡᑲᑎᓴᐣ (0-17 ᑲᑕᔨᐸᔨᑭᐃᐧᓀᐊᐧᐨ) ᐃᐃᒪ ᑕᓯᑫᐃᐧᓇᐣ ᑲᐊᔭᒪᑲᑭᐣ ᑐᑲᐣ ᐁᕒᐅᕒᐊᐣᐟ ᒥᓇ ᑭᒋᓇᒉᑲᔨᐱᐠ ᒥᓇ ᐱᓭᓴᑲᐦᐃᑲᓂᐠ ᒥᓇ ᐃᔭᐱᒪᒍᐠ ᒥᓇ ᐊᓴᐸᓇᑲᐠ ᒥᓇ ᒪᑎᐣ ᐸᐧᕒᐢ ᒥᓇ ᒉᐡᑭᑲᐧᑲᒪᐠ ᒥᓇ ᓀᐡᑲᑕᑲᐠ ᒥᓇ ᐱᑲᐣᒋᑲᑦ ᒥᓇ ᐊᐧᐸᓴᑎᑲᐠ ᒥᓇ ᓀᑲᐃᐧᓴᑲᐦᐃᑲᓂᐠ ᒥᓇ ᓂᐱᓇᒥᐠ ᐁᑲᐧ ᐁᐧᐱᑫᐧ᙮ ᒪᐊᐧᐨ ᐱᑯ ᒥᐢᑕᐦᐃ ᓂᑕᓄᑲᑕᒥᐣ ᐊᓄᑭᓇᑲᓇᐠ ᐁᑲᑫᐧ ᐅᓇᓴᔭᑲᐧ ᒥᓇ ᑫᐃᓯ ᐅᒪᔨᓇᐦᐃᑫᐃᐧᑲᒥᑯᐊᐧᐨ ᐃᐃᒪ ᑕᓯᑫᐃᐧᓇᐣ ᑲᑕᔨᑭᐣ᙮ ᓂᑭᑫᐣᑕᒥᐣ ᓭᓂᔭᐣ ᑲᑭᒥᓂᑯᔭᐠ 11.5 ᐊᓄᑭᓇᑲᓇᐠ ᐁᑕ ᒋᐊᓄᑭᐦᐃᑕᐃᐧ ᓴᑯᐨ 13 ᐊᓄᑭᓇᑲᓇᐠ ᓂᑕᓄᑭᐦᐊᒥᓇᐠ ᒥᐡᑯᐨ ᐸᐯᓯᐠ ᐊᓄᑭᓇᑲᐣ ᒋᐊᔭᐨ ᐃᐃᒪ ᑕᓯᑫᐃᐧᓇᐣ ᑲᐃᓯᑕᑲᐧᑭᐣ᙮

ᑲᐃᓯᓂᑲᑌᑭᐣ	ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ	2008-09	2009-10	2010-11	2011-12	2012-13
ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ	ᐊᐧᓇᓇᐊᐧᑲᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᑕᑲᐧᑭᐣ	983	325	919	739	599
	ᑭᐁᐧᑎᓄᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ	1,208	681	1,879	2,149	844
ᓇᓇᑲ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᑯᐣ		351	215	473	526	647
ᑲᐃᓯᐱᒪᑎᔨᓇᓂᐊᐧᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ		1,376	2,853	2,500	2,452	1,780
ᒪᒪᐤ ᑕᔨᐣ # ᐅᑕᑯᔨᐣᐠ ᑲᑭᐊᐧᐸᒪᑲᓄᐊᐧᐨ		3,918	4,074	5,771	5,866	3,870

ᒪᒋᓴᐃᐧᓇᐣ	ᑲᐃᓯᓂᑲᑌᑭᐣ	2008-09	2009-10	2010-11	2011-12	2012-13
ᑲᐅᑕᐱᓇᐠ ᐅᐱᒪᑎᔨᐃᐧᐣ	ᑕᔨᐣ ᑲᑭᑐᑕᔨᐊᐧᐨ	14	14	10	12	12
	ᑕᔨᐣ ᑲᑭᑲᑫᐧ ᐅᑕᐱᓇᒍᐊᐧᐨ	237	103	78	91	73
ᑲᐃᐧᒋᐦᐃᑕᐧ ᑲᒪᒋᓴᐊᐧᐨ		45	58	55	50	46

ᒥᑭᓇᑯᐢ – ᐊᒋᓇ ᑲᐅᐣᒋ ᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐨ ᒥᓇ ᑲᐅᐣᒋ ᐃᐧᒋᐦᐊᑲᓄᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐱᒍᒋᑫᐃᐧᐣ

ᒥᑭᓇᑯᐢ (ᐊᒋᓇ ᑲᐅᐣᒋ ᓇᓇᑲᒋᐦᐊᑲᓄᐊᐧᐨ ᒥᓇ ᑲᐅᐣᒋ ᐃᐧᒋᐦᐊᑲᓄᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐱᒍᒋᑫᐃᐧᐣ) ᐅᑕᓇᐠ ᑲᑭᐊᐦᑭᐊᐧᐠ ᐱᓇᒪ ᑭᐳᓂᒋᑲᑌ ᐅᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ᙮ ᒉᑲᐧᐨ ᐊᑯ ᑕᔨᔭᑭ ᑲᓇᓇᑲᒋᒋᑲᑌᐠ ᒥᓇᐊᐧ ᒋᑭᑭᐁᐧ ᐸᑭᑎᓂᑲᑌᐠ ᐊᓄᑭᐃᐧ ᒪᔨᓇᐦᐃᑲᓀᐢ ᑲᐅᐣᒋ ᐸᑭᑎᓇᐠ ᑭᒋᐊᐊᐧᓯᓯᐃᐧᑭᒪ ᐊᒥ ᑲᑭᐊᐧᐸᐣᒋᑲᑌᐠ ᐃᒪ ᐊᓇᒥᓴᑲᐣᐠ ᐊᓴᒪᑎᑯᐠ ᐁᓭᐳᐱᐠ᙮ ᒥᓇᐊᐧ ᑭᔭᓂ ᓇᓇᑲᒋᒋᑲᑌ, ᐊᒥ ᑲᑭᐊᐧᐸᐣᒋᑲᑌᐠ ᐁᐊᑲᐧᑯᓯᐊᐧᐠ ᐃᒪ ᐱᑌᐁᐧᐦᐃ ᐊᓴᒪᑎᑯᐠ᙮ ᐁᑲᐧ ᑕᐡ ᐊᐧᑲᐦᐃᑲᓂᐠ ᑲᐃᓯ ᓇᓇᑲᒋᒋᑫᐊᐧᐨ ᐅᑭᓇᓇᑕᐃᐧᑭᑫᑕᓇᐊᐧ ᐊᒥ ᑌᐯᐧ ᑲᑭᒥᑲᒍᐊᐧᐨ ᐁᐊᔭᒪᑲᐠ ᐊᑲᐧᑯᐡ ᐃᒪ ᐊᐧᑲᐦᐃᑲᓂᐠ᙮ ᐃᒪ ᑲᑲᓇᐁᐧᑕᑯᔨᐊᐧᐸᐣ ᑭᓴᑭᒋᑯᔨᐦᐊᐊᐧᐠ ᒥᓇ ᒋᐸᑭᑎᓇᐊᐧᐠ ᑲᐅᒋ ᐃᐧᒋᐦᐃᑕᐧᐸᐣ ᒥᑭᓇᑯᐢ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ᒉᑲᐧᐨ ᐊᐱ ᓂᑭᐱᔨᒍᐣ 19, 2013.

ᑲᑭᓇᑭᐡᑲᐊᐧᑲᓄᐊᐧᐨ ᑭᒋᐊᐊᐧᓯᓯᐃᐧᑭᒪ ᐊᓄᑭᓇᑲᓇᐠ, ᑭᑲᑫᐧᒋᒪᑲᓄᐃᐧ ᒋᑭᐸᑭᑎᓇᐸᐣ ᓭᓂᔭᐣ ᑫᑭᐅᐣᒋ ᑌᐱᑎᐸᐦᐃᑲᑌᐠ ᒋᐅᓯᒋᑲᑌᐠ ᐅᐡᑭ ᑲᓇᐁᐧᐣᒋᑫᐃᐧᑲᒥᐠ᙮ ᑭᑲᑫᐧᑌᓇᓂᐊᐧᐣ ᒋᓇᓇᑲᒋᒋᑌᐠ ᐊᓂᐣ ᒥᓂᑯᐠ ᒉᑎᓂᑫᐃᐧᐣ ᑫᑭᐃᔨᓴᑭᐸᐣ ᒋᐅᓯᒋᑲᑌᐠ ᒥᑕᔨ ᓂᐯᐃᐧᓇᐣ ᒋᐊᔭᑭᐣ ᐃᒪ ᐊᒋᓇ ᑫᑲᓇᐁᐧᑕᑯᔨᐊᐧᐨ ᐅᐡᑲᑎᓴᐠ᙮ ᑭᐅᓀᒋᑲᑌ ᑕᐊᐧᐨ ᒋᐊᑕᐊᐧᑌᐠ ᐃᐁᐧ ᐊᐧᑲᐦᐃᑲᐣ ᑲᑭᐃᓯᑲᓇᐁᐧᑕᑯᔨᐊᐧᐨ ᐅᐡᑲᑎᓴᐠ ᐁᑲᐧ ᒥᓇ ᒋᐃᓇᐸᒋᐦᐊᑲᓄᐨ ᓭᓂᔭ ᐊᐱ ᐊᑕᐊᐧᑌᐠ ᐊᐧᑲᐦᐃᑲᐣ ᒋᐅᓇᔨᓇᐦᐃᑲᑌᐠ ᑫᐃᓯᓇᑯᒋᑲᑌᐠ ᐅᐡᑭᐃᐧᒋᐦᐃᐁᐧᐃᐧᑲᒥᐠ ᒥᓇ ᒋᔭᓂ ᑭᓭᔨᓇᐦᐃᑲᑌᐠ ᑲᐃ ᓇᑐᑕᒪᓄᐊᐧᐠ ᓭᓂᔭ ᑲᐃᐧᐅᓯᒋᑲᑌᐠ ᐊᐧᑲᐦᐃᑲᐣ᙮ ᐁᑲᐧ ᐅᐁᐧ ᒉᑲᐧᐨ, ᒥᑭᓇᑯᐢ ᑲᐃᓯᐊᓄᑭᐊᐧᐨ ᐸᑲᐣ ᐃᓯᐊᓄᑭᐊᐧᐠ ᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐠ ᐊᓂᓯᓇᐯᐠ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᓂᐠ ᓇᐣᑕ ᒥᓇ ᐱᓇᒪ ᑭᐸᑭᑎᓇᐊᐧᐠ ᐅᑕᓄᑭᐦᐃᑯᐃᐧᓂᐊᐧᐠ᙮

ᒉᑲᐧᐨ ᑲᐱᒪᓄᑲᑌᑭᐣ ᑫᑯᓇᐣ

ᓄᑎᐣ - ᐱᑲᐣᒋᑲᒥᐠ ᐊᓄᑭᐃᐧᐣ: ᐊᒥᐦᐅᐁᐧ ᒪᒋᐨ ᑲᐊᐦᑭᐊᐧᐠ ᓄᑎᐣ ᑲᐃᐧᑕᓄᑭᒪᐨ ᓂᐦᔨᐊᐦᑭ ᑲᑭᐅᓇᑐᐊᐧᐸᐣ ᒋᐃᐧᑕᓄᑭᒪᐨ ᐱᑲᐣᒋᑲᒥᐠ ᑕᓯᑫᐃᐧᓂᐠ, ᐅᑯᐁᐧᓂᐊᐧᐠ ᒪᐡᑭᑭᐃᐧᐊᓄᑭᐃᐧᐣ ᑲᒪᒪᐃᐧ ᓇᓇᑕᐃᐧᑭᐣᒋᑫᐊᐧᐨ, ᒋᐃᐧᑕᓄᑭᒥᑯᐊᐧᐨ ᐱᑲᐣᒋᑲᒥᐠ ᐃᒪ ᐃᓀᑫ ᑕᓯᑫᐃᐧᓂᐠ ᒋᑕᓯ ᐃᐧᑕᓄᑭᒥᑎᓇᐊᐧᐨ, ᑭᑭᓄᐦᐊᒪᑫᐃᐧᐣ, ᒋᐅᓇᔨᐣᑕᐃᐧ ᑕᓯᑫᐃᐧᓂᐠ ᑫᑕᓇᓄᑭᐊᐧᐨ, ᒋᐅᓇᑐᐊᐧᐨ ᑫᐃᓯᓇᑲᐧᐠ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐊᓄᑭᐃᐧᐣ ᒥᓇ ᑫᓄᒋ ᐱᒥᓇᓇᑲᒋᒋᑲᑌᐠ ᐊᓄᑭᐃᐧᐣ᙮ ᑲᒪᒪᐃᐧ ᒪᐡᑭᑭᐃᐧ ᓇᓇᑕᐃᐧᑭᐣᒋᑫᐊᐧᐨ ᐅᑭᐱ ᐊᐧᐃᐧᑕᓄᑭᒪᐊᐧᐣ ᑕᓯᑫᐃᐧᓂᐠ ᑲᑕᓇᓄᑭᑕᒪᑫᐊᐧᐨ ᐁᑭᐅᓇᔨᓇᐦᐊᒍᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᓇᓄᑭᒪᑲᐠ ᒥᓇ ᐊᓂᐣ ᐁᓯᐱᒪᓄᑲᑌᐠ ᑲᐅᒋ ᐱᒥᐃᐧᒋᐦᐃᑕᐧ ᐊᐃᐧᔭᐠ ᑲᓇᑕᐁᐧᑕᒍᐊᐧᐨ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓂᐠ ᐅᑕᓯᑫᐃᐧᓂᐊᐧᐠ᙮ ᐅᓄᐁᐧᓂᐊᐧᐣ ᐊᓭ ᑲᑭ ᑭᓯᐅᓇᒋᑌᑭᐣ ᑫᓂᓇᓄᑲᑌᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑫᐃᐧᓇᐊᐧ ᐸᐸᑲᐣ ᑕᓯᑫᐃᐧᓇᐣ ᑲᐊᔭᐊᐧᐨ ᐅᑲᑭᐊᐸᒋᑐᓇᐊᐧ ᑫᑲᐟ ᐯᓯᑲᐧᐣ ᐁᓯᐱᒍᒋᑫᒪᑲᓂᐠ ᑲᐃᓯᐱᒪᓄᑲᑌᓂᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ᙮ ᑭᐃᓯᐅᓀᒋᑲᑌ ᓄᑎᐣ ᐊᓄᑭᐃᐧᓂᐠ ᑕᓯᑫᐃᐧᓇᐣ ᑲᐅᒋᐃᐧᒋᒋᑲᑌᑭᐣ ᒋᓯᐃᐧᐣᑕᒪᑲᓄᐊᐧᐠ ᐅᐁᐧ ᐁᑐᒋᑲᑌᐠ ᒪᐡᑯᐨ ᑯᑕᑭᔭᐣ ᓇᓂᑲᑌ ᑕᓯᑫᐃᐧᓇᐣ ᐃᓯᒥᓴᐁᐧᑕᒍᐊᐧᑫᐧᐣ ᑫᐃᐧᓇᐊᐧ ᒋᑭᐃᓯᐃᐧᒋᐦᐃᑕᐧᐸᐣ᙮

ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ: ᐁᑲᐧ ᑭᓭᐳᓂᑲᑌᐸᐣ ᐅᐁᐧ, ᑲᑭᓇᑐᑕᒪᓂᐊᐧᑭᐸᐣ ᐸᑲᐣ ᒋᐅᒋᐸᑭᑎᓇᑲᓄᐨ ᓭᓂᔭ ᒋᓯᐊᐸᑎᔨᐨ ᒥᐡᑯᐨ ᐅᑫᐧᓂᐊᐧᐠ ᐅᐃᐧᒋᐦᐁᐧᐠ ᒋᐃᐧᒋᐦᐊᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐣ ᑕᓯᑫᐃᐧᓇᐣ ᐅᐅᐁᐧ ᑐᑲᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐊᐃᐧᔭᐠ ᒋᑭᑭᐅᒋ ᐃᐧᒋᐦᐃᑕᐧ ᐁᑲᐧ ᓄᑎᐣ ᑕᐡ ᐅᑭᐅᓇᓴᐣ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᒋᓯᐊᓄᑭᐊᐧᐨ ᐃᒪ ᓂᓯᐣ ᑕᓯᑫᐃᐧᓇᐣ ᑲᑭᐃᐧᐣᑕᒍᐊᐧᐸᐣ ᐁᑭᒋᐊᓂᒥᐦᐃᑯᐊᐧᐨ ᐅᑎᔨᓴᐃᐧᓂᐊᐧᐠ᙮ ᐅᑯᐁᐧᓂᐊᐧᐠ ᑕᐡ ᐅᑭᒋᒪᒋᓴ ᐅᐃᐧᒋᐦᐁᐧᐠ ᑲᐃᓂᑕᐧ ᐅᒋᐃᐧᑕᓄᑭᒥᑐᐊᐧᐠ ᐅᒪᒥᓄᒥᐁᐧᐠ, ᐊᐊᐧᓯᓯᐊᐧᓄᑭᑕᒪᑫᐠ ᒥᓇ ᑭᒋᐦᐊᐠ ᐁᐱᒥ ᐊᓄᑲᓇᐊᐧᐨ ᑎᐯᐣᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐊᐃᐧᔭᐣ ᑲᑭᐊᐧᐃᐧᓂᑕᐧ ᒋᐱᒥᐃᐧᒋᐦᐊᐊᐧᐨ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ᙮

ᐊᒥ ᐁᑐᒋᑲᑌᐠ ᐊᐱ ᑕᓯᑫᐃᐧᓂᐠ ᑲᐃᓯᓂᓭᐦᐅᑕᐧ ᐊᐧᐃᐧᐣᑕᒪᐊᐧᐊᐧᐠ ᐊᓂᐣ ᐁᓯᐸᑯᓴᐣᑕᑯᔨᐊᐧᐨ ᑫᓯᐱᒥᐃᐧᒋᐦᑕᐊᐧᐨ ᒥᓇ ᐅᓇᑕᐃᐧ ᓇᑭᐡᑲᐊᐧᐊᐧᐣ ᑫᐱᒥᐃᐧᒋᐦᐊᐊᐧᐨ (ᑐᑲᐣ ᐊᐊᐧᓯᓭᐠ, ᐅᐡᑲᑎᓴᐠ, ᑭᒋᐦᐊᐠ)᙮ ᐅᓇᒋᑲᑌ ᒋᒪᒪᐃᐧ ᐃᐧᔨᓂᓇᓂᐊᐧᐠ ᐯᑭᐡ ᐃᒪ ᒋᐅᒋ ᓇᑭᐡᑲᑎᓇᓂᐊᐧᐠ᙮ ᐃᒪ ᒪᑯᓭᐃᐧᓂᐠ, ᒥᐦᐃᒪ ᑫᑕᐃᐧᓇᒪᐃᐧᑕᐧ ᑕᓯᑫᐃᐧᓂᐠ ᑲᑲᐯᓯᐊᐧᐨ ᒋᑎᐸᒋᒍᐊᐧᐨ ᐅᑎᔨᓴᐃᐧᓂᐊᐧ ᐊᓂᐣ ᐁᓯᐸᑯᓴᓂᒪᐊᐧᐨ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᑫᑭᐃᓯ ᐃᐧᒋᐦᐃᑯᐊᐧᐸᐣ᙮ ᑭᒋᓀᑕᑲᐧᓂ ᑲᔦ ᐅᑯᐁᐧᓂᐊᐧᐠ ᐅᐃᐧᒋᐦᐁᐧᐠ ᒋᐃᓯᑲᓇᐊᐧᐸᑕᒍᐊᐧᐨ ᐅᑕᓄᑭᓂᐃᐧᓂᐊᐧ ᑲᐊᓂᔨᓴᓂᐠ ᐃᑯ ᒋᓯᐃᐧᒋᐦᐃᑕᐧ ᐃᒪ ᑕᓯᑫᐃᐧᓂᐠ ᒋᑲᑫᐧᑐᑕᒍᐊᐧᐨ᙮

ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᐅᐃᐧᑕᓄᑭᒪᐊᐧᐣ ᑕᓯᑫᐃᐧᓂᐠ ᑲᑕᓇᓄᑭᑕᒪᑫᐊᐨ (ᐅᓂᑲᓂᑕᒪᑫᐠ, ᐅᒪᒥᓄᒥᐁᐧᐠ, ᑲᑲᑫᐧᐳᓂᑐᐊᐧᐨ

ᓄᑎᐣ ᐊᐊᐧᔑᐢ ᒥᓇ ᑎᐯᐣᒋᑫᐃᐧᓂᐠ ᒪᒥᓄᒥᐁᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᒪᐢᑭᑭᑫᐃᐧᐣ ᑲᐃᐧᒋᐦᐊᐧ᐀, ᐅᑭᑭᓄᐦᐊᒪᑫᐠ) ᒋᐅᒋ ᐊᐧᐃᐧᒋᐦᐃᑎᐊᐧ᐀ ᑲᐱᒥᐃᐧᒋᐦᐃᐁᐧᐊᐧ᐀ ᒥᓇ ᒋᐊᔭᑲᐧᒥᓇᒍᐊᐧ᐀ ᐅᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐃᐁᐧᐠ ᐁᑲ ᒋᐅᒋ ᐱᐦᒋᐊᐧᓇᐱᑐᐊᐧ᐀ ᐊᔕ ᑲᐃᔑ ᐱᒪᓄᑲᒋᑲᑌᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐃᒪ ᑕᔑᑫᐃᐧᓂᐠ. ᑭᐃᔑᒥᑭᑲᑌ ᓇᐊᐧ᐀ ᐁᐅᒋ ᐃᐧᒋᐦᐃᐁᐧᓴᐠ ᑲᐃᔑᓂᔕᐦᐅᑕᐧ ᐸᑲᐣ ᐅᑕᓄᑭᐠ ᑲᐊᐣᑕᐃᐧ ᐃᐧᑕᓄᑭᒪᐊᐧ᐀ ᑕᔑᑫᐃᐧᓂᐠ ᐃᐧᒋᐦᐁᐧᐃᐧ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ ᑲᐊᓄᑲᑕᒍᐊᐧ᐀ ᐁᑲᐧ ᒥᓇ ᐁᑲ ᒋᐊᐣᑕᐃᐧ ᓇᐱᐢᑭᑫᑕᒪᐊᐧᐊᐧ᐀ ᐅᑎᓇᓄᑭᐃᐧᓂᐊᐧᐠ.

ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐃᓂᐠ ᐃᓀᑫ ᐅᑲᐃᔑᐃᐧᒋᐦᐊᐊᐧᐣ ᑎᐯᐣᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐊᐃᐧᔕᐣ ᑲᐱᒥᐊᓂᒥᐦᐃᑯᐊᐧ᐀ ᐅᑕᓂᒥᓴᐃᐧᓂᐊᐧ ᒥᓇ ᑯᑕᑭᔕᐣ ᑲᐱᒥᐃᐧᒋᐃᐧᑯᐊᐧ᐀ ᐊᓂᒉᐣᑕᒍᐃᐧᓇᐣ ᑐᑲᐣ ᑭᐊᐧᐅᐣᑕᒍᐃᐧᐣ. ᐁᑲᐧ ᒥᓇ ᑕᐅᐣᒋᑕᒪᑫᐊᐧᐠ ᓇᓇᑲ ᐃᔑᒋᑫᐦᐃᑯᐃᐧᓇᐣ ᐸᐸᑲᐣ ᑲᐅᒋ ᐱᑭᓴᓄᑭᑕᒪᑫᐊᐧ᐀ ᐊᐃᐧᔕᐠ ᐃᒪ ᑕᔑᑫᐃᐧᓂᐠ.

ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᐅᑕᓂ ᐊᔭᑲᐃᐧ ᑎᐸᒋᒍᑕᐊᐧᐊᐧᐣ ᐅᓂᑲᓂᑕᒪᑫᐣ ᒥᓇ ᐅᐱᒥ ᑭᑭᓄᐢᑲᒪᑯᐊᐧᐣ ᐅᓂᑲᓂᑕᒪᑫᐣ, ᐊᔑ᐀ ᐃᒪ ᓄᑎᐣ ᐊᓄᑭᐃᐧᓂᐠ. ᑭᐃᔑᐅᓇᒋᑲᑌ ᐅᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᐊᓂᓂᑯ ᑲᐃᔑᓇᑕᐁᐧᑕᑲᐧᐠ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ ᑕᔑᑫᐃᐧᓂᐠ ᒋᐃᓇᓄᑭᑕᒪᑫᐊᐧ᐀, ᑲᐃᔑᑭᑫᐣᑕᑲᐧᐠ ᑲᐯᐦᐃ ᐁᐱᒥᓇᑭᐢᑲᒍᐊᐧ᐀, ᒋᐃᔑ ᐊᔨᓇᒪᑫᐊᐧ᐀ ᑕᔑᑫᐃᐧᓂᐠ ᒉᑲᐧ᐀ ᑲᓇᑭᐢᑲᒍᐊᐧ᐀ ᐊᓂᒥᓴᐃᐧᓂᐠ ᒥᓇᐊᐧ ᒋᑭᔭᓂ ᑭᐁᐧ ᐃᐧᒋᐦᐃᑎᐊᐧ᐀.

ᑭᒋᑐᑕᑲᐧᐣ ᒋᑭᑫᑕᒣᐠ ᐅᑯᐁᐧᓂᐊᐧᐠ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᑲᑭᐅᓂᓂᑕᐧ ᒋᐃᓇᓄᑭᐊᐧ᐀ ᑲᐃᐧᐣ ᐃᐧᐣ ᐅᑲᓇᐱᐢᑲᐊᐧᐊᐧᔨᐊᐧᐣ ᑯᑕᑭᔭᐠ ᑭᒋᒪᒋᓴᐃᐧᓇᐣ ᑲᐃᓇᓄᑭᑕᒪᑫᐊᐧ᐀. ᐸᑲᐣ ᑫᐃᐧᓇᐊᐧ ᐃᓇᓄᑭᐊᐧᐠ ᑭᒋᒪᒋᓴᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᓇᐣ (ᑭᒋᒪᒋᓴᐃᐧᐣ ᐅᐃᐧᒋᐦᐁᐧᐠ ᑲᐃᓇᓄᑭᐊᐧ᐀, ᑭᒋᒪᒋᓴᐃᐧᐣ ᐅᒪᒥᓄᒥᐁᐧᐠ), ᓄᑎᐣ ᑲᐱᒍᑐ᐀ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ, ᑭᐃᓇᑌᐧ ᐃᐧᐸ᐀ ᒋᐅᐣᒋᑕᒪᑲᓄᐊᐧᐠ ᑫᐃᐧᒋᐦᐃᑕᐧ ᑎᐯᐣᒋᑫᐃᐧᓇᐣ ᔐᒪᐠ ᑫᑯᐣ ᑲᐃᔑᒪᒋᓴᐊᐧ᐀ ᒋᑭᐁᐧ ᒥᓄᔭᐊᐧ᐀ ᑲᑭᐱᔑᔭᐊᐧᐸᐣ ᐁᒪᐧᔦ ᓇᑭᐢᑲᒍᐊᐧᐸᐣ ᐅᒪᒋᓴᐃᐧᓂᐊᐧ. ᐁᑲᐧ ᐃᐧᐣ ᐅᑯᐁᐧᓂᐊᐧᐠ ᐅᑭᒋᒪᒋᓴᐃᐧ ᐅᐃᐧᒋᐦᐁᐧᐠ ᐅᐱᒥᐃᐧᒋᐦᐊᐊᐧᐣ ᑎᐯᐣᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐊᐃᐧᔭᐠ ᑲᐸᑭᑌᐢᑲᑯᐊᐧ᐀ ᑲᐱᒥ ᐊᓂᑫᐢᑲᒪᑲᓂᐠ ᐅᑎᔨᓴᐃᐧᓂᐊᐧ ᒥᓇ ᐁᐧᐢᑲ᐀ ᑲᐱᐱᐅᐣᒋᒪᑲᓂᐠ ᐅᒪᒋᓴᐃᐧᓂᐊᐧ ᑲᑲᑫᐧᐃᐧᒋᐦᐊᑕᐧ ᒋᑭᔭᓂ ᓇᑲᓂᑯᐊᐧ᐀. ᐅᑕᓇᐠ ᑲᐱᐱᔑᐃᐧᓴᑫᐣᑕᒥᐦᐃᑕᐧ ᐊᐃᐧᔭᐠ ᐅᐱᒪᑎᔨᐃᐧᓂᐊᐧᐠ ᐁᑲᐧ ᑕᐢ ᐁᑲ ᑲᒪᒥᓇᐧᒋᐦᐃᐣᐧᑕ ᐊᒥ ᐊᐱᐣ ᐃᒪ ᐁᓄᒋ ᐊᓂᑫᐃᐧᓴᑫᐣᑕᒍᒪᑲᓂᐠ ᐅᑎᐯᐣᒋᑫᐃᐧᓂᐊᐧ ᒥᓇ ᐱᑯ ᒥᔨᐁᐧ ᐃᒪ ᑕᔑᑫᐃᐧᓇᐣ ᐊᓂᐃᐧᓴᑫᐣᑕᒍᒪᑲᓄᐣ, ᒥᑕᐢ ᑲᔦ ᑲᐅᐣᒋ ᐊᓂᒥᓴᐊᐧ᐀ ᒋᑭᐃᐧᒋᐦᐃᑎᔨᐊᐧ᐀ ᐊᓂᒥᓴᐃᐧᐣ ᑲᓇᑭᐢᑲᒍᐊᐧ᐀.

ᑲᓇᑭᐢᑭᑲᑌᑭᐣ

ᑲᐊᐧᓂᐊᐧᐸᒋᒋᑲᑌᑭᐣ ᒪᐢᑭᑭᐣ ᑭᑕᔑᑫᐃᐧᓂᓇᐣ ᒥᑐᓂ ᑭᒋ ᐊᓄᑲᑌᐊᐧᐣ ᐅᐁᐧ ᑲᐃᔨᓴᐠ ᐅᒪ ᑲᐃᔑ ᐸᑭᑎᓇᒪᐣᐠ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ ᐁᓇᐣᑕᐁᐧᐣᑕᑲᐧᑭᐣ ᑕᔑᑫᐃᐧᓂᐠ ᒋᐅᐣᒋ ᐃᐧᒋᑕᐧᔭᐣᐠ ᐃᐁᐧᓂ ᑲᓴᑭᓂᑯᐊᐧ᐀ ᒪᐢᑭᑭᑫᐃᐧᐣ ᒋᒪᒥᓄᒪᑲᓄᐊᐧ᐀ ᐃᑫᐧᓂᐊᐧᐠ ᑲᑲᑫᐧ ᐳᓇᐸᒋᑐᐊᐧ᐀ ᒪᐢᑭᑭᑫᐃᐧᐣᐣ.

ᐁᑭ ᑭᑫᐣᑕᒪᐣᐠ ᐃᐧᓂᑯ ᐁᑲ ᓀᓂᔭ ᐁᒥᓂᑯᔭᐣᐠ ᐅᐁᐧ ᒋᑐᑕᒪᐣᐠ ᒥᐱᑯ ᐁᔑ ᑲᑫᐧ ᐊᓄᑲᑕᒪᐣᑭᐣ ᑲᓇᐣᑕᐁᐧᐣᑕᑯᔨᔭᐣᐠ. ᓂᐱ ᐃᐧᑕᓄᑭᒪᒥᐣ ᑕᔑᑫᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ (ᑕᔑᑫᐃᐧᓂᐠ ᑲᐊᐧᔭᐠ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᐣ, NNADAP) ᐃᒪ ᑲᔦ ᐁᐅᐣᒋ ᐃᐧᒋᑕᐧᔭᐣᐠ ᑲᓇᐣᑕᐁᐧᐣᑕᑲᐧᐠ ᒋᐃᐧᒋᐦᐊᑲᓄᐊᐧ᐀ ᑲᑲᑫᐧ ᐳᓇᐸᒋᑐᐊᐧ᐀ ᒪᐢᑭᑭᑫᐃᐧᐣ.

ᐃᐁᐧ ᑲᐃᐧᒋᐦᐃᐊᐧᓂᐊᐧᐠ ᑲᐅᑕᐱᓇᒍᐊᐧ᐀ ᐅᐱᒪᑎᔨᐃᐧᓂᐊᐧ ᒥᐦᐁᐧ ᒪᐊᐧ᐀ ᑲᑭᒋ ᐊᓄᑲᑕᒪᐣᐠ ᐊᐱ ᓄᑎᐣ ᓂᑕᑦ ᑲᑭ ᒪᒋᓴᑭᐸᐣ; ᒥᐦᐅᐁᐧ ᒪᔦᑦ ᑲᑭ ᐅᐣᒋ ᒪᒋᒋᑲᑌᑭᐸᐣ ᓄᑎᐣ. ᒥᐱᑯ ᑭᔦᐸ᐀ ᐁᔑ ᑭᑫᐣᑕᒪᐣᐠ ᒪᐊᐧ᐀ ᐁᐃᐧᐢᐱᓴᐠ ᐃᑫᐧᓂᐊᐧᐠ ᑲᑲᑫᐧ ᐅᑕᐱᓇᒍᐊᐧ᐀ ᐅᐱᒪᑎᔨᐃᐧᓂᐊᐧ ᒥᓇ ᑲᓂᔨᑎᔨᐊᐧ᐀ ᐅᒪ ᑲᐅᐣᒋ ᓇᓇᑲᒋᒋᑫᔭᐣᐠ ᐃᓀᑫ. ᓂᑭᐣᑕᒥᐣ ᐃᐁᐧ ᐊᐃᐧᔦ ᑲᑲᑫᐧ ᓂᔨᑎᔨ᐀ ᐁᐃᓇᐱᓇᓂᐊᐧᐠ ᐁᑲᐧ ᒪᐊᐧ᐀ ᐁᐊᐧᓂᒪᐠ ᒋᑭ ᒥᓄᓂᑲᑌᐠ, ᒥᓇ ᐁᒥᔑᓇᐧᔦᑭᓴᑭᐣ ᐊᐣᑎ ᐃᓀᑫ ᑫᑭᔑ ᐃᐧᒋᒋᑲᑌᑭᐸᐣ ᐅᐁᐧ ᓂᔨᑎᔨᐃᐧᐣ. ᓂᐣᑭᐊᐧᓄᑭᐦᐊᐧᒥᐣ ᑫᓇᓇᑲᒋᑐ᐀ ᒋᑭᓇᐣᑭᓂᑲᑌᑭᐸᐣ ᐅᐁᐧ ᐃᐧᒋᐦᐁᐧ ᐊᓄᑭᐃᐧᐣ, ᑲᑭᐸᒋᑎᓂᑲᑌᑭᐸᐣ ᐅᑕᓇᐠ ᒪᐊᐧᒋᐦᐃᑐᐃᐧᓂᐠ, ᑲᑭᐃᔑᒥᑭᑫᒪᑲᐠ ᓂᔨᑎᔨᐃᐧᐣ ᐁᔑᐢᑲᒪᑲᐠ ᐅᐁᐧᑎ ᐃᓀᑫ ᑲᑲᐯᔑᔭᐠ. ᐊᐧᐁᐧ ᑲᑭᐊᓄᑲᑕᐠ ᐅᑭᓇᓇᑕᐃᐧ ᑎᐸᑭᐣᑕᐣ ᐃᒪ ᐅᓇᓇᑕᐃᐧᑭᑫᒋᑫᐃᐧᓂᐠ. ᑲᑭᐊᓄᑭᐦᐊᑲᓄ᐀ ᐅᑭᓇᓇᑲᒋᑐᐣ ᓄᑎᐣ ᐅᑎᐸᒋᒧᐃᐧᓇᐣ ᑲᑭᐱ ᐊᐧᐃᐧᒋᐦᐊ᐀ ᐃᓂᐁᐧᓂᐊᐧᐠ ᑲᑲᑫᐧ ᓂᔨᑎᔨᐊᐧ᐀. ᐁᑲᐧ ᑕᐢ ᑕᐊᐧᓂ ᐃᐧᐣᑕᒪᐊᐧᑲᓄᐊᐧᐠ ᐅᑭᒪᑲᓇᐠ ᑲᑭᐃᔑ ᓂᔨᑕᐃᐧᓇᑭᐣ ᑎᐸᒋᒧᐃᐧᓇᐣ ᑫᑯᓇᐣ ᐃᐁᐧᓂ ᑲᑭᐅᐣᒋ ᑲᑫᐧᓇᓂᔨᑎᔨᐊᐧ᐀ ᐊᐃᐧᔭᐠ. ᒥᒪᐃᐧᐣ ᑕᐢ ᓴᑫᐣ ᐃᒪ ᑫᑭᐊᓄᒋ ᓂᔨᑕᐁᐧᐣᑕᒪᐠ ᐊᐣᑎ ᑫᓄᒋᐃᐧᒋᐦᐊᑭᑕᐧ ᐊᑎᐟ ᑫᑯᓇᐣ ᑲᐅᐣᒋ ᑲᑫᐧ ᓂᔨᑎᔨᐊᐧ᐀.

ᑫᓂᓇᓄᑭᓇᓂᐊᐧᐠ

ᒥᑕᐢ ᐅᐁᐧ ᐁᔑ ᑲᑫᐧ ᑐᑕᒪᐣᐠ ᒋᐱᒥ ᐅᓇᑐᔭᑭᐣ ᓂᐃᐧᒋᐦᐁᐧᐃᐧᓇᐣ:

- ᑕᐱᒥᐃᐧᑕᓄᑭᒥᑎᓇᓄᐊᐧᐣ ᒪᒥᓄᒥᐁᐧᐃᐧ ᐃᐧᒋᐦᐁᐧᐃᐧᑲᒥᑯᐠ ᑲᑕᓇᓄᑭᓇᓂᐊᐧᐠ ᑫᑭᐅᐣᒋ ᐱᒥ ᑭᑭᓄᐦᐊᒪᐃᐧᐣᑕᐧ ᓂᑕᓄᑭᓇᑲᓂᓇᐣ ᐃᒪ ᑲᐊᓄᑭᐊᐧ᐀ ᑲᑭᒋᐃᔑᔙᐠ ᒪᒥᑐᓀᐣᒋᑲᐣ ᑲᐃᔑᐢᑲᒪᑲᐠ ᐅᑕᑯᔨᐠ ᑲᐅᒋᐃᐧᒋᐦᐃᐣᑕᐧ, ᐁᑲᐧ ᒥᓇ ᒋᐱᒥᐊᓄᑲᑌᑭᐣ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᑕᒪᑫᐃᐧᓇᐣ ᑫᒋᓇ᐀ ᐅᑕᓄᑭᐠ ᒋᑭᑫᐣᑕᒍᐊᐧ᐀ ᑫᐃᔑᐱᒥᐊᐧᐃᐧᒋᐦᐊᐊᐧ᐀ ᑲᐱᒥᐊᓄᑲᓇᐊᐧ᐀.
- ᑕᐸᑭᑎᓂᑲᑌ ᐡᓂᔭᐃᐧ ᓇᑐᑕᒪᐃᐧᐣ ᐅᑭᒪᐃᐧᓂᐠ ᒋᐸᑭᑎᓇ᐀ ᐡᓂᔭᐣ ᒋᐅᔑᒋᑲᑌᐠ ᐅᐢᑭ ᒥᑭᓇᑯᐢ ᐃᐧᒋᐦᐁᐧᐃᐧᑲᒥᐠ ᓇᐊᐧ᐀ ᑲᔦ ᒋᑭᒥᔕᒋᑲᑌᑭᐸᐣ (10 ᓂᐯᐃᐧᓇᐣ ᒋᐊᔭᑭᐣ) ᒋᑕᔑ ᑲᓇᐁᐧᐣᑕᑯᔨᐊᐧ᐀ ᐊᐊᐧᔑᔕᐠ ᒥᓇ ᐅᐢᑲᑎᓴᐠ ᑭᑕᔑᑫᐃᐧᓂᓇᓂᐠ ᑲᐅᒋᐊᐧ᐀ ᐁᑲ ᐊᐧᓴ ᒋᐃᔑᐃᐧᓂᑕᐧ ᑲᐃᐧᐃᐧᒋᐦᐃᑕᐧ.
- ᑕᐱᒥ ᐊᐸᒋᒋᑲᑌᐊᐧᐣ ᐃᐧᐣᑕᒪᑫᐃᐧᓇᐣ ᑲᐱᒥᒪᐊᐧᐣᑐᓂᑫᑕᒪᑯᔭᐠ ᑲᐃᐧᑕᓄᑭᒪᔭᑲᐧ, ᑐᑲᐣ ᒪᐢᑭᑭᐃᐧ ᐊᓄᑭᐃᐧ ᓇᓇᑕᐃᐧᑭᑫᐣᒋᑫᐃᐧᐣ ᑲᐊᓄᑲᑕᒍᐊᐧ᐀ ᐃᒪ ᐱᑲᐣᒋᑲᒥᐠ, ᒋᐊᓂᔑ ᐸᐸᑭᑎᓂᑲᑌᑭᐣ ᑯᑕᑭᔭᐣ ᑕᔑᑫᐃᐧᓇᐣ ᑫᑭᐊᓄᒋ ᐱᒥᓂᐢᑲᒪᑲᐠ ᐊᓄᑭᑕᑫᐃᐧᐣ ᑫᐃᐧᒋᐦᐁᐧᒪᑲᐠ ᑭᑕᔑᑫᐃᐧᓂᓇᓂᐠ.
- ᑕᐅᓇᒋᑲᑌ ᑫᐅᒋ ᑭᑫᐣᑕᑲᐧᐠ ᑲᐃᔑᐱᒪᓄᑭᐊᐧ᐀ ᐅᒪᒥᓄᒥᐁᐧ ᐊᓄᑭᓇᑲᓇᐠ ᒥᓇ ᑯᑕᑭᔭᐠ ᐅᐃᐧᒋᐦᐁᐧᐠ ᒋᐅᒋᐃᐧᒋᐦᐃᑯᐊᐧ᐀ ᐊᐃᐧᔭᐠ ᑲᐃᐧᐃᔑᑭᑐᐊᐧ᐀ ᐅᒪ ᐊᓄᑭᐃᐧᑲᒥᑯᐠ.

ᐅᑕᑯᔨᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐅᒋ ᐱᒧᒋᑲᑌᐤ

ᑌᕒᐊᕑ ᐧᑭᑌᐣᐟ

ᑲᑭᐱᐊᓄᑲᑌᐤ ᐱᐅᑕᓇᐤ

ᐁᑲᐧ ᐅᐅᐁᐧ ᐅᐢᑭ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐠ ᑲᑭᐅᐢᒋᑲᑌᑭᐸᐣ ᐁᐦᐊᐤ ᐅᔕ ᐊᐧᓂᓇᐊᐧᑲᐤ ᐊᓂᔑᓇᐯᐤ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐁᑲᐧ ᐊᓂᔑᓇᐯ ᒪᐢᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐅᐅᒪ ᑲᓇᑕ ᐅᑭᒋᒪᐢᑭᑭᐃᐧ ᐅᐱᒧᒋᑫᐃᐧᐣ ᑲᑭᒪᒪᐃᐧᐊᓄᑲᑕᒧᐊᐧᐨ᙮

ᐁᑲᐧ ᐅᐅᐁᐧ ᑲᑭᐅᔑᒋᑲᑌᐤ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐠ ᐊᒥᐁᐧ $14.3 ᒥᓂᔭᐣ ᑕᓴᐧᐱᐤ ᒪᒪᐤ ᑭᒣᑎᓂᑲᓂᐊᐧᐣ᙮ ᐁᑲᐧ ᑲᓇᑕ ᑭᒋᒪᐢᑭᑭᐃᐧ ᐅᐱᒧᒋᑫ $10 ᒥᓂᔭᐣ ᑕᓴᐧᐱᐤ ᑭᐃᐧᒋᑕᐧ ᐁᑲᐧ ᓄᑕᐱᑭᓂᑫᐃᐧᐣ ᐱᓇᒪ ᑭᒪᔨᓇᐦᐃᑲᓂᐊᐧᐣ ᓭᓂᔭᐣ ᐃᐃᒪ ᓭᓂᔭᐃᐧᑲᒥᑯᐤ ᒥᐢᑯᐨ ᐅᐅᐁᐧ ᒋᑭᔑᒋᑲᑌᐤ ᐅᐢᑭ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐠ᙮

ᑲᑕᑲᐧᑭᔨᐨ ᐱᔨᐟ ᐁᐃᓇᓀᐤ 2011 ᑲᐊᐦᑭᐊᐧᐤ ᐊᐱᐣ ᑲᑭᑭᔑᒋᑲᑌᑭᐸᐣ ᐅᐅᐁᐧ ᐅᐢᑭ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ᙮ ᑫᓂᒪᔭ ᒪᐠᑫ ᑲᐯᔑᐃᐧᑲᒥᐠ ᑭᒪᒋᐊᐸᑕᐣ ᐃᐃᐁᐧ ᒣᑲᐧᐨ ᑲᑕᑲᐧᑭᔨᐨ ᐱᔨᐟ ᓂᐅᓴ' 2011 ᑲᐊᐦᑭᐊᐧᐤ᙮ ᓂᔭᓄᒥᑕᓇ ᓂᑯᑕᐧᔨᓴ' ᓂᐯᐃᐧᑲᒥᑯᐣ ᑕᔨᓄᐣ ᐁᑲᐧ ᒥᑕᔨᒥᑕᓇ ᓂᐯᐃᐧᓇᐣ ᐊᔭᐊᐧᓄᐣ ᐁᑲᐧ ᐅᐅᐁᐧ ᑲᑭᐅᒋᔑᓇᑯᒋᑲᑌᐤ ᒋᑕᔑᒥᓄᑲᐯᔑᐊᐧᐨ ᐊᐧᐃᐧᔭᐤ ᑲᐱᒪᐢᑭᑭᐃᐧ ᐱᒪᒐᐊᐧᐨ ᐅᐅᒪ ᐊᐧᓂᓇᐊᐧᑲᐤ᙮

ᐊᐧᓂᓇᐊᐧᑲᐤ ᐊᓂᔑᓇᐯᐤ ᒪᐢᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᑭᐅᓇᑐᓇᐊᐧ ᐃᔑᓇᒧᐃᐧᐣ ᐊᓂᐣ ᒪᔭᐟ ᑫᐃᓇᓄᑭᒪᑲᐤ ᐅᐅᐁᐧ ᐅᐢᑭ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ:

- ᒋᐃᐧᒋᐦᐃᐊᑲᓄᐊᐧᐨ ᑲᐱᑲᑎᑯᓂᐊᐧᐨ ᐅᑕᑯᔨᐤ ᐊᐦᐃᐤ ᐅᑕ ᑭᐁᐧᑎᓄᐤ ᑲᐅᑐᓴᐊᐧᐨ
- ᑭᓇᑲᐧᐠ ᒋᑲᐯᔑᐊᑲᓄᐊᐧᐨ ᐃᑫᐊᐧᐤ ᑲᐱᑕᑯᐱᑕᐊᐧᔨᐊᐧᐨ᙮
- ᒋᑲᐯᔑᐦᐊᑲᓄᐊᐧᐨ ᑲᐱᒪᒋᐃᐧᓇᐊᐧᐨ ᐅᑕᑯᔨᐣ
- ᒋᐅᑕᐸᓇᑲᓄᐊᐧᐨ ᒪᐢᑭᑭᐃᐧ ᐅᑕᐸᓂᐤ ᒥᓇ ᒋᐊᓴᒪᑲᓄᐊᐧᐨ ᐅᐅᒪ ᑲᐃᔑᑲᐯᔑᐦᐊᑲᓄᐊᐧᐨ

ᑲᑭᑐᒋᑲᑌᐤ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐅᐅᐁᐧ ᑲᐱᒥᐊᐦᑭᐊᐧᐤ 2012-2013

ᑲᐃᔑᑲᐯᔑᓇᓂᐊᐧᐤ

ᐁᑲᐧ ᒋᓂᒪᔭ ᒪᐠᑫ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐊᐊᐧᔑᒣ ᒪᒪᐤ 49,500 ᑕᔨᑎᐱᑲ ᐊᐃᐧᔭᐤ ᑭᑲᐯᔑᐊᐧᐤ ᐃᑫᐧᓂᐊᐧᐤ ᐅᑕ ᐊᐧᓂᓇᐊᐧᑲᐤ ᑲᐱᓴᐊᐧᐨ ᐁᑲᐧ ᒥᓇ ᓇᐣᑕ ᐊᐊᐧᔨᑌ ᓴᐊᐧᓄᐤ ᑭᒋᑕᐃᐧᓂᐤ ᑲᐃᔑᓇᒋᒪᐢᑭᑭᐃᐧᓀᐊᐧᐨ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᓇᐣᑕ ᒪᒪᐤ 36,000 ᐊᐃᐧᔭᐣ ᐅᑭᑲᐯᔑᐦᐊᐣ ᑕᑕᔨᔭᑭ ᐁᑲᐧ ᒥᓇ ᐃᔨᓴ ᓇᐣᑕ ᐊᐱᐣ ᐸᑲᐣ ᐁᐃᔑᑲᐯᔑᐦᐊᑲᓄᐊᐧᐨ ᐁᐢᑲᐟ ᐁᑲ ᐁᑕᑌᐱᓴᑭᐣ ᓂᐯᐃᐧᓇᐣ᙮ ᐅᑕᓄᐤ ᑲᑭᐊᐦᑭᐊᐧᐤ ᐅᐅᐁᐧ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᓇᐣᑕ ᒪᒪᐤ 13,500 ᐊᐃᐧᔭᐤ ᑯᑕᑭᔭᐣ ᑲᐯᔑᐃᐧᑲᒥᑯᐣ ᑭᐃᔑᑲᐯᔑᐦᐊᑲᓄᐊᐧᐤ ᐁᑲᐧ ᓇᐣᑕ ᓂᐦᔨᒥᑕᓇ ᓂᓴᐧᔨᓴ' ᐊᐃᐧᔭᐤ ᒪᒪᐤ ᐸᑲᐣ ᑲᑭᐃᔑᑲᐯᔑᐊᑲᓄᐊᐧᐨ᙮

ᐅᐅᐁᐧ ᒣᓂᒪᔭ ᒪᐠᑫ ᑲᐯᔑᐃᐧᑲᒥᐤ ᒪᒪᐤ 150,000 ᑕᔨᓇᑲᐣ ᐅᑭᐊᓴᒪᐊᐧᐣ ᐊᐧᐃᐧᔭᐣ ᐅᐅᒪ ᐅᐢᑭ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ᙮ ᐁᐦᐊᐤ ᑲᔭ ᐅᐅᒪ ᐃᔑᒪᒪᐊᐧᑭᒋᑲᔨᐊᐧᐤ ᐸᑲᐣ ᑲᑕᓇᓴᒪᑲᓄᐊᐧᐨ ᑯᑕᑭᔭᐣ ᑲᐯᔑᐃᐧᑲᒥᑯᐣ ᒥᓇ ᐱᑯ ᐅᑕᑯᔨᐤ ᑲᐱᑕᑯᔑᓂᐊᐧᐨ ᓇᐣᑕ ᑲᐱᒥᐊᔭᐊᐧᐨ ᐸᑭᒋᐃᐧᓂᐤ ᐊᐦᐃᐤ ᐅᑕ ᑲᐃᓴᐊᐧᐨ ᐃᐧᓂᐯᐤ ᓇᐣᑕ ᐃᐧᑫᐧᑐᐣᐤ᙮

ᒣᓂᒪᔭ ᒪᐠᑫ ᑲᐯᔑᐃᐧᑲᒥᐤ ᒪᐊᐧᐨ ᑲᐧᔭᐤ ᐊᐊᐧᔑᒣ ᐱᒥᐃᐧᒋᐦᐃᐁᐧᒪᑲᐣ ᑐᑲᐣ ᑲᐃᔑᑲᐯᔑᓇᓂᐊᐧᐤ ᒥᓇ ᐱᑯ ᑲᐧᔭᐤ ᐁᐃᐧᒋᐦᐃᐊᑲᓄᐊᐧᐨ ᐃᑫᐧᓂᐊᐧᐤ ᑲᐱᓇᒋᐊᑯᔨᐃᐧᑲᒧᑫᐊᐧᐨ᙮ ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐣ ᑲᐱᒥᐊᓄᑲᑌᑭᐣ:

- ᐱᒥ ᐊᐧᐃᐧᑕᒪᐊᐧᑲᓄᐊᐧᐤ ᑲᑲᐯᔑᐊᐧᐨ ᐊᓂᐣ ᐁᐃᓇᓄᑭᒪᑲᐤ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᒥᓇ ᐊᑯᔨᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ
- ᒥᓇ ᑲᐧᔭᐤ ᐱᒥ ᓇᑐᑕᐊᐧᑲᓄᐊᐧᐤ ᑫᒋᓇᐨ ᒋᓂᐦᔨᑐᑕᒧᐊᐧᐨ ᐊᑯᔨᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᐁᑕᑲᐧᐤ
- ᒥᓇ ᑫᐃᐧᓇᐊᐧ ᒋᔭᐸᒋᑐᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐸᑭᑎᓂᑲᑌᑭᐣ ᑐᑲᐣ ᐊᑯᔨᐃᐧ ᐱᒥᔭᐃᐧᐣ ᐃᐃᒪ ᓇᐣ ᐃᐣᒉᕑ ᐊᑯᔨᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐤ ᑲᐅᒋᐃᐧᒋᒋᑲᑌᐤ
- ᒥᓇ ᑲᐧᔭᐤ ᒋᐃᔑᓇᑲᐧᓂᓂᐤ ᐅᑲᐯᓭᓂᐊᐧ ᐁᑲᐧ ᒥᓇ ᐁᑲ ᐅᓴᐟ ᒥᐢᑕᐦᐃ ᒥᑎᓂᑫᐃᐧᐣ ᒋᑕᑲᐧᐤ
- ᒪᐊᐧᐨ ᒥᓇ ᑲᐧᔭᐤ ᒋᐃᔑᓇᑲᐧᓂᓂᐤ ᐅᐃᐧᒋᐦᐃᑯᓂᐊᐧ ᐅᑕᑯᔨᐤ

ᐅᑕᑯᔨᐤ ᑲᐅᒋᐃᐧᒋᐦᐃᐊᑲᓄᐊᐧᐨ

ᐁᑲᐧ ᐅᐅᐁᐧ ᐊᑯᓴᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐃᐧᒋᐦᐃᐁᐧᐃᐧ ᐱᒧᒋᑫᐃᐧᐣ ᑭᐅᐢᑭᒋᑲᑌᐸᐣ ᐃᐃᒪ ᒣᑲᐧᐨ ᒪᑯᓵᑭᔑᑲᓂᐱᔨᐟ 2012 ᑲᐊᑭᐊᐧᐤ᙮ ᐁᑲᐧ ᐊᓄᑭᓇᑲᐣ ᐅᑐᒋᐃᐧᒋᔭᐣ ᐅᑕᑯᔨᐣ ᒋᒍᐢᑭᓀᐱᐦᐊᒥᓂᐨ ᓇᓇᑐᐤ ᑲᑫᐧᑌᐃᐧᓇᐣ ᐁᐧᐃᐧᐅᒋᑭᑫᐣᑕᒥᐊᐧᐨ ᐊᓂᐣ ᐁᐃᓀᐣᑕᒥᐊᐧᐨ ᐅᑕᑯᔨᐃᐧ ᐅᑲᐯᔑᐃᐧᑯᓂᐊᐧ ᒥᓇ ᐊᓂᐣ ᐁᐃᔑᓇᒥᐊᐧᐨ ᓂᐯᐃᐧᑲᒥᑯᐣ ᒥᓇ ᑭᐃᐧᑌᐃᐧᑲᒥᐤ ᒥᓇ ᐱᑯ ᓇᓇᑲ ᐅᑕᓂᑭᐤ ᑲᐅᒋᐃᐧᒋᐦᐃᑕᐊᐧᐨ ᐃᐃᒪ ᐱᑎᑲᒥᐤ᙮ ᓇᓇᑲ ᐱᑯ ᑲᑫᐧᑌᐃᐧᓇᐣ ᑭᑲᑫᐧᑕᐊᐧᓂᐊᐧᐣ ᑐᑲᐣ ᑲᐯᔑᐦᐃᐁᐧᐃᐧᐣ ᒥᓂ ᒥᒋᐟ ᑲᐊᓴᑲᓂᐊᐧᐤ ᒥᓇ ᓇᓇᑲᒋᒋᑫᐃᐧᐣ ᐁᑲᐧ ᐊᓂᐣ ᒥᓇ ᐁᐃᔑᓴᑫᐣ ᐱᒪᑎᓯᐃᐧᐣ᙮ ᐁᑲᐧ ᐱᐅᑕᓇᐤ ᑲᐱᐊᑭᐊᐧᐤ ᒥᔑᐣ ᑲᑭᑲᐯᔑᔭᑲᓄᐊᐧᐨ ᑭᐃᑭᑎᐊᐧᐤ ᐁᑭᒧᓀᐣᑕᒥᐊᐧᐨ ᐃᐃᒪ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᐃᔑᑲᐯᔑᐊᑲᓄᐊᐧᐨ᙮

ᒥᔑᐣ ᒥᓇ ᑭᐃᑭᑐᐊᐧᐤ ᒪᐊᐧᐨ ᑲᐧᔭᐤ ᓂᐯᐃᐧᑲᒥᑯᐣ ᐁᐃᔑᓇᑲᐧᑭᐣ ᒥᓇ ᐱᑯ ᐅᑕᓄᑭᐤ ᑲᐧᔭᐤ ᐁᐊᐧᐃᐧᒋᐦᐃᐁᐧᐊᐧᐨ ᒥᓇ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐧᔭᐤ ᐁᐸᑭᑎᓂᑲᑌᐤ ᒥᓇ ᑭᐃᐧᑌᐃᐧᑲᒥᑯᐣ ᑲᐧᔭᐤ ᐸᒥᒋᑲᑌᐊᐧᓄᐣ᙮ ᐊᑎ' ᐁᑕ ᑲᐧᓇᐱᐨ ᒍᒋᒥᓀᐣᑕᒧᐊᐧᐨ ᐃᐃᒪ ᑲᑭᑲᐯᔑᔭᑲᓄᐊᐧᐨ ᐅᓴᐟ ᐁᑲᑌᐯᐤ ᐁᒪᒋᑭᑐᓂᑲᐤ ᒥᓇ ᐁᑲ ᒪᒪᑕᐃᐧ ᒪᒋᑭᑐᓂᔭ' ᐁᑕᑲᐧᐤ᙮

ᐁᑲᐧ ᐅᑫᐧᓂᐊᐧᐣ ᑲᑭᐸᑭᑎᓇᒧᐊᐧᐨ ᐅᑎᑭᑐᓂᐊᐧ ᐁᐦᐊᐤ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐅᑭᒪᐤ ᒪᒪᐊᐧᒋᐦᐃᑐᐊᐧᐤ ᐁᓇᓇᑲᒋᑐᐊᐧᐨ ᐊᓂᐣ ᐊᐊᐧᔑᒣ ᑲᑭᐃᔑᒥᓄᓴᑭᐸᓂᐣ ᐱᒧᒋᑫᐃᐧᓇᐣ ᐁᑲᐧ ᐊᓴ ᒥᓇ ᐊᐧᐁᐧᓇᒋᑫᐃᐧᐣ ᑭᐅᓇᒋᑲᑌ ᐁᐃᐧᐊᓄᑲᑌᐸᐣ ᐅᑫᐧᓂᐊᐧᐣ ᓇᓇᑲ ᑫᑯᓇᐣ ᑲᒪᒥᑎᓀᐣᑕᒥᐦᐃᑯᐊᐧᐨ ᐊᐃᐧᔭᐤ᙮

ᐱᒧᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ

ᑲᓇᐁᐧᐣᒋᑫᐃᐧᐣ

ᓂᐢᑕᐟ ᑲᓇᐁᐧᐣᒋᑫᐃᐧᐣ ᑲᑭᐅᓇᒋᑲᑌᑭᐸᐣ ᐃᐃᐁᐧ ᒣᑲᐧᐨ ᑲᑕᑲᐧᑭᔨᐨ ᐱᔨᐟ 2011 ᑲᐊᐦᑭᐊᐧᐤ ᑭᐅᓇᑌᐸᐣ ᓂᑯᑕᐧᔨ ᑲᐊᓄᓇᑯᔑᐤ ᓀᐅᐨ ᓂᑯᑕᐧᔨ ᑲᑫᑭᓵᐸᔭᐤ ᒋᐊᑯᑲᓇᐁᐧᐣᒋᑲᓂᐊᐧᐤ᙮ ᐁᑲᐧ ᑭᐃᔑᒥᑭᑲᓂᐊᐧᐣ ᐁᑲ ᒋᑭᐊᓄᑭᓴᐤ ᐁᑲᐧ ᐊᐱᐣ ᑭᐅᓇᑌ ᑭᔭᐟ ᐱᑯ ᓂᔑᑕᓇ ᓂᐃᐧᓴᐸᐊᐧᑲᓴ ᑕᑕᔨᑭᔑᑲ ᒋᑲᓇᐁᐧᐣᒋᑲᓂᐊᐧᐤ᙮ ᐅᐅᐁᐧ ᑲᑭᐅᒋᐅᓇᑌᐤ ᒥᐢᑯᐨ ᑲᐧᔭᐤ ᐅᑕᑯᔨᐤ ᐁᑲᐧ ᐊᓄᑭᓇᑲᓇᐤ ᒋᑲᓇᐁᐧᓂᒥᑕᐧ ᐁᑲ ᓇᐣᑕ ᒋᐅᒋᐦᐃᔨᓴᐊᐧᐨ᙮

ᐅᑕᑯᔨᐣ ᑲᐃᐧᑕᓄᑭᒪᐨ

ᐅᑕᑯᔨᐣ ᑲᐃᐧᑕᓄᑭᒪᐨ ᐅᐅᐁᐧ ᐅᑐᑕᐣ:

- ᑭᑭᓄᐊᒪᑫ ᑲᐧᔭᐤ ᓇᓇᑲ ᐃᔑᐱᒪᑎᓯᐃᐧᓇᐣ ᒋᓂᔨᑐᒋᑲᑌᑭᐣ ᐁᑲᐧ ᐊᑯᔨᐃᐧᑲᒥᐤ ᐊᓄᑭᓇᑲᓇᐤ ᒥᓇ ᓇᓇᑲ ᐊᑯᔨᐃᐧ ᐊᓄᑭᓇᑲᓇᐤ ᐃᐧᒋᑕᐧᐊᐧᐤ ᒣᑲᐧᐨ ᑲᔭ ᑲᓇᓇᑲᒋᐊᑲᓄᐊᐧᐨ ᐅᑕᑯᔨᐤ᙮
- ᐅᐃᐧᑕᓄᑭᒪᐣ ᑲᔭ ᐅᑕᑯᔨᐣ ᐃᐃᒪ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ
- ᒥᓇ ᐱᑯ ᐃᓀᐧᑕᒪᑫᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᒋᑕᑲᐧᐤ

ᐅᑕᓇᐤ ᑲᑭᐊᐦᑭᐊᐧᐤ ᒪᐊᐧᐨ ᐱᑯ ᐅᑕᑯᔨᐣ ᑲᐃᐧᑕᓄᑭᒪᐨ ᒥᐢᑕᐦᐃ ᐅᑭᐊᓄᑲᐊᐧᐣ ᐅᑫᐧᓂᐊᐧᐣ ᐅᑕᑯᔨᐣ ᑲᑭᐱᑲᐯᔑᓂᐨ ᐅᐅᒪ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᐁᐢᑲᐟ ᐊᑎ' ᐅᑫᐧᓂᐊᐧᐤ ᑲᔭ ᑭᓇᑲᐧᐠ ᐊᔭᐊᐧᐤ᙮ ᒥᓇ ᐱᑯ ᐅᓇᓇᑐᓂᑫᑕᒪᐊᐧᐊᐧᐣ ᐊᐣᑎ ᑫᑭᐃᔑᑲᐯᔑᓂᐸᐣ ᐅᐅᒪ ᐅᑌᓇᐤ ᒥᓇ ᐱᑯ ᐅᓇᓇᑐᓂᑫᑕᒪᐊᐧᐊᐧᐣ ᑯᑕᑭᔭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᑕᑲᐧᓂᓂᑭᐣ᙮

ᓇᓇᑲ ᑲᐊᐦᐃᑐᒋᑲᑌᐤ

ᓇᓇᑲ ᑲᐊᐦᐃᑐᒋᑲᑌᐤ ᑲᔭ ᑭᐅᓇᒋᑲᑌᐸᐣ ᒥᐢᑯᐨ ᒋᐅᑕᒥᐦᐃᑕᐧ ᐅᑕᑯᔨᐤ ᐃᐃᒪ ᑲᑲᐯᔑᐊᐧᐨ ᐊᑯᔨᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ᙮ ᐁᑲᐧ ᐊᓄᑭᓇᑲᐣ ᑲᐅᒋᑲᓇᐊᐧᐸᑕᐤ ᓇᓇᑲ ᐃᔑᐊᐧᐁᐧᓇᒋᑫ ᒥᓇ ᐁᒪᒣᑕᐁᐧᐦᐊᐨ ᓇᐣᑕ ᑫᑯᓇᐣ ᐁᒪᒪᐃᐧᑐᑕᒧᐊᐧᐨ ᐅᑫᐧᓂᐊᐧᐤ ᐅᑕᑯᔨᐤ᙮ ᐅᑫᐧᓂᐊᐧᐣ ᑲᑐᑕᒧᐊᐧᐨ:

- ᒪᔨᓂᐱᐦᐃᑫᐊᐧᐤ ᐁᑲᐧ ᑲᐢᑲᐧᔨᐊᐧᐤ ᒥᓇ ᐊᐧᐊᐧᐸᒋᑫᐊᐧᐤ ᒥᓇ ᑌᐦᐊᒣᐊᐧᐤ ᒥᓇ ᒪᒣᑕᐁᐧᐊᐧᐤ ᒥᓇ ᐱᐣᑯᑫᐊᐧᐤ ᐁᑲᐧ ᑲᔭ ᒪᔨᓇᑌᔨᒋᑫᐊᐧᐤ
- ᒥᓇ ᑯᑕᑭᔭᐣ ᐅᐱᒧᒋᑫᐣ ᐅᐃᐧᑕᓄᑭᒪᐣ ᓇᐣᑕ ᑲᐃᔑᑲᑕᐊᐧᓂᐨ ᐅᑕᑯᔨᐣ
- ᒥᓇ ᐅᐊᐧᐃᐧᒋᐦᐊᐣ ᐅᑕᑯᔨᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᓇᑕᐁᐧᐣᑕᒥᓂᐨ ᒥᓇ ᑲᔭ ᐃᓀᐧᑕᒪᑫᐃᐧᓂᐤ

ᐅᑕᑯᓯᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ ᑲᐅᒋ ᐱᒧᒋᑲᑌᐤ

ᒥᒋᑦ ᑲᐊᔕᑲᓂᐊᐧᐤ

ᐊᕐᐊᒪᕐᐊᐤ ᑲᓇᑕ ᐁᑲᐧ ᒉᓂᒪᔭ ᒪᐤᑫ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐊᓄᑭᓇᑲᓇᐤ ᐃᐧᒋᐦᐃᑐᐊᐧᐤ ᒥᒋᒥᓂ ᑲᐊᔕᑫᐊᐧᐨ ᒥᓇ ᑲᐅᒋᑲᓇᐊᐧᐸᑕᒧᐊᐧᐨ᙮ ᐁᐦᐊ ᐊᕐᐊᒪᕐᐊᐤ ᒥᒋᒥᓂ ᐅᑕᓂᑲᐧᔭᑎᓇᐣ ᒥᓇ ᐅᑭᔑᓴᐣ ᒥᑲ ᐱᑯ ᐊᔕᐣᑫ᙮

ᐁᑲᐧ ᐊᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐊᓄᑭᓇᑲᓇᐤ ᐃᐧᓇᐊᐧ ᐅᑭᓯᓭᓇᐊᐧ ᒥᒋᒥᓂ ᒥᓇ ᐅᓇᔕᑫᐊᐧᐤ ᒥᓇ ᐅᓇᔐᑫᐊᐧᐤ ᐁᑲᐧ ᑲᓯᓂᑫᐊᐧᐤ᙮ ᐁᑲᐧ ᐅᐅᐁᐧ ᐊᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐊᓄᑭᓇᑲᓇᐤ ᐅᐃᐧᑕᐱᒪᐊᐧᐣ ᐊᕐᐊᒪᕐᐊᐤ ᑲᓇᑕ ᑕᓯᐱᓯᑦ ᐁᐊᐧᓂᒧᑕᒧᐊᐧᐨ ᑫᐃᓇᔕᑫᐊᐧᐨ ᒥᓇ ᑫᒋᓇᐨ ᑲᐧᔭᐤ ᑲᑭᓇ ᑭᑯᐣ ᒋᐃᔭᓭᐤ᙮ ᐁᑲᐧ ᒥᓇ ᑲᑫᐧᑌᐊᐧᐤ ᓇᒧᒥᒋᑦ ᑲᔭ ᒋᑭᐊᔕᑲᓂᐊᐧᑭᐸᐣ ᑐᑲᐣ ᑭᓄᔕ ᒥᓇ ᒍᓯᐃᐧᔭᐢ᙮

ᐊᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐱᒧᒋᑫᐃᐧᓇᐣ

ᐅᐅᐁᐧ ᐊᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐱᒧᒋᑫᐃᐧᓇᐣ ᒥᓇ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᑲᐊᔭᒪᑲᑭᐣ ᑭᐅᓇᒋᑲᑌᐸᓂᐣ ᐅᐅᒪ ᒪᔭᑦ ᑲᐅᒋᐱᒧᑌᐤ᙮ ᐅᐅᐁᐧ ᑲᑭᐅᒋᐅᓇᑌᐤ ᒥᐡᑯᐨ ᑲᐧᔭᐤ ᐅᑕᑯᓯᐤ ᒋᐃᐧᒋᐦᐃᑕᐧ ᐃᑫᐧᓂᐊᐧᐤ ᐅᑕ ᑲᐃᐧᐱᑲᐯᔑᐊᐧᑲᐅᐊᐧᐨ ᐁᑲᐧ ᒥᓇ ᒋᑭᑫᐣᑕᒧᐊᐧᐨ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ ᐁᑕᑲᐧᑭᐣ ᒥᓇ ᑲᐧᔭᐤ ᒋᑐᒋᑲᑌᓂᑭᐣ ᐅᐸᐡᑫᐧᐊᐧᔑᐊᐧ ᒥᓇ ᑲᐯ ᐊᓄᑭᓇᑲᐣ ᒋᐃᐧᒋᐦᐊᑕᐧᐨ ᒥᓇ ᒋᐅᑐᑌᒥᒪᐨ ᐊᐃᐧᔭᐣ ᒥᓇ ᐱᑯ ᐃᓀᐧᑕᒪᑫᐃᐧᐣ ᒋᑕᑲᐧᐤ᙮

ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᐅᒋ ᒪᒪᐊᐧᐅᑲᑕᒧᐊᐧᐨ

ᐊᐧᓂᓇᐊᐧᑲᐧᐤ ᒥᓄᐊᔭᐃᐧᑲᒥᐤ

ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᐅᑕᓄᑭᐤ ᐅᑐᒋᐱᒥ ᐃᐧᑕᓄᑭᒪᐊᐧᐣ ᐊᐧᓂᓇᐊᐧᑲᐧᐤ ᒥᓄᔭᐃᐧᑲᒥᑯᐤ (SLMHC) ᐊᓂᐣ ᑕᓯᐣ ᑲᐱᑎᑲᓂᑕᐧ ᒥᓇ ᑲᐊᓂᐸᑭᑎᓂᑕᐧ ᐅᑕᑯᓯᐤ ᐊᑯᓯᐃᐧᑲᒥᑯᐤ. ᐃᓇᓄᑕᒪᑫᒪᑲᐣ ᐃᒪ ᐊᑯᓯᐃᐧᑲᒥᑯᐤ ᐁᐊᐸᒋᒋᑲᑌᐤ ᐁᒥᓂᑕᐧ ᐅᑕᑯᓯᐤ ᐸᑭᑎᓂᑯᐯᐸᐣ ᑭᐁᐧᑎᐧᓄᐤ ᐊᓂᔑᓂᓂᐃᐧ ᑕᔑᑫᐃᐧᓂᐤ ᑲᑭᐱᐅᐣᒋ ᐸᐸᔑ ᒪᒋᐃᐧᓂᑕᐧ. ᐊᐱ ᑲᐸᑭᑎᓂᑕᐧ ᐊᑯᓯᐃᐧᑲᒥᑯᐤ ᐊᐱᐱᑯ ᐱᒪᓄᑭᓇᓂᐊᐧᐣ ᒉᑲᐧᐨ ᑲᑭᐸᑯᓯᐤ ᐁᑲᐧ ᒥᔑᓇᐧ ᐃᓯᓴ ᓇᐱᐨ ᐁᐊᐧᓂᒪᐤ ᐃᐧᐸᐨ ᒋᑭᐊᐧᓂ ᐅᓇᒋᑲᑌᓂᐤ ᑲᐊᐧᓂᐅᓇᑌᓂᐤ ᐅᑕᑯᓯ ᐅᐸᑭᑎᓂᑯᐃᐧᐣ ᒉᑲᐧᐨ ᑲᑭᐸᑯᓯᐤ ᒪᐡᑭᑭᐃᐧ ᐊᓄᑭᐃᐧᐣ. ᐁᑲᐧ ᐃᒪ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᑕᓇᓄᑭᐊᐧᐨ ᐅᐱᒥᓂᔕᐦᐊᐧᓇᐊᐧ ᑲᑭᐃᐧᔑ ᓇᑯᒧᐸᐣ ᑭᒋᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧ ᐱᒧᒋᑫᐃᐧᓂᐤ ᐊᓂᐣ ᑫᐃᐧᔑᐱᒧᒋᑲᑌᐤ ᑲᔭᓂ ᒪᐧᔦ ᐅᓇᒋᑲᑌᓂᐤ ᐅᑕᑯᓯ ᐅᒪᒪᐃᐧᐣ.

ᐊᐧᓂᔑᓂᓂᐊᐧᐤ ᒥᓇ ᐃᓄᐃᐟ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ

ᐁᑲᐧ ᐅᒪ ᐊᐧᓂᔑᓂᓂᐊᐧᐤ ᒥᓇ ᐃᓄᐃᐟ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ (FNIHB) ᒪᓯᓇᐦᐃᑫᐃᐧᑲᒥᑯᐤ ᐅᒋᐱᒪᓄᑲᑌᐤ ᐅᑕᑯᓯᐤ ᑲᐅᒋᐅᓇᒋᑲᑌᓂᐤ ᐅᐱᒥᔭᐃᐧᓂᐊᐧ. ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᐊᓄᑭᐊᐧᐨ ᒥᔑᓇᐧᔦᐤ ᐸᐸᑲᐣ ᐃᓇᓄᑭᐊᐧᐤ ᐁᐱᒥᐊᐧᐃᐧᒋᐦᐊᐊᐧᐨ ᐅᑕᑯᓯᐤ ᑲᐱᓇᒋᒪᐡᑭᑭᐃᐧᓂᓂᐁᐧᐊᐧᐨ ᐁᑲᐧ ᒥᓇ ᑲᐊᓂ ᑲᑭᐁᐧᐊᐧᐨ ᐁᓂᐅᓇᑐᐊᐧᐨ ᐅᑭᐁᐧᐃᐧᓂᐊᐧ. ᐁᑲᐧ ᒥᓇ ᐃᓇᓄᑭᐊᐧᐤ ᐁᐅᒋ ᓇᐱᐢᑲᒪᑫᐊᐧᐨ ᐊᐱ ᑲᑭᐸᑯᓯᐤ ᒪᔭᑦ ᑲᐅᒋᐊᓄᑲᑌᐤ ᐅᑕᑯᓯᐤ ᑲᐅᒋᐅᓇᒋᑲᑌᓂᐤ ᐅᐱᒥᔭᐃᐧᓂᐊᐧ ᐁᓂᒍᐡᑭᓀᐱᐦᐃᑫᑕᒪᐊᐧᐊᐧᐨ ᐅᑕᑯᓯᐣ ᒥᓇ ᑲᑲᓇᐁᐧᐣᒋᑫᐊᐧᐨ ᐅᐸᑭᑎᓂᑯᐯᐸᓂᒥᐊᐧ ᑲᐊᓂᓯᓴᓂᐤ ᒋᐊᓂᑭᐁᐧᐊᐧᐨ.

ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐊᐧᐨ ᑲᐃᔑᑕᐦᐃᑕᐧ

ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᐁᑲᐧ ᒥᓇ ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐊᐧᐨ ᑲᐃᔑᑕᐦᐃᑕᐧ ᑲᐱᒧᑐᐊᐧᐨ ᐅᑭᐅᓇᑐᓇᐊᐧᐸᐣ ᐊᓂᐣ ᑫᑭᐃᔑ ᐃᐧᒋᐦᐃᑕᐧᐸᐣ ᑭᐡᐱᐣ ᐅᑕᑯᓯᐤ ᑲᐱᑯᓇᒧᐊᐧᐨ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯ ᐅᓇᑯᓂᑫᐃᐧᓇᐣ ᑐᐢ ᐁᑲ ᑫᐅᒋᒪᒥᓄᓴᐊᐧᐨ ᑲᒥᓂᑫᐧᐊᐧᐨ. ᐁᑲᐧ ᑕᐡ ᐁᑲ ᓇᐣᑕ ᒋᐅᒋ ᒪᒋᓴᐊᐧᐨ ᐅᑕᑯᓯᐤ ᒥᓇ ᑲᐱᓇᐁᐧᓂᒪᐊᐧᐨ ᐅᑕᑯᓯᐣ ᑲᑲᐯᔑᐦᐃᑕᐧ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ, ᑭᐅᓀᒋᑲᑌ ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐊᐧᐨ ᑲᐃᔑᑕᐦᐃᑕᐧ ᑲᐱᒧᑐᐊᐧᐨ ᒋᐃᔑᐱᑎᑲᓂᑕᐧ ᑲᑭᒥᓂᑫᐧᐊᐧᐨ ᐅᑕᑯᓯᐤ ᒥᓇ ᐁᑲ ᑲᑭᐃᐧᒋᐦᐃᑎᓯᐊᐧᐨ ᐃᒪ ᒋᐅᒋ ᑲᓇᐁᐧᑕᑯᓯᐊᐧᐨ. ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᐅᓇᑐᒪᐊᐧᐣ ᑕᐤᓯᐊᐧᐣ ᒋᐃᔑᑕᐸᓇᐨ ᐅᑕᑯᓯᐣ ᑭᐡᐱᐣ ᑲᐃᓀᑕᐤ ᒋᐃᔑᐱᑎᑲᓇᑲᓄᐨ ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐊᐧᐨ ᑲᐃᔑᑕᐦᐃᑕᐧ. ᐁᑲᐧ ᑭᐡᐱᐣ ᐊᓀᐧᑕᐤ ᐊᐧᐁᐧ ᐅᑕᑯᓯ, ᔑᒪᑲᓂᐡ ᑲᓄᓇᑲᓂᐃᐧ ᐁᐃᐧᑕᒪᐊᐧᑲᓄᐨ ᐁᐸᑭᑎᓇᑲᓄᐨ ᐅᑕᑯᓯ ᒥᓇ ᐁᐃᐧᐣᑕᒪᐊᐧᑲᓄᐨ ᒪᐡᑯᐨ ᐁᑲ ᒋᑭᐃᔑᓇᑯᓯᐨ ᒋᑭᑲᓇᐁᐧᓂᒥᑎᓯᐨ. ᓂᐦᓯᐣ ᐊᑯᓇᐤ ᓂᐦᓴᐧᓯ ᐅᑕᑯᓯᐤ ᐯᔑᑯᐱᒥᑯᓇᑲ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᑲᐯᔑᐦᐃᑕᐧ ᐃᔑᑕᐸᓇᐊᐧᐤ ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐊᐧᐨ ᑲᐃᔑᑕᐦᐃᑕᐧ.

ᐅᑕᑯᓯᐤ ᐅᑕᓯᐡᑲᒪᑯᐃᐧᓂᐊᐧ ᐊᓄᑭᓇᑲᐣ

ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐅᒋᐃᐧᒋᒋᑲᑌ ᐊᓯᐡᑲᒪᑫᐃᐧ ᐊᓄᑭᐃᐧᐣ ᔑᐸᐧᑲᒪ ᐅᑭᒪᑲᓇᐤ ᐅᒋᐱᒧᒋᑲᑌ ᐁᑲᐧ ᐅᑕᑯᓯᐤ ᐅᑕᓯᐡᑲᒪᑯᓯᐃᐧᓂᐊᐧ ᐊᓄᑭᓇᑲᐣ ᐅᑕᓄᑲᑕᐣ ᐅᐁᐧᓂ. ᔑᐸᐧᑲᒪ ᐅᑭᒪᑲᓇᐤ ᐅᒥᓂᑯᐣ ᔐᓂᔭᐣ ᑲᓇᑕ ᑭᒥᐡᑭᑭᐃᐧᑭᒪᐣ ᒋᐊᓄᑲᒥᑲᑌᐤ ᐃᑭᐁᐧᓂᐊᐧᐤ ᐅᑕᑯᓯᐤ ᐁᑲ ᑲᑭᐁᐧᑎᐸᐦᐅᑕᐧ ᒥᓇ ᑲᑭᔕᒋᓴᐊᐧᐨ ᐊᐧᓂᓇᐊᐧᑲᐧᐤ. ᐊᐧᐁᐧ ᑕᐡ ᐅᑕᑯᓯᐤ ᐅᑕᓯᐡᑲᒪᑯᐃᐧᓂᐊᐧ ᐊᓄᑭᓇᑲᐣ ᐅᑲᑫᐧᒋᒪᐣ ᐅᑕᑯᓯᐣ ᐁᓇᓇᑐᓇᒧᐊᐧᐨ ᑫᑯᓀᐣ ᑲᑭᐅᒋ ᐊᓀᐧᑕᐊᐧᑲᓄᐨ ᒋᑭᐁᐧᑎᐸᐊᐧᑲᓄᐨ ᐁᑲᐧ ᒥᓇ ᐅᓇᓇᑐᓂᑫᑕᒪᐊᐧᐣ ᐊᐣᑎ ᑫᑭᐅᐣᒋ ᑭᐁᐧᑎᐸᐊᐧᑲᓄᐸᐣ.

ᒥᑕᐡ ᑫᑐᑕᐤ ᐊᓄᑭᓇᑲᐣ ᒋᐃᔑᑭᑐᐨ ᑲᑭᐱᐅᐣᒋᒪᒪᒐᐨ ᐅᑕᑯᓯ ᓇᐣᑕ ᑫᒋᐊᐧᐤ ᐅᐊᐧᑯᒪᑲᓇᐣ ᒋᐊᔭᒥᐦᐊᐨ ᒋᑲᑫᐧᒋᒪᐨ ᒋᐅᓇᒋᑲᑌᓂᐤ ᒋᑭᐁᐃᐧᓇᑲᓄᐨ ᐅᑕᔑᑫᐃᐧᓂᐤ ᑲᑭ ᑭᔕᒋᓴᐨ. ᐁᑲᐧ ᒥᓇ ᐊᓄᑭᓇᑲᐣ ᐅᑲᒪᓯᓇᐦᐃᑫᑕᒪᐊᐧᐣ ᐅᑕᑯᓯᐣ ᒋᑭᑭᐁᐧ ᓇᓇᑲᒋᒋᑲᑌᓂᐤ ᐁᑲ ᑲᑭ ᑭᐁᐧᑎᐸᐊᐧᑲᓄᐨ ᐅᑕᑯᓯ ᒋᑭᑭᐁᐧᓇᒪᐊᐧᑲᓄᐸᐣ ᐅᑭᐁᐧᑎᐸᐦᐅᑎᓯᐃᐧᐣ. ᐁᑲᐧ ᔕᑯᐨ ᓄᒪᑫ ᑕᐃᓯᓴ ᐅᐁᐧ ᒋᑭᐊᓂᑭᔑᒋᑲᑌᐤ ᑲᑭᐃᔑ ᓇᑐᑕᒪᑲᓄᐊᐧᐤ.

ᑫᔭᓂᐃᓇᓄᑭᓇᓂᐊᐧᐤ ᐊᓂᐊᐦᑭᐊᐧᐤ 2013-2014

ᒥᐱᑯ ᑲᑲᐯᐦᐃ ᐁᐱᒥ ᓇᓇᑐᓂᑲᑌᐤ ᑫᐃᔑᒥᓄᓴᐤ ᑲᐊᓄᑭᓇᓂᐊᐧᐤ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᒋᑭᐅᒋ ᑎᐸᐸᒥᑕᐧ ᐊᓂᔑᓂᓂᐊᐧᐤ ᑲᐃᔑᐱᒪᑎᓯᐊᐧᐨ ᒋᐃᓇᓄᑲᓂᑕᐧ ᒥᓇ ᒋᐸᔭᑕᑫᑕᒧᐊᐧᐨ. ᐃᐁᐧ ᒪᔭᑦ ᓂᑲᐣ ᑲᐱᒥᓂᔕᐦᐊᒪᐤ ᑲᐧᔭᐤ ᐁᑲᑫᐧ ᐊᓄᑲᓇᑭᑕᐧ ᐅᑕᑯᓯᐤ. ᐁᑲᐧ ᐅᒪ ᒉᓂᒪᔭ ᒪᐤᑫ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑕᓇᓇᑐᓂᑲᑌ ᐊᓂᐣ ᐊᐊᐧᔑᒉ ᑫᑭᐃᔑ ᒥᓇᐧᔑᒋᑲᑌᓂᐤ ᐅᑕᑯᓯᐤ ᐅᑲᐯᔑᐦᐃᑯᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᑲᐱᑲᐯᔑᐦᐃᑕᐧ. ᐃᒪ ᐅᑎ ᒪᐊᐧᐨ, ᑲᐯᔑᐃᐧ ᐊᓄᑭᓇᑲᓇᐤ ᑕᑭᑭᓄᐦᐊᒪᐊᐧᑲᓄᐊᐧᐤ ᑫᑭᐅᐣᒋ ᓂᓯᑕᐁᐧᐣᑕᒧᐊᐧᐨ ᐅᑎᓇᓄᑭᐃᐧᓂᐊᐧ ᒥᓇ ᐱᑯ ᑕᐅᒥ ᐱᒥᐊᓯᐡᑲᒪᐊᐧᐊᐧᐤ ᑫᑭᐅᐣᒋ ᑲᐡᑭᑐᐊᐧᐨ ᑲᐧᔭᐤ ᒋᑭᐃᐧᒋᐦᐊᐊᐧᐨ ᑲᐃᓯᓴᓂᐤ ᒋᔑᐃᐧᒋᐦᐃᑕᐧ ᐅᑕᑯᓯᐤ.

ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᐊᓄᑭᐊᐧᐨ ᐅᑲᑐᑕᓇᐊᐧ:

- ᒋᐅᒋ ᑭᑫᑕᒧᓇᐊᐧᐨ ᐅᑕᑯᓯᐣ ᐊᐣᑎ ᐁᔑᐊᔭᑭᐣ ᐊᑯᓯᐃᐧᐃᐧᒋᐦᐃᑯᐃᐧᓇᐣ
- ᒋᐃᐧᒋᐦᐊᐊᐧᐨ ᐅᑕᑯᓯᐣ ᑲᓇᓇᑕᐁᐧᑕᒧᐊᐧᐨ ᑫᐃᔑᑭᑐᐊᐧᐨ ᑲᐅᒋᐊᓄᑲᑌᐤ ᐅᑕᑯᓯ ᑲᐅᒋᐅᓇᑌᓂᐤ ᐅᐱᒥᔭᐃᐧᐣ
- ᒋᐱᒥᐊᓄᑲᑕᒧᐊᐧᐨ ᐊᓂᐣ ᐊᐊᐧᔑᒉ ᑫᑭᐅᒋ ᒥᓄᓴᓂᐤ ᐅᑕᑯᓯᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᑲᐊᓄᑭᑕᒪᐊᐧᐊᐧᐨ.

ᐁᑲᐧ ᒥᓇ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ ᑲᐊᓄᑭᐊᐧᐨ ᒥᔑᓇᐧᔦᐤ ᐸᐸᑲᐣ ᑕᐃᓇᓄᑭᐊᐧᐤ ᑫᑭᐅᐣᒋ ᐁᐧᐣᒋᓴᓂᐤ ᐅᐃᐧᒋᐦᐃᑯᐃᐧᓂᐊᐧ ᐅᑕᑯᓯᐤ:

- ᑫᒋᐊᐧᐤ ᒋᑲᓄᓇᐊᐧᐨ ᑲᐊᓄᑭᓂᐨ ᐃᒪ ᐊᐧᓂᔑᓂᓂᐊᐧᐤ ᒥᓇ ᐃᓄᐃᐟ ᒪᐡᑭᑭᐃᐧ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᐣ, ᑲᓇᑕ ᑭᒥᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᒥᓇ ᑯᑕᑭᔭᐣ ᑲᐅᒋ ᒪᒪᐃᐧ ᐊᓄᑲᑌᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ
- ᐅᑲᐅᒋ ᐃᐧᑕᓄᑲᑕᓇᐊᐧ ᐊᓂᔑᓂᓂᐃᐧ ᑕᔑᑫᐃᐧᓇᐣ ᑫᑭᐅᒋ ᑭᑫᑕᒧᐊᐧᐨ ᒋᑲᐧᔭᑯᓴᓂᐤ ᐅᑕᑯᓯᐃᐧ ᐊᓄᑭᑕᒪᑫᐃᐧᓂᐊᐧ
- ᒋᑲᑫᐧ ᑌᐱᓂᑲᑌᑭᐣ ᐅᑌᓇᐤ ᑲᐊᔭᑭᐣ ᐃᐧᒋᐦᐃᐁᐧᐃᐧᓇᐣ, ᑐᑲᐣ ᑫᑕᑕᐁᐧᐣ ᑲᑫᐧᓇᐃᐧᐃᐧᓯᓴᐨ ᑲᐃᔑᑕᐦᐃᐨ, ᐊᐧᑲᐧᐦᐃᑲᓂ ᐅᒋᑕᒪᑫᐃᐧᐣ ᒥᓇ ᐁᐧᒥᑎᑯᔑᐃᐧ ᐅᑌᓇᐃᐧ ᐃᐧᒋᐦᐃᑯᐃᐧᓇᐣ
- ᒋᑲᑫᐧᐃᔑᓇᑯᒋᑲᑌᐤ ᑕᐱᐡᑯᐨ ᐃᑯ ᑕᔑᑫᐃᐧᓂᐤ ᑲᒪᒪᐃᐧᔭᓂᐊᐧᐤ ᒋᐃᓀᑕᑲᐧᐤ ᐅᑕᑯᓯᐃᐧ ᑲᐯᔑᐃᐧᑲᒥᑯᐤ
- ᒋᐸᑲᓇᒋᑲᑌᐤ ᑲᐃᔑᐱᒪᓄᑲᑌᐤ ᑲᐯᔑᐃᐧᑲᒥᐤ ᒋᐊᐧᐃᐧᒋᐦᐃᑎᓇᓂᐊᐧᐤ ᒥᓇ ᑫᐃᔑᒥᓄᐃᐧᒋᐃᐧᑎᓇᓂᐊᐧᐤ ᒥᓇ ᐱᑯ ᒋᔭᓂᒥᓄᓴᑭᐣ ᐃᐧᒋᐦᐃᐁᐧ ᐊᓄᑭᐃᐧᓇᐣ.

ᓂᑲᐣ ᑫᔭᓂᓇᓄᑭᓇᓂᐊᐧᐤ, ᐊᐧᓂᓇᐊᐧᑲᐧᐤ ᐊᓂᔑᓇᐯᐤ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᐃᐧᑐᑕᐣ ᒋᔭᒪᒥᓇᐧᑐᐨ ᐅᓄᐁᐧᓂᐊᐧᐣ ᑲᔭᓂ ᒪᓯᓇᐦᐃᑲᑌᑭᐣ ᑲᐯᔑᐃᐧᑲᒥᑯ ᐱᒧᒋᑫᐃᐧ ᐁᑲ ᒪᔑ ᑲᑭᒥᓄᓴᑭᐣ:

- ᐊᐊᐧᔑᒉ ᒋᒥᓇᐧᔑᒋᑲᑌᐤ ᑲᐯᔑᐃᐧᑲᒥᑯ ᑲᓇᐁᐧᐣᒋᑫᐃᐧᐣ
- ᑲᐃᔑᓇᑲᐧᓂᐤ ᒥᓇ ᒥᓂᑯᐤ ᑲᐊᔕᒪᑲᓄᐊᐧᐨ ᐅᑕᑯᓯᐤ ᑲᐊᔕᐣᑫᐊᐧᐨ ᑭᔑᑌᐳᐃᐧᐣ ᑲᐸᑭᑎᓇᒧᐊᐧᐨ
- ᑫᓂᔑ ᒪᒥᓇᐧᒋᑲᑌᑭᐣ ᐁᑲ ᑲᓇᐦᐃᓴᑭᐣ ᐃᓯᓴᐃᐧᓇᐣ ᑐᑲᐣ ᒥᓂᑫᐧᐃᐣ ᒥᓇ ᒪᐡᑭᑭᐃᐣ ᑲᐱᐣᑎᑲᒋᑲᑌᐤ
- ᑕᐊᓂᒧᒋᑲᑌ ᑲᓇᑕᐁᐧᐣᑕᑲᐧᐤ ᒋᑕᑲᐧᐤ ᑭᓇᑲᐧᐡ ᒋᑲᐯᔑᐦᐃᑕᐧ ᑲᑎᐯᓂᑯᐊᐧᐨ ᑲᑲᐧᒋᒪᒋᓴᐦᐃᑯᐊᐧᐨ ᑫᑯᓇᐣ
- ᑲᓇᐣᑕᐁᐧᐣᑕᑲᐧᐤ ᐊᐊᐧᔑᒉ ᒋᑭ ᑭᑭᓄᐦᐊᒪᐊᐧᑲᓄᐊᐧᐸᐣ ᑲᑭᓇ ᑲᐯᔑᐃᐧᑲᒥᑯᐃᐧ ᐊᓄᑭᓇᑲᓇᐤ

ᐃᐡᑲᐧᔭᐨ ᐃᑭᑐᐃᐧᐣ

ᒥᑕᐡ ᑲᑭᑐᒋᑲᑌᐤ ᐅᓄᐁᐧᓂᐊᐣ ᑲᓇᓇᑭᐡᑭᑲᑌᑭᐣ ᐊᓂᒥᓴᐃᐧᓇᐣ ᐃᒪ ᑲᐃᔑᐱᒧᒋᑲᑌᐤ ᑲᐯᔑᐃᐧᑲᒥᐤ ᐊᐧᓂᓇᐊᐧᑲᐤ ᐊᓂᔑᓇᐯᐤ ᒪᐡᑭᑭᐃᐧᑭᒪᐃᐧᐣ ᐅᑲᐱᒥ ᓇᓇᑐᓇᐣ ᑫᑭᐅᐣᒋ ᑲᐧᔭᑯᓂᑲᑌᑭᐣ ᐁᑲ ᑲᐃᔑᓇᓇᐦᐃᓴᑭᐣ ᑫᑯᓇᐣ ᐅᐁᐧ ᑕᐡ ᒋᑐᒋᑲᑌᐤ:

- ᑫᒋᓇᐨ ᒋᔑᐃᐧᒋᐦᐃᑕᐧ ᐅᑕᑯᓯᐤ ᒥᓇ ᐅᑲᓇᐁᐧᐣᒋᑫᐤ ᑲᐧᔭᐤ ᒋᑲᐯᔑᐦᐊᑲᓄᐊᐧᐨ ᒥᓇ ᒋᐸᔭᑕᑫᐣᑕᑲᐧᓂᐤ
- ᑫᒋᓇᐨ ᒋᔑᐃᐧᒋᐦᐃᑕᐧ ᐅᑕᑯᓯᐤ ᒥᓇ ᐅᑲᓇᐁᐧᐣᒋᑫᐤ ᐃᒪ ᑲᐅᒋᐊᓄᑲᑌᓂᐤ ᐅᐱᒥᔭᐃᐧᓂᐊᐧ
- ᒋᔭᓂ ᑭᑭᓄᐡᑲᒪᐃᐧᑕᐧ ᐅᑕᑯᓯᐤ ᒋᔭᓄᒋ ᑭᑫᐣᑕᒧᐊᐧᐨ ᐊᓂᐣ ᐁᔑᐱᒧᒋᑲᑌᐤ ᑲᐅᒋᐊᓄᑲᑌᓂᐤ ᐅᐱᒥᔭᐃᐧᓂᐊᐧ.

Our Partners and Funders

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- Chiefs of Ontario
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- University of Toronto Psychiatric Outreach Program

ᑲᐃ·ᑕᓄᑭᒪᔭᑭᑕ· ᒥᓇ ᓂᓂᔪ ᑲᐸᑭᑎᓇᐊ·ˉ

ᐊ·ᓂᓇᐊ·ᑲᑊ ᐊᓂᔑᓇᐯᑊ ᒪᐢᑭᑭᐃ·ᑭᒪᐃ·ᔅ ᑲᓂᑲᓂᐢᑲᒧᐊ·ˉ ᒥᓇ ᐅᑕᓄᑭᑊ ᐅᓇᓇᑯᒪᐊ·ᔅ ᑲᐃ·ᑕᓄᑭᒥᑯᐊ·ˉ ᒥᓇ ᓂᓂᔪ ᑲᐸᑭᑎᓂᑫᐊ·ˉ.

ᐊᓂᔑᓂᓂᐃ· ᓇᑕᐃ·"ᐃᐯ·ᐃᔅ ᒥᓇ ᒥᓄᐃᔅ ᐊᓄᑭᐃᔅ

ᐯᐸᓄ ᐊᐸᑉᑎᑲᓇ ᑲᐅᑎᓂᑲᑌᑭᐃ·

ᒪᒥᑐᐅᑎᑲᐱᐅᐃ· ᓇᓇᑕᐃ·ᑭᑫᑭᑫᐃ· ᐊᓄᑭᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃ·ᑲᒥᑊ

ᐅᑭᒪᑲᓇ ᐅᑭᒪᐃᔅ

ᐅᑐᑌᕽᐃᔪ ᐅᑭᒪᑲᓇᑊ

ᐊᐊ·ᔑᔑᐃ· ᒪᒥᑐᐅᑎᑲᓂᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃ· ᐱᒧᑭᑫᐃ·ᓇᑐ

ᓴ ᐊ·ᐸᓄᑊ ᐅᑐᑌᕽᐃᔪ ᐊᐊ·ᔑᔑᐃ· ᐊᑯᓭᐃ·ᑲᒥᑊ

ᑕᔑᑫᐃ·ᓂᑊ ᒪᒥᓄᒥᑎᑲᓇᐃ· ᐊᓄᑭᐃ·ᑲᒥᑊ ᑲᐊᓄᑭᐃ·ᓇᑐ ᑫᑯᓇᐃ·ᑐ ᐃ·ᑭ"ᐃᐯ·ᐃ·ᑲᒥᑊ

ᐊᐊ·ᔑᔑᐃ· ᒪᒥᑐᐅᑎᑲᓂᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃ· ᐱᒧᑭᑫᐃ·ᓇᑐ

ᐊᓂᔑᓂᓂᐃ· ᑎᐯᐃᑭᑫᐃ·ᓇᑐ ᐅᒪᑭᑭᐃ·ᓂᓂᒥᐊ· ᒥᓇ ᒪᑭᑭᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃ·ᑲᒥᑊ

ᑲᑕᑕ ᐅᑭᒪᐃᑲ ᒪᑭᑭᐃ·ᑭᒪᐃ·ᑲ ᓴ ᐊᓂᔑᓂᓂᐃ·ᑊ ᒥᓇ ᐃᓄᐃᐟ ᒪᑭᑭᐃ· ᐱᒧᑭᑫᐃ·ᑲ

"ᐃᓇ ᐊᕽᐊᑐ ᒪᒪᐃ· ᒪᑭᑭᐃ· ᐱᒧᑭᑫᐃ·ᑲ

ᑭᐯ·ᑎᓄᑊ ᐅᑭᒪᑲᓇᑊ ᑌᕽᐊᒪᑭᑭ ᒪᐊ·ᑭ"ᐃᑕᐃ· ᐊᐸᑉᑎᑲᓇ

ᑭᓇᕽᑊ ᐊᐊ·ᔑᑯᑊ ᒥᓇ ᑎᐯᐅᑎᑫᐃ·ᑐ ᐃ·ᑭ"ᐃᐯ·ᐃ·ᓇᑐ

ᑭᓇ·ᕽᐊ ᐊᐊ·ᔑᓀᑊ ᑲᐅᑎᐃ·ᑭ"ᐃᑕ· ᐊᓄᑭᐃ·ᑲᒥᑊ

ᒪᒪ° ᑕᔑᑫᐃ·ᓂᑊ ᒥᓄᐃᔅ ᐊᓄᑭᐃ·ᑐ ᑲᐊᓄᑲᑕᒧᐊ·ˉ

ᐊᓂᔑᓇᐯᐃ ᐊᑎᑭ ᐱᒧᑭᑫᐃ·ᑐ

ᑭᐯ·ᑎᓄᑊ ᑐᑲᐱ"ᐊᓄᑊ ᐃᑐᑫ ᒪᑭᑭᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃ·ᑐ

ᑭᐯ·ᑎᓄᑊ ᑐᑲᐱ"ᐊᓄᑊ ᐃᑐᑫ ᐅᑐᑌᕽᐃᔪ ᐊᑯᓭ·ᐃᑐ ᓇᑲᓂᑫᐃ·ᑐ ᐊᓄᑭᐃ·ᑐ

ᑭᐯ·ᑎᓄᑊ ᐅᑐᑌᕽᐃᔪ ᒪᑭᑭᐃ· ᐃᔪᑯᓄᐃ·ᑐ

ᐊᐊ·ᔑᔑᐃ· ᒪᒥᑐᐅᑎᑲᓂᐃ· ᐃ·ᑭ"ᐃᐯ·ᐃᑲᒥᑊ

ᐅᑐᑌᕽᐃᔪ ᑭᕽᐃᐟᐃᓴᑦ ᐸᑭᑎᓂᑫᐃ·ᑐ

ᐅᑐᑌᕽᐃᔪ ᐅᑭᒪᑲᓇ ᓭ ᐅᑭᒪᑲᓂᓂ ᐃ·ᑭ"ᐃᐯ·ᐃ·ᓇᑐ

ᐅᑐᑌᕽᐃᔪ ᐅᑭᒪᑲᓇ ᓭ ᐅᑭᒪᑲᓇ ᑲᐅᑭᐊᓄᑲᑌᑊ ᐊᐊᑔᐢ ᒥᓇ ᐅᐢᑲᑎᑭ ᐅᐃ·ᑭ"ᐃᑯᐃ·ᓂᐊ·

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