

LOCAL CONTROL OF HEALTH CARE AMONGST INDIGENOUS PEOPLES

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The very existence of indigenous Peoples in North America has been both an irritant and an embarrassment to European colonists claiming their territories. Although the United States adopted more overtly brutal tactics, the administrations of British North America utilized and continues to utilize more sophisticated methods to obtain essentially the same results: the territorial dispossession of the Peoples they encountered and the disposal of the lands thus vacated to alien colonists, confinement of the Peoples on "reserves", and the cultivation of dependency relationships between the colonized and the colonizer. Historically in the south this has meant the parcelling out of seized lands to European farming settlers. The same procedure is again underway in the north, but this time the colonists waiting in the wings are oil, gas, mineral, timber and hydro-electric interests.

All the aboriginal nationalities of the world have shared this experience of colonialism, although in varying measures of impact and periods of time. The experience has manifested itself in epidemic levels of social pathology and generalized

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ill-health, for example, through T.B. and other infectious illnesses, violence, suicides, alcohol abuse and related accidents, and malnutrition. Among the indigenous nationalities presently under Canadian administration, still-births, perinatal death rates and deaths of children under one year of age are all over twice the national average. Death from violent causes, including accidents, suicides and murders, are ten times higher in individuals under age 25 than for Euro-Canadians. The life expectancy of a newborn is 20 years less than that of Euro-Canadians.

In an attempt to justify the mass dispossession and the resulting ill-health a mythology has been created which has consigned the various distinct Peoples of North America to the amorphous non-identity of Indians, Eskimos, and Natives. Robbed of national identities, it is easier to treat the Peoples encountered as awkward obstacles to be pushed aside or refashioned to serve the purposes of industrial North America. The languages, histories, social structures, even the very nationalities of these Peoples have been ignored. The European education system has been used as the major tool for the translation of this policy of denationalization from a convenient hypothesis into reality. The Huron, Iroquois, Seneca, Cayuga, Cree, Inuit, Saulteaux, MicMac, Chipewyan, Haida, Dene, Nootka, Inuvealeut, and many others, have been subjected to a system which has seen their children schooled in a foreign language and in subjects which ignore the very existence and worth of these Peoples, and which have often served to teach value systems which are at odds with their social structures.

We are faced with a self-evident failure to properly understand the destructive forces at work amongst the indigenous nationalities of North America. The question of the degree to which this failure flows from honest ignorance or from a refusal to accept

discomforting realities lies at the core of the whole issue. Even if we were to accept that the etiology of these epidemics of social and physical ill-health is not understood by the implementors, the effects are manifestly apparent in a pattern which should be familiar. Social conditions parallel the grim health statistics: people are living in cold, crowded, poorly built housing, more often than not without proper provision for sewage or garbage disposal and often with only contaminated water to drink, with their economies and cultures destroyed or undermined, and their languages and land under assault. A sense of defeat prevails. The humiliation of dependence is accompanied by confusion, alienation, violence and despair, and any form of escape is welcomed.

The need to stop the destruction of human lives has been obvious for decades to all but the most pathologically obtuse or uncaring observers. The practice of the subjection of Peoples to foreign domination is now categorized in international law as a crime, as is the denial by one People or one state of another People's right to determine without external interference their political status, and to freely pursue their economic, social and cultural development. The leaders of the Innut, Inuit, and others, have recognized and emphasized for many years that the right to be individually and collectively responsible for one's own life and the national life of one's People is an absolute prerequisite to social and individual health. The proliferating ill-health amongst the indigenous nations of North America speaks powerfully of the consequences of denying this fundamental right. However, government and medical leaders persist in puzzling over solutions, advocating treatment of symptoms while causes are ignored, and steadfastly refusing to permit consideration of the underlying condition of dependency and subjugation.

To approach the health of entire Peoples as if it were separable from other social issues is to perpetuate a hypocritical pretense. Good health-care does not bring health. Money, professional advice and good intentions will not overcome the kind of collective social ill-health as now exists amongst the aboriginal Peoples. That the health of aboriginal Peoples such as Inuit and Innu is a political issue is well recognized by government, being accurately perceived as one part of a larger scene. Government leaders and the Canadian public would apparently rather accept the continuing deaths and pathetic social conditions of the indigenous nationalities than risk relaxing their grip on the lives and lands of these Peoples. If one forecloses one's options in advance, forswears any innovation which might threaten one's own inflated lifestyle, and then wrings one's hands at the hopelessness and insolubility of the problems, then one must expect one's integrity and honesty to be questioned. This refusal to consider available alternatives is easily understood. There is the frequently expressed fear that any concession will result in interference with resource-extractive industrial development, which remains the cutting edge of government policy in the north and which is often seen as holding the key to future wealth for the country. Little mention is made of the fact that approximately two-thirds of the land mass shown on official maps has never been the object of legitimate transaction between Europeans and the Peoples whose homelands they were, and still are.

In the province of Newfoundland and Labrador, for example, in 1981, Premier Peckford stated that, "In principle we have no real argument. There are legitimate rights and legitimate claims being made upon the people of Canada and the people of Newfoundland and Labrador. It is a question of what it will cost us, both financially and economically." The fears of economic loss, no matter how far-fetched or hypothetical,

cancel the admitted real debt. Self-interest, no matter how colonialistic and misguided, is seen to take precedence over historical truths and present injustice. However, self-determination is not amenable to division into sections of convenience and inconvenience. It is an unconditional right which becomes meaningless when restricted and delimited by the self-interest of a colonial power.

The Canadian government, and public, finds itself in a dilemma. It cannot accept the devastating ill-health of the indigenous nationalities and yet will not accept the change in policy that is really needed to reverse the ill-health. The result has been an attempt at compromise and patchwork, full of rhetoric but to minimal effect. Advisory Committees and advisory Boards are encouraged but are never given executive power, "consultation" is recommended but rarely occurs, local health workers such as CHR's are given impossibly huge and vague mandates with little salary and less power. The catch-words vary from year to year, changing from "local involvement" to "consultation" to "devolution", but the results remain the same. Those of us who have served in positions of nominal responsibility with no authority will understand the frustration which is the reward of those cast in this role.

Those Canadians who are in power point out the risks of allowing "natives" who are "not yet ready" to direct their own affairs, and so the administrative structure, and the ill-health, perpetuates itself. The control of budgets, hiring and firing of employees, management of local facilities, ownership of land, control of resources, and setting of policy is reserved for those imported administrators and professionals who declare themselves "ready" to provide this service. The bureaucracy flourishes, and is not held accountable. It is obvious that the main obstacle to the health of the indigenous Peoples is

not medical, but is social and political. What is far from obvious is whether Canada recognizes its debt and has the will to pay.

We are recommending that the following steps be taken:

- 1) That government terminate immediately its policy of colonizing the territories of the Peoples of the north and give public acknowledgement and respect to the status of these nationalities as Peoples.
- 2) That government enter immediately into negotiations transferring full control of the affairs of these Peoples to their legitimate representatives.
- 3) That every assistance be given to these Peoples in the reconstruction of their economies, social and national lives, and above all in the restoration of their collective and individual health.
- 4) That in the interim period, before a final transfer of responsibility is accomplished, block funding for health-care be provided to the northern Peoples, and that this funding should be administered by local boards, commissions, or other authorities selected by the local people.
- 5) That during this period government Health Departments should cooperate positively and actively in an advisory role, providing all assistance required to establish a well functioning health-care system under the direct control of the Peoples concerned.

The September/October, 1982, editorial in the Canadian Journal of Public Health expressed shock at the "...intolerable situation of ill-health among the Native People of Canada." The editor goes on to state that this ill-health "... demonstrates that health care services characterized by dedication, competence, a generous budget, and excellent lines of communication are

not enough" and then urges "... our government to take the necessary action." Actions suggested include requesting assistance from the United Nations' World Health Organization. The WHO recognizes that individual good health can best be assured through maintaining and guaranteeing healthy socioeconomic and cultural systems, and that conversely the abusive treatment, exploitation and humiliation of societies will lead inevitably to both collective and individual ill-health.

Mr Justice Thomas Berger has rhetorically asked, "What then is to be done?" before advocating, as he has done so effectively at other times, that the indigenous Peoples of the north be allowed to determine their own future in accordance with their own social systems and their own freely expressed political and economic aspirations.

We feel that Canada knows what has to be done; the question is, will Canada do it?

THIS PAPER IS NOT INTENDED TO REPRESENT THE POLICIES OR OPINIONS OF ANY GOVERNMENT DEPARTMENT OR RELATED INSTITUTION.

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