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**Résolution des questions des pensionnats indiens Canada
Actualité**

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Second Opinion Native health care is a sickening disgrace

ANDRE PICARD A mad scientist, hell-bent on destroying the health of a population, could probably not imagine a more diabolical plan than this one.

Take disparate groups of nomads, plunk them on land nobody else wants. Pack them like sardines into shoddy houses that become mould infested. Don't bother too much with infrastructure -- just dump sewage in the river where people draw their water. Strip away language and cultural heritage and ship the kids to faraway residential schools so family life disintegrates. Don't concern yourself with employment -- it's easier to create dependency with government handouts that ensure people remain poor. Make health-care services hard to access.

Ensure even care for something as elemental as giving birth is a plane ride away. Keep food scarce and expensive. Subsidize only alcohol. Create an environment so unpalatable that drug abuse, criminality and suicide seem like the most appealing options in a young person's life. If people complain and the situation become so dire outsiders start paying attention, throw a few bucks the residents' way to quiet them until the media leave town.

Of course, would-be Dr. Evils need not trouble themselves with plotting because this diabolical reality already exists for the 4 per cent of the Canadian population of aboriginal ancestry -- and not just on the Kashechewan reserve in northern Ontario.

The health status of the more than one million first nation, Metis and Inuit peoples living in 600 neglected communities (not to mention the inner cities of larger urban centres) is a national disgrace.

In Canada, we frown on collecting race-based statistics, ostensibly because we believe in equality. But where race-based statistics do exist regarding aboriginal people, they tell a sickening tale of inequality.

Consider these examples from the 2004 report titled Improving the Health of Canadians, from the Canadian Population Health Initiative.

* Life expectancy: Canadians have one of the world's highest life expectancies but aboriginals can expect to live, on average, a decade less.

* Disability: Not only do native people die younger, they live far longer with disabilities, about 12 more years on average.

* Infant mortality: Aboriginal children die at three times the rate of non-aboriginal kids, and are more likely to be born with severe birth defects and debilitating conditions such as fetal alcohol syndrome.

* Injuries: Members of first nations suffer traumatic injuries at four times the rate of the general population. Per capita, natives suffer more motor-vehicle crashes, drownings, death by fire, homicide, accidental poisonings and firearms-related injuries.

* Suicide: Their rate is six times higher.

* Chronic disease: Natives have three times the rate of diabetes; suffer more heart disease and at a younger age. While cancer is one of the few diseases where the rate is lower, that is likely because so many natives die young, before they have a chance to get cancer.

* Infectious disease: Tuberculosis rates are 16 times higher in first nations than in the rest of Canada; HIV-AIDS rates are growing fastest in the native population; medieval water-borne illnesses like dysentery and shigellosis are still commonplace in native communities.

But that's the obvious stuff. We know that the key determinants of health -- individually and collectively -- are social and economic factors such as housing, income, education, environment and empowerment.

There, the record in first nation, Metis and Inuit communities is even more dismal.

* The unemployment and poverty rates are three times those in the non-aboriginal community.

* Only 4 per cent of natives have a university education, one-quarter the rate in mainstream society.

* More than one-third of aboriginal people have, in government jargon, a "core housing need," meaning their homes do not meet the most basic standard of acceptability. Overcrowding, lack of running water and inadequate sewage are the norm in many native communities.

* The environmental contaminants that stalk some communities are frightening: Mercury, PCBs, toxaphene and pesticide levels are all higher in the bodies of aboriginals than non-aboriginals.

* Lack of control over important dimensions of living, in itself, contributes to ill-health. But when is the last time we heard talk of self-government? It is, all told, a "perfect storm" of conditions to destroy the health -- and the soul -- of a population. Misery has bred ill health, and ill health more misery.

Throughout our history, we have tried to deal with the native "problem" in almost every conceivable way: mass slaughter, the deliberate spread of infectious disease, displacement, the apartheid-like reserve system, assimilation and, more recently, Third World health outcomes brought on by benign neglect.

Perhaps the time has come to try sound public health policy.

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