



The Context of Aboriginal Health in Canada

Dr. Johanne McCarthy, BA (hons), ND

The Great Law of Peace of the *Haudenosaunee* (Six Nations Iroquois Confederacy) mandates that in all deliberations it is essential to consider the impact of our decisions on the seven generations yet to come. This concept recognizes the importance of our interconnectedness to our ancestors as we walk into the future.

It emphasizes the value in examining the current situation in relation to the historical context of how things came to be the way they are today.

As naturopathic doctors we value wholistic care of the individual's physical, mental, emotional, and spiritual state of being. Our profession acknowledges the limitations of looking at health through the lens of the biomedical model of health care, as the model interprets health as a physical process focusing on pathology, biochemistry and physiology. It attributes disease to biological agents, requiring treatment via biological means such as pharmaceuticals and surgery. The 2002 Royal Commission on Health care in Canada also acknowledges the barriers of this model in its tendency to view the body and mind separately, its focus more on the curative rather than preventative medicine, and its lack of attention to the social determinants of health.¹ These considerations have fuelled a public paradigm shift towards understanding the value of the social determinants of health. The health determinants model expands the approach to health intervention by considering the complex interaction between social, economic, political, environmental and cultural challenges faced by a population.

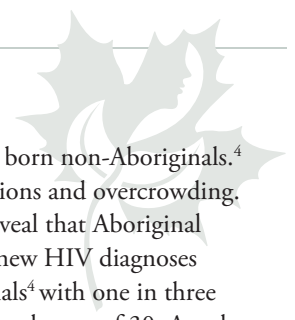
Although this perspective facilitates a better understanding of the existing health disparity of the Aboriginal population compared to the non-Aboriginal population in Canada it does not tell the entire story. Along with the government's recognition that "it is the combined influence of the determinants of health that determines health status,"² it is important for care providers in Aboriginal communities go beyond merely understanding the complexity of the impact of the determinants of health and consider 'how things came to be the way they are today'. The goal of this article is to introduce the disparity in health of Aboriginal vs. the non-Aboriginal population and briefly outline what every clinician in Canada should know about the historical

factors that have impacted the health determinants for Aboriginal populations. In this way, by understanding the root cause or the historical context of the current situation we will be more equipped to support a strategy of healing that empowers progress through telling a story of courage, resilience, and perseverance for Aboriginal people.

Aboriginal Health Statistics

"Aboriginal" is the term accepted by the Canadian government to define the Indigenous people of North America and includes First Nations (North American Indian), Métis and Inuit populations combined. Together, this very diverse group comprises an estimated 4.5% of the Canadian population.³ In Canada there are 615 Aboriginal communities ("reserves" or "bands") with the largest number being in British Columbia (198) followed by Ontario (153). Ontario has the highest population of Aboriginal people in Canada (243,000) and a larger number of remote Northern Aboriginal Communities than in any other region.³ The diversity of this population is often not well reflected in the collection and interpretation of statistical information. When grouping all Native Nations together in examining the determinants of health under the category of 'Aboriginal', statistical impressions run the risk of reinforcing stereotypic generalizations of the 'Aboriginal' condition. In presenting these statistics it is important to recognize that each group is as diverse and unique as their geographic variability. An inadequacy of the health determinants model stems from the politically accepted definition of 'Aboriginal' in Canada. Aboriginal people prefer to be addressed by their individual Nation names and do not generally embrace the term 'Ab-original' due to its connotation of 'not being original'. That being said, overall statistics are presented to illustrate what knowledge is used to inform health policy and understanding.

Compared to the non-Aboriginal population, it is well documented that Aboriginal people in Canada score significantly lower on conventional health status indicators such as death rates, disease occurrence and disability.¹ As a broad measure of overall health, the 2001 census recorded the life expectancy of both Aboriginal women and men to be an estimated 6.7 years less than the non-Aboriginal population in Canada. These overall health measures are influenced by a variety of prevalent disease conditions and circumstances. For example, statistics have identified particularly high occurrences of Tuberculosis, HIV/AIDS and diabetes mellitus in Aboriginal populations in Canada. In 2005, 19% of active tuberculosis cases reported in Canada were



The 12 Determinants of Health as Identified by Health Canada¹:

- **Income and Social Status** - higher income and status often results in more control over life circumstances and discretion to act on key factors influencing health thereby reducing stress
- **Social Support Networks** - a feeling of societal caring and respect helps people to deal better with adversity and crisis
- **Education and Literacy** - closely tied to socioeconomic status thereby equipping people with increased opportunity for healthy choices as well as knowledge and skills needed for effective problem solving
- **Employment/Working Conditions** - unemployment or underemployment leads to more stress and fewer safe work environment choices
- **Social Environments** - extends to organizational and institutional relationships with the broader community which is founded on resource sharing and healthy understanding of values and norms
- **Physical Environments** - exposure to environmental contaminants in air, water, food and soil can significantly influence our well-being
- **Personal Health Practices and Coping Skills** - prevention, promotion and the development of self-reliance and self-control over lifestyle choices
- **Healthy Child Development** - early experience impacts brain development and ability to learn coping skills in later life
- **Biological and Genetic Endowment** - our inherited predisposition to certain conditions and susceptibility to other socioeconomic and environmental determinants of health
- **Health Services** - access to treatment and secondary prevention support
- **Gender** - based on an array of socially determined roles governing practices and priorities of responsibility and power
- **Culture** - incongruence with dominant cultural values can lead to marginalization, stereotyping and lack of access to culturally appropriate care

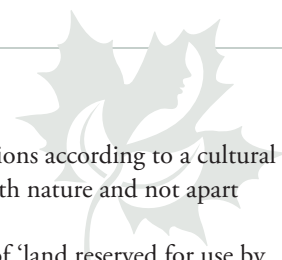
Aboriginal compared to 13% Canadian born non-Aboriginals.⁴ This is reflective of poor housing conditions and overcrowding. HIV/ AIDS rates from 1998 to 2005 reveal that Aboriginal women and youth make up 47% of all new HIV diagnoses compared to 21% among non-Aboriginals⁴ with one in three newly diagnosed Aboriginals being under the age of 30. Another example is diabetes mellitus, which affects 20% of the Canadian Aboriginal population. Key health determinants such as education, employment, income, social conditions and access to healthcare have been linked to diabetes mellitus.⁴ Diabetes mellitus was very rare in Aboriginal communities before the 1950s and has doubled in the last two decades due to drastic and rapid environmental, lifestyle and nutritional changes.⁵ Measurements of the mental/emotional health of Aboriginals also highlight disparity compared to the non-Aboriginal population. Statistics reveal higher rates of accidental deaths, experiences of discrimination and racism, major depressive episodes and substance abuse with suicide and self-injury representing the leading causes of death for Aboriginal youth. Rates of suicide are shocking at eight times higher for females and five times higher for males than in the non-Aboriginal population.⁶

Health Statistics from a Health Determinants Perspective

From a health determinants perspective, the education of Aboriginals on-reserve lags behind that of other Canadians. Aboriginal youth, for example, are 26% less likely to complete high school and 17% less likely to acquire a university certificate, diploma or degree.⁷ Unemployment rates for Aboriginals are a reported 20.4% higher than Canadian standards with males being more likely than females to be unemployed. Not reflected in these statistics are the proportion of Aboriginal people who live traditionally, hunting, fishing and gathering foods for their livelihood.⁷

Similar to education and employment, income also influences socioeconomic status and the resulting ability to assert control over living conditions, quality of housing and accessibility to nutritious food and water. The average Aboriginal income is also approximately \$11,500 less than that of the non-Aboriginal Canadian population.⁷ This is reflective of the translation of education to employment opportunities to improved income. Other quantifiable data such as housing conditions, water quality, sewage services, fire protection, and community isolation are used to statistically analyze the physical environmental determinants of health. Disturbing statistics emphasize a disproportionate accessibility to health promoting behaviours including information on the frequency of such diagnostic tests as routine screening for cervical, breast and prostate cancers.

All of the measured health determinants statistics appear to justify the health disparity experienced by Aboriginal populations. However, **if we do not look beyond** this explanation and examine the context of this situation, it reinforces a bleak image of the helpless, hopeless, unemployed, substance abusing, irresponsible Indian who needs 'help' in order to be 'saved'.



Looking at Aboriginal populations through this lens and reinforcing this perception through research does very little to empower health through the recognition of resilience, courage, strength and perseverance.

The Context

Seven generations ago Aboriginal people lived a very different life than they live today. The truth, recognition and reality of our historical context of invasion, torture, slavery, genocide and colonialism are what needs to be acknowledged and understood in order to make sense of our current health disparities. For the purpose of brevity only a few significant historical events impacting Aboriginal health will be mentioned in order to facilitate a fair explanation as to why major gaps exist in the comparison of the health determinants in Aboriginal communities.

The Royal Proclamation of 1763 – The Beginning of the Reservation System

The Royal Proclamation of 1763 is a legal agreement between the British and North American Natives issued by King George III on October 7, 1763 in recognition of Aboriginal support in the Seven Years' War between French and British Colonists. This proclamation officiated a boundary line referred to as the "proclamation line" which separated and controlled colonial expansion in order to manage the newly ceded French colonies. It also restricted colonists from settling beyond that line and regulated the sale of land without appropriate land negotiations involving the Crown and Aboriginal representatives.

Prior to colonization and Royal Proclamation, Native concepts of land ownership were not in existence. Cultural values and beliefs, passed down through oral history, were documented symbolically on strings of *wampum*. Wampum are shell-crafted beads strung in an order as a reminder of our traditional concepts and agreements. In Haudenosaunee culture there is an important wampum called 'the dish with one spoon'. This Wampum outlines the law of Native relationships to the land. Its estimated date of origin is prior to the 1690s where it was proposed as a treaty between the Ojibway and the Haudenosaunee Five Nations. The dish represents the land from which we all derive our sustenance for survival. From this dish we are to take only what is necessary leaving whatever is available for others. It teaches our obligation to share this land using one spoon so that we are able to conserve its bounty for the faces of the next seven generations yet to come. The Wampum teaches that no one person shall own the land since it belongs to everyone including other beings and the unborn generations. The Royal Proclamation signifies the first agreement and understanding of land resources from an ownership perspective. This agreement like the Wampum is a legal treaty recognizing and establishing a relationship honouring friendship and peace. Many more treaties marked by the creation of documents and wampum were established following this Royal Proclamation. Negotiations by Aboriginal representatives in these agreements focused on conserving resources, sovereignty and

guaranteeing benefits for future generations according to a cultural belief system which values being one with nature and not apart from it.

The beginning of this system of 'land reserved for use by Natives', restricted and confined Natives throughout the years to smaller and smaller tracts of land impacting the use of resources, cultural relationship and concepts of identity within the natural environment. Settlers arbitrarily claiming entitlement to lands using the Royal Proclamation to their benefit and the subsequent dispossessing of lands under colonialism have disastrously impacted the health of land-based Indigenous cultures.

The Indian Act of 1876 – The Negation of Self-Determination

Established in 1876, The Indian Act marked a watershed change in social relationships, with authority over Aboriginals being switched to the hands of Canada's newly formed federal government. It defined Aboriginal identity and registers 'Indians' providing them with a card proving their *status*. Prior to 1985, non-Aboriginal women who married Aboriginal men could acquire 'Status' thereby granting them the right to live on lands reserved for 'Indians'. However, Aboriginal women who married non-Native men lost 'Status' thereby losing the right to live on reserve. The impact of this patrilineal imposition should not be underestimated, as many North American Aboriginal societies were matrilineal in structure. Matrilineal societies pass heritage, family name, values and traditions through the woman's side of the family; Haudenosaunee culture, for example is representative of this matrilineal system. Subdivisions of each nation consist of clans named according to animal totems, for example, Beaver, Bear, Turtle, Wolf, etc. Clan membership is passed down through the mother's line and governs social support relationships in tragic circumstances as well as in marriage. The Indian Act enforced legal restrictions which served to break down these family systems of support and knowledge transmission. The Indian Act continues to exist today with modifications in 1985 (Bill C31) and recently in 2011 (Bill C3) to account for the document's overt sexism — however, its patrilineal perspective is still embedded at the document's core.

The Indian Act governs more than 'Indian' identity. Historically it outlined legal restrictions against leaving reserves, the requirement of permission to sell goods, restrictions against having a will, the sale of land, and the ability to secure a mortgage. Natives could revoke status and participate in Canadian society if 'enfranchised'. 'Enfranchisement' (viewed as a 'privilege' for Aboriginals by the Canadian government) provided Indians with the entitlement to vote and attend post-secondary education. However, 'enfranchisement' attracted very few volunteers because it required an alienation of self-identity and a severed affiliation with reserve living.⁸ Compulsory 'enfranchisement' began in response to this lack of interest in 1920 with the objective of forcing assimilation into Canadian society in order to eliminate the 'Indian Problem'.⁹ This policy reinforced the loss of 'status' to Aboriginal women marrying non-Aboriginal men and instituted the "loss of

status to any Aboriginal who received a university degree or who became a doctor, lawyer or clergyman, regardless of their desire to lose their status”.⁹ This Compulsory Enfranchisement law was not abolished until 1959 and marked the first time in Aboriginal history that people could achieve a post-secondary education while maintaining a connection to their community, their culture and their relations. This calculated, legally enforced disincentive is why many Aboriginal adults today are under-educated.

Despite the oppressive history of this document, the Indian Act is the only system in place protecting the lands reserved for Aboriginal nations and what's left of the notion of Native Sovereignty. Aboriginal communities are still considered as nations within a nation and therefore taxes are not collected on reserves to be paid to the provincial or federal governments of Canada. Status or treaty agreements off-reserve grant tax exemption from the provincial portion of taxable sales under section 87 of the Indian Act. However, some of the restrictions of the Act, such as the limitations on the opportunity for development, do not necessarily negatively impact Aboriginal communities as they have different priorities and different perspectives with regards to acquisition of wealth, development and land use.

The Residential School System — The Abuse Against Self-Identity and Self-Worth

Established in 1892, the Residential School System placed children in boarding schools where they were forbidden to speak their own languages and practice cultural behaviours and ceremonies. It was mandatory for most of these children to attend once they reached their third year of age.⁴ The priority of this system was to ‘Kill the Indian and Save the Man’¹⁰ using aggressive civilization to accomplish colonial goals grounded in a perspective that Native land would be better used under private ownership and Native people would be better off if they were civilized.¹¹ Many children suffered physical, mental, emotional, social, and sexual abuse at these institutions.¹² Conditions of poor sanitation, overcrowding and lack of access to medical care lead to very high death rates among children; in some cases death rates were as high as 69%.¹³ Additionally, students were kept from their parents for 10 months out of the year and all correspondence was to be written in English. These barriers to connecting with family and experiencing normal family life, love, structure and support created enormous experiences of psychosocial stress for adults, children and community. Those who survived residential school most often did not feel like they belonged upon returning to their community. The tragic impact on individual perspectives of self-value, confidence and knowledge of basic family dynamics in adulthood has been well documented over the years.¹¹ What many people do not realize is that this legacy is not a part of distant history but a part of contemporary Aboriginal reality. The peak of the residential school system was in 1931 with 80 schools operating in Canada. A total of 150,000 Aboriginal children were forcibly removed from their families and their communities to attend these institutions.¹²

1763 Royal Proclamation – a legal document between the British and North American Natives

1867 British North America Act – marking Canadian Confederation

1876 Indian Act – outlined Canada's federal government authority over Indian and Lands Reserved for Indians; defined Indian identity under the eyes of the law

1892 Establishment of the Residential School system – with the purpose of “killing the Indian Child”

1920 Compulsory Enfranchisement – loss of status to any Aboriginal woman marrying non-Aboriginal man and her children; loss of status to any Aboriginal achieving a University education.

1959 Aboriginal could achieve post-secondary education and maintain identity

1960 First time Aboriginal people could vote in Canada

1998 Closing of the last Residential School in Canada

2008 Stephen Harper, on behalf of the Government of Canada offered a public apology to all former students of Indian Residential Schools in Canada

The last residential school in Canada was the White Calf Collegiate Institute in Saskatchewan which closed in 1998, only 13 years ago.¹⁴

A Future of Healing for the Next Seven Generations to come

Evaluating the health of Aboriginal people through the analysis of the health determinants model does not necessarily reflect culturally appropriate healthcare. In order to understand ‘why things are the way they are’ clinicians need to go beyond statistics and attempt to understand the context of the current situation. We can all learn from the ‘Aboriginal journey’ that one cannot take a paternal role directing health from the guise of our own goals and expectations. Often, our own goals and expectations can be skewed or irrelevant despite best intentions. Reflecting on the impact of colonization and forced assimilation efforts, it is important to acknowledge that Aboriginal people in Canada are dealing with the realities of invasion, torture, slavery, and genocide. This historical perspective is not often respected, acknowledged or discussed when talking about the health and healing of Aboriginal people and communities. To be good clinicians, we need to strive to hold true to our naturopathic doctrine and meet the patient where they are in the healing process. On our patient's journey we can hope to facilitate a relationship of sharing, peace and support so that they are empowered to tell their history, their perspective,

their experience and share their goals with us. We can support our Aboriginal patients by reminding them of the resilience, strength and perseverance it has taken for them to make it this far on their journey and encourage them that the choice to be who they want to be is in their control. Now that Aboriginal people are legally in a position in Canada to achieve post-secondary education and vote (should they so choose) without alienating their identity and connection to their cultural values we will hope to see a more positive trend in health and healing. When dealing with all marginal/minority populations as clinicians, we cannot assume that healing means fixing the patient's problems on our terms. It is more helpful to be conscious of our own goals and make an effort not to let these goals warp our perception and misguide our judgement of our patients' goals and interpretations of their own health and healing. We need to step away from a paternal guiding role and really get to know 'why things are the way they are' from the patient's perspective. It is our job to empower each individual on their journey by taking the time to respect, validate, and listen to their history, their perspective, their experience and their goals... not our own. 🌱

About the Author

Dr. Johanne McCarthy is from the Onondaga Nation of the Six Nations of the Grand River and is a happy mother of two. She is the founder of the Healing Journey Naturopathic Clinic established in 2005, in Caledonia, Ontario and the first Naturopathic member of the Indigenous Physicians Association of Canada.

Johanne is also an Aboriginal Student Counsellor at Mohawk College in Hamilton, Ontario. She has published many educational articles about Aboriginal health and healing including co-authoring a paper titled, "Naturopathic Medicine for the Improved Health Care within Canadian Aboriginal Communities" conducted by the Department of Research and Clinical Epidemiology at the Canadian College of Naturopathic Medicine.

Johanne has also published a paper on the Great Peace CD Rom which is an educational tool distributed to elementary schools across Ontario titled, "Ecological Well Being: An Exploration of the Intimate Relationship between Haudenosaunee Medical Practices and the Environment". Johanne is an avid public speaker who enjoys sharing her research at McMaster University, Mohawk College, George Brown College, the Canadian College of Naturopathic Medicine and within her community. She enjoys her role at Mohawk College supporting students to achieve their personal and academic goals. Johanne continues to work particularly close with Mohawk's Practical Nursing with Aboriginal Communities program to help both Native and non-Native students respect the context of health and the importance of incorporating wholistic, nature based, culturally relevant practices into care. She hopes that her contribution to education and her community will reverberate to make life a little easier for the coming faces of the next seven generations and is grateful that her ancestors made decisions with her future and the future of her own children in mind.

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