The Society of Obstetricians and Gynaecologists of Canada Aboriginal Health Issues Committee

Pierre Lessard, MD, FRCSC, Stanton Yellowknife Hospital, Northwest Territories

"Never confuse making people happy with what needs to be done." Richard A. Moran[1]

There are over one million people of Aboriginal descent living in Canada today; 75 percent are Indians, 20 percent Metis, and five percent Inuit. The Royal Commission on Aboriginal People, in its mandate in 1991, looked into health and social issues of concern to Aboriginal Peoples; these issues included: poverty, unemployment and underemployment, access to health care and health concerns generally, alcohol and substance abuse, sub-standard housing, high suicide rates, child care, child welfare, and family violence."[2]

"Ovide Mercredi, Grand Chief of the Assembly of First Nations, was a principal speaker at the Canadian Medical Associations (CMA) 1992 Leadership Conference. The issue was quality of care: What you are experiencing in many ways in the medical profession in terms of the health conditions of the Indian people is the result of cultural imperialism, the result of the destruction of a way of life."[3]

THE DISPOSSESSED

"Strangely, most Canadians are better acquainted with the history of native people in the eighteenth and nineteenth centuries than they are with the unsavoury realities of recent years. Canadians know that the early settlers and governments took land from the Indians, but it is easy to feel detached from those events of long ago. It is more difficult to deny responsibility for the misguided policies of the twentieth century. And so the ugly events of recent history are buried behind a wall of illusion—the illusion that progressive thinking and improved attitudes have brought fair treatment to Canada's native people.

"Occasionally, a twentieth-century tragedy—a Grassy Narrows or a Lubicon Lake—is revealed and debated. Yet it is treated as an isolated event, a curious aberration, a temporary lapse in the judgment of the administrators and leaders of our civilized society."

▼ ▼ ▼

There is rarely any understanding of the sheer number of similar events taking place in Aboriginal communities across the country. And few Canadians realize the connections between all these stories—the recurring pattern of the disintegration of entire communities as a direct consequence of assaults made by the institutions of modern Canadian society.

"In this book I try to show those connections. Hundreds of native communities are still enduring the malignant effects of institutions that seem benign to non-native Canadians: the churches, religious boarding schools, provincial and federal schools, child welfare agencies, courts, government departments, hydro corporations, and resource developers. The social conditions on modern-day reserves are a legacy of the decisions and policies of the most powerful institutions of the nineteenth and twentieth centuries. Many of those policies—and the attitudes that shaped them—still exist today."[4]

THE INUIT WAY

"Prior to contact with Europeans, the Inuit were an entirely self-governing people who lived in small, egalitarian, groupings that were nomadic and dependent upon hunting and fishing for their survival. Traditional customary law was characterized by its informal nature, flexibility, and the reliance upon social pressures to ensure that people acted appropriately. The Inuit had developed a rich material culture focused primarily on hunting and fishing technology. Their spiritual life centered around human-like and animal spirits, a variety of taboos that affected many aspects of their life, and a rich mythology that sought to explain both the natural and the supernatural world.

"As contacts with the Qallunaats* increased, the Inuit culture began to change and adapt to the new circumstances. Since the early 1950s, the pressures to change their culture and adopt many aspects of the foreign culture increased dramatically for the Inuit as they began to move into the settlements. While they were 'pulled' to settlements for access to the schools, health care, housing and material goods, they were also 'pushed' from the land by a drastic reduction in the caribou herds and low fur prices which left them impoverished, and occasionally starving.

"Despite the overwhelming pressures to adopt many aspects of Qallunaat culture, modern Inuit continue to live according to values that arise out of their tradition. While differences exist among Inuit as to how close they live to traditional values, all Inuit are proud of their culture and recognize the importance of keeping it alive. Many Inuit continue to have a close tie to the land and consider their relationship to the land to be essential to their culture and to their survival as a distinct people."[5]

What happened? Peter Block would explain it this way: "We govern our organizations by valuing, above all else, consistency, control, and predictability. These become the means of dominance by which colonialism and sovereignty are enacted. It is not that we directly seek dominance, but our beliefs about getting work done have that effect."[6]

"The 1990s have asked us to be more 'accountable' for the outcomes of our institutions without acting to define purpose for others, control others, or take care of others."[6] And that is what the CMA, many CMA divisions, and National Societies have done in regards to Aboriginal Health. "Many—particularly the British Columbia Medical Association, Yukon Medical Association, Manitoba Medical Association, Canadian Psychiatric Association, and Canadian Paediatric Society—have been developing policy and education and training initiatives for their members, networking with Aboriginal groups and peoples, and planning future relevant activities."[7] In December 1994, "the CMA began preparatory consultations and meetings for an Aboriginal Women's Health Workshop in Winnipeg in May 1995. This workshop will look at existing organized knowledge in the area of Aboriginal women's health, provide an opportunity to access new knowledge and facilitate a greater understanding of Aboriginal concepts of wellness and healing."[8]

The Society of Obstetricians and Gynaecologists of Canada (SOGC) at its Council Meeting in June 1994 agreed to support the formation of an Aboriginal Health Issues Committee. There are ten members on the committee with one support staff member from the SOGC head office, Julie Larue. The membership reflects the diversity of Aboriginal groups, consultants, and the SOGC.

* Qallunaats, or Kabloona, is the Inukitut term referring to white people. Its origin seems to be from the Inukitut phrase meaning "people who pamper their eyebrows" and can simply imply that these people pamper or fuss with nature; or are of a meterialistic nature, greedy.

NEW!

ORAL SINGLE-DOSE THERAPY FOR VAGINAL CANDIDIASIS

New **Diflucan-150** is the first *oral* single-dose therapy for vaginal candidiasis. It is fast-acting, providing rapid relief of symptoms[1,2], with excellent cure rates and results that last.[1]

Convenient and generally well tolerated*[4], new **Diflucan-150** is taken by the mouth and was preferred by 88% of patients over messy creams and vaginal inserts in an open multicenter study of 1,017 women.[5]

* In clinical studies of Diflucan-150, the most common side effects were headache, nausea, abdominal pain and diarrhea. Most reported side effects were mild-to-moderate in nature.

NEW Pr *Diflucan-150**

(fluconazole / pfizer)

One Dose Can Do It

Pfizer

Kirkland, Quebec
H9J 2M5

*TM Pfizer Inc
Pfizer Canada Inc., licensee

PAAB

▼ ▼ ▼

The members are: **Ms. Amy Sock-Angeconeb,** Native Women's Association of Canada (Ottawa), **Ms. Ruth Ann Carlson,** Aboriginal Nurses Association of Canada (Ottawa), **Ms. Margaret Moyston Cumming,** Reproductive Health and Infant Care, Health Canada (Ottawa), **Ms. Roda Grey,** Pauktuutit-Inuit Women's Association (Ottawa), **Dr. Michael Perley,** Native Physicians in Canada (Woodstock, N.B.), **Ms. Claudette Dumont-Smith,** Consultant on Aboriginal health issues (Hull, P.Q.), **Ms. Brenda Thomas,** Assembly of First Nations (Ottawa), and the three representatives of the SOGC: **Dr Gerry McCarthy** (Winnipeg), **Dr. Michael Fortier** (Quebec), and **Dr. Pierre Lessard** (Yellowknife) as chair.

The Committee, at its first meeting during the Federation of International Gynecology and Obstetrics (FIGO) meeting, created a vision statement which is: **to promote optimal reproductive health care that best meets the needs of the Aboriginal People of Canada.** The Committee also adopted its guiding principles which are derived from the Keewatin Regional Health Board mission statement. There are six principles:

1. All Aboriginal individuals have the right to be treated in a culturally appropriate manner, to include their own languages.
2. Aboriginal People have the right to be treated with respect.
3. Health care services will be provided as close to home as possible.
4. Aboriginal People have a right and responsibility to participate in their own health care.
5. Aboriginal People have a right to healthy lives and that healthy lifestyle and minds go together, the holistic approach.
6. Health care providers have a responsibility to promote and support the health and cultural needs of Aboriginal People.

The Committee gave its support to the Canadian Medical Association (CMA) recommendations to the Government of Canada in regard to Aboriginal health and also endorsed the eight CMA principles on Aboriginal health. These principles are well documented in the CMA publication: Bridging the Gap.[7]

Our Committee's first area of focus will be education and sensitization of the SOGC membership to Aboriginal People in general. Then we will move to more speci- fic issues including remote areas perinatal care, or family violence/sexual abuse, or traditional medicine. We intend to produce tri-monthly articles in the Journal SOGC, the first one in this issue entitled: An Introduction to Aboriginal Issues. We want to highlight Aboriginal issues and facilitate a better understanding of their points of view, be it language, tradition or concerns. We aim for trust, cooperation, and improved health care.

In early 1992, at a CMA co-sponsored conference on 'caring hands in a multicultural world,' Rosella Kinoshameg, a community health nurse for the Native Health Unit of the United Chiefs and Councils of Manitoulin Island, led a workshop on death and dying in Native North American culture. She concluded by saying: "As health care providers we must respond to many issues because we live in a multicultural society. We are the ones who must facilitate the healing process, must help the people return to this wholeness."[8]

J SOGC 1995;17:531-4

REFERENCES

1. Moran RA. Beware those who ask for feedback. Harper Business, New York, 1994.
2. The Mandate: Royal Commission on Aboriginal Peoples Background Papers, Ottawa, Aug 1991:15.
3. CMA News, December 1993.
4. York G. The Dispossessed, Life and Death in Native Canada. Little, Brown and Company (Canada) Limited, Toronto, 1992.
5. The Inuit Way. A Guide to Inuit Culture. Pauktuutit, The Inuit Women's Association of Canada.
6. Block P. Stewardship - Choosing Service Over Self-Interest. Berrett-Koehler Publishers, San Francisco, 1993.
7. Bridging the gap: promoting health and healing for Aboriginal People in Canada. Published by the Canadian Medical Association, Ottawa, 1994.
8. CMA News, December 1994.