

Inequity

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18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies.¹

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.¹

It is difficult to make measurable improvements on such profound health outcomes as life expectancy or prevalence of chronic diseases on a short timeline. But it strikes me as possible to make a change on “the availability of appropriate health services.”¹ As Canadians we take justifiable pride in our universal health care system. We have much to learn about addictions and mental health but we know how to make health care services available. So I wanted to learn some things about how we are doing providing health services to Indigenous people.

I thought a good place to start was to talk to Dr Sara Goulet. Dr Goulet has spent her whole career providing medical services to Indigenous people, primarily in Whale Cove and Sanikiluaq in Nunavut, and Garden Hill in Manitoba. Dr Goulet is Senior Lead of Fly-in Programs for Ongomiizwin Health Services. When Dr Goulet is in Winnipeg, Man, she keeps her skills sharp by working in the surgical intensive care unit and providing family medicine consulting services to Gold Surgery, the trauma service in Manitoba’s largest hospital. As well as doing front-line work, Dr Goulet also holds the position of Associate Dean of Admissions for the College of Medicine at the University of Manitoba, helping to find and train doctors to serve all Manitobans. Dr Goulet is Métis, from the Red River Settlement, a descendant of the original Winnipeggers! She is surely an expert with regard to the current state of health services provided to Indigenous people.

Dr Goulet speaks fondly of her personal experience working in the north. She feels very welcomed by the communities and finds the work important and rewarding. She expresses admiration for the many health care professionals, both nurses and doctors, who have dedicated their careers

to serving these communities. I asked her about the situation in Garden Hill, an Oji-Cree community approximately 500 km northeast of Winnipeg, on the Ontario border, only accessible by air. It is a community of approximately 4000 people. There is a nursing station there that is supposed to be staffed with 9 registered nurses, but sometimes there are only 5 nurses working there. Medical services are provided on a fly-in basis. There are 2 doctors who fly in to the community on Monday morning and fly back to Winnipeg on Thursday afternoon. The doctor who has provided this service most consistently is Dr Hanka Hulsbosch, whom Dr Goulet identifies as a mentor and role model. Dr Goulet said that between Garden Hill and Saint Theresa Point, a similar-sized neighbouring community, there are 6 to 10 medical evacuations every day. Six to 10 times sick community members have to be evacuated by air out of their community to receive hospital services! Every day! I am impressed by the commitment of the doctors and nurses who provide service in this setting, many miles from the diagnostic tools and specialist backup available in the south. I am also shocked by the failure of our governments to ensure a similar level of health service available to these communities as would be available to similar-sized non-Aboriginal communities. In comparison, Minnedosa, a slightly smaller community, has a small hospital with 5 physicians who live in the community.² In my own experience, Bella Bella, BC, a smaller Indigenous community with less than 2000 residents on an island 500 km northwest of Vancouver, has a small hospital and 2 or 3 on-site physicians. I didn’t realize there was such a disparity in the level of health services that are offered in different communities across Canada.

The Truth and Reconciliation Commission’s calls to action were published in 2015. I know there is much more to reconciliation than the provision of comparable health services. But it is unacceptable that our health care system is not universal and that sizable Indigenous communities have nowhere close to similar access as other Canadians do. This is not a shameful fact of our history. It is a shameful fact of our present in 2019. I admire the family physicians like Drs Goulet and Hulsbosch who serve these communities in these difficult circumstances, but I wonder how much longer we are going to leave communities like Garden Hill and Saint Theresa Point without the resources they deserve? 🌿

References

1. Truth and Reconciliation Commission of Canada: calls to action. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015. Available from: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf. Accessed 2019 Sep 6.
2. Discover Minnedosa [website]. Minnedosa, MB: Town of Minnedosa; 2019. Available from: Discoverminnedosa.com. Accessed 2019 Sep 6.

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