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Collective Statement: Health

Union of British Columbia Indian Chiefs
Indigenous Networks on Economies and Trade

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This is a collective statement by the Union of British Columbia Indian Chiefs and then Indigenous Networks on Economies and Trade

Despite the relatively high standard of living enjoyed by the Canadian population in general, Indigenous peoples are among the poorest in terms of health and other indicators. The results of both past and more recent research on the state of Indigenous health in Canada provide a consistent picture. For example, Health Canada's *"Statistical Profile on Indigenous Health for 1999"*, the most recent statistical report on the state of Indigenous health published by the federal government's Ministry of Health, highlights that although there has been some improvement in the state of Indigenous health over the past two decades, Indigenous continue to be in poorer health than the general Canadian population and continue to have a lower life expectancy, a higher infant mortality rate, a higher rate of violent and accidental deaths, injuries and suicide, and a higher incidence of chronic and infectious diseases.

Recommendations:
Given the dismal state of Indigenous health in Canada today there is a need for a concerted and meaningful commitment from all levels of government in Canada (federal, provincial and territorial) and from all United Nations agencies to address the health needs and well-being of Indigenous peoples. We therefore recommend that the Permanent Forum on Indigenous issues urge the Canadian governments and all United Nations agencies to::

1. Recognize Aboriginal and treaty rights, including the right to health.

2. Increase investments to address the health care needs of Indigenous peoples, including increased access and support for community-based medical treatment and health care providers.

3. Increase investments to address Indigenous socio-economic disparities as key determinants of health.

4. Increase investments to address housing and infrastructural needs of Indigenous communities.

5. Increase investments to establish an Indigenous public health surveillance system in communities which currently is virtually non-existent.

6. Increase investments and political commitment to implement Indigenous inherent right of self-government, including in respect of Indigenous governance and control over their health care.

Background and Rationale:

1. According to the Health Canada's report, life expectancy remains lower for Indigenous than that of Canadians (i.e.: FN males 68.9 years/females 76.6 vs. Canadian males 76.3 years/females 81.8 years). Infant mortality rates among Indigenous are 1.5 times the Canadian rate and Indigenous die younger and at a higher rate than Canadians with Indigenous between the ages of 20 to 24 years dying at 4 times the Canadian rate.

2. Suicide remains a leading common cause of death for Indigenous people ages 10 to 44, at 2.1 times the Canadian rate. All Indigenous age groups up to 65 years of age are at an increased risk of suicide when compared to the general Canadian population. According to the Health Canada's report, the 1999 suicide rate among Indigenous peoples was within the variability reported in earlier published data for 1979 to 1993, which suggests that a sustained decrease in Indigenous suicide has not occurred.

3. Indigenous People continue to have a disproportionately higher burden of infectious and sexually transmitted diseases in comparison to the overall Canadian population. In 1999, Indigenous people had a higher rate of pertussis (3 times), hepatitis A (5.3 times), shigellosis (20 times), giardiasis (1.6 times) and tuberculosis (8 to 10 times) than the general Canadian population. Of particular concern is the high rate of certain infectious diseases among Indigenous children. According to the report, the rate of hepatitis A was 12 times higher among Indigenous children (up to age 14) than in Canadian children of the same age group. Moreover, Indigenous children in that age group accounted for 86% of all Indigenous cases of shigellosis in 1999.

4. The incidence of HIV/AIDS among Indigenous Peoples continued to climb over the last decade. Although specific Indigenous data was not available in the FNIHB report, the proportion of Canada's total AIDS cases contracted by Aboriginal Peoples increased from one per cent in 1990 to 7.2 per cent in 2001. Between 1998 and 2001, an estimated 605 Aboriginal People in Canada tested HIV positive, which accounts for almost 26 per cent of all reported cases in Canada with known ethnicity.

5. The poorer health outcomes of Indigenous Peoples are impacted by such determinants as a lower standard of living, including, higher unemployment and welfare dependency and lower educational attainment than the general Canadian population. In addition, many Indigenous communities in particular isolated/ remote communities have limited, or no access, to certain health care providers, such as, family physicians and other types of medical health care providers. These communities must rely on community health representatives (CHRs) and nurses to receive both medical and non-medical services, and in many instances, must be evacuated from their community to receive medical treatment.

6. In addition, shelter and adequate housing, safe drinking water and sewage disposal remain significant issues in respect of Indigenous health. Between 1999 and 2000, only 60 per cent of Indigenous homes on-reserve were considered adequate. Overcrowding remains a problem as 19% of dwellings on-reserve have more than one person per room in comparison with 2% for the Canadian population. Taking into account the clear statistical association between overcrowding and an increased risk of tuberculosis, as well as the continuing high rates of tuberculosis among Indigenous people, the need to address the issue of overcrowding becomes ever more critical. In addition, while there have been some improvements in respect of water and sewage infrastructure on-reserve, the continued higher rates of enteric and waterborne diseases (shigellosis and hepatitis A) among Indigenous people suggest that safe drinking water and sewage disposal remain key issues in respect of Indigenous health.

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