INDIAN HEALTH COMMITTEE

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The Committee on Indian Health was organized in January 1968, with the aim of examining current health problems of the British Columbia Indian population and existing medical services available to deal with these health problems.

The present report is an interim one outlining some preliminary findings and problem areas.

Medical services for Indians have been a Federal concern since the appointment of a full-time Medical Superintendent of Health in 1905. Currently, the Directorate of Indian and Northern Health Services within the Department of National Health and Welfare is the Federal Agency responsible for such services. Where health services are not provided directly by Federal Health Staff, the Directorate has made appropriate agreements with Provincial and local agencies to ensure that Indians receive essential medical services. In assuming such responsibilities, the Federal Government is fulfilling a moral rather than a statutory obligation.

There is considerable confusion in the minds of both Indians and non-Indians with respect to the responsibility of the Federal Government for medical services. The result is that adequate services at the local level have been denied to Indians by health agencies claiming no responsibility for, or to, Indians. On the other hand, Indians often have failed to use local resources and prepaid group plans available to them because they have been unaware of their eligibility for such schemes. As a result, availability, quality and type of medical service to Indians varies considerably from area to area.

In general, it appears that the Indian receives minimal services and has less access to the doctor of his choice and to the specialized and adjunct medical benefits

than the average Canadian.

Vital statistics and other available information also indicate that Indians receive minimal and less adequate health services than the average Canadian or that they fail fully to exploit services available to them [1].

The Indian birthrate has declined from 41.4/1000 in 1961 to 40/1000 in 1965. However, the natural increase has remained steadily at three per cent annually. Infant mortality dropped from 82.03/1000 live births in 1960 to 61.5/1000 in 1965. Indian neo-natal and pre-natal death rates (22/1000 and 32/1000 respectively) do not significantly exceed the average Canadian rates (18/1000 and 28/1000 respectively). Despite the 25% decrease in five years, the figures leave little room for complacency, as the overall mortality rate for Indians up to two years of age is eight times the national rate.

Mortality during adolescence and early adulthood, particularly among females, is excessive also. Among women aged 15 to 34 years, the Indian mortality rate is four times the national rate. Respiratory diseases and accidents account for 40 to 45% of all Indian deaths annually and these rates show remarkable consistency over the past five years. However, the death rate from all causes has declined from 10.75/1000 to 9.3/1000 in the last five years. The decline is explained by the decline in infant mortality. The average age of death for Indian males is 33.67 years and for females is 36.82 years but these figures rise to 50 years and 53 years respectively if deaths in the first two years of life are exluded.

While the above represents the national Indian picture, the situation varies considerably from Province to Province. The approximately 42,000 Indians who live in British Columbia (20% of Canada's total Indian population) have average Indian birth and fertility rates but a higher-than-average infant mortality rate and a significantly high death rate in adulthood; the latter due to accidents associated with

1. All National statistics are taken from the Annual Report of the Department of National Health and Welfare, (Ottawa, Government of Canada, 1966)

maritime pursuits and with excessive intake of alcohol.

In British Columbia [2], the Indian birthrate in 1966 was 46.7/1000 and the non-Indian birthrate 16.61/1000. The death rate in the same year was 12.2/1000 compared to 8.61/1000 for non-Indians. The British Columbia Indian infant mortality rate in 1966 was 54.0/1000 compared to the non-Indian rate of 22/1000.

Since 1952, accidents and pneumonia have been the main causes of death among British Columbia Indians. The total Indian rate of accidental death in 1959 was 278.7/100,000 in comparison to 60.6/100,000 for non-Indians. Other major medical problems of Indians cited by the Directorate of Indian Health Services and covering the last five years are: maternal mortality, otitis media, anaemia, infectious diseases, nutritional and dental problems.

The most prevalent health problems of British Columbia Indians appear to be upper respiratory diseases, traumatic injuries, otitis, dermatitis, gastro-intestinal diseases and malnutrition. Excessive use of alcohol is the major contributing factor to injuries and death.

INDIAN HEALTH PROBLEMS AND ATTITUDES

Health problems of Indians appear to differ from the majority of non-Indians. The differences may be due to differences in socio-economic variables and attitudes towards medical treatment. In general, Indians of British Columbia live in extremely poor conditions; per capita income is low. (These conditions are associated with a high prevalence of disease, malnutrition and alcoholism.) Attitudes towards health affect both the spread of disease and the mortality rate. In comparison to most non-Indians, Indians often fail to recognize early symptoms of illness. They have a fatalistic acceptance of things as they are and delay seeking relief from pain and discomfort. As a result, Indian patients usually present in the severely

2. Vital statistics of the Province of B.C. - 95th Report, 1966

acute and often fatal stages of illness. Complications in treatment occur because many Indians have multiple ailments and also because their general health is poor and follow-up treatment is accepted only reluctantly, if at all. In many instances, medical treatment is delayed until traditional methods have been explored often causing serious delay in the implementation of correct treatment measures.

The pattern of not following medical instructions adequately and not returning for follow-up care is an important consideration in the treatment of Indian patients. Given even marginal relief from his symptoms, the Indian patient considers himself cured and resigns himself to the acceptance of minor persistent symptoms which would keep his non-Indian counterpart under the care of a doctor. Conditions thus readily become chronic rendering the individual more vulnerable to disease. The lack of concern for follow-up care of ambulatory patients is one of the factors contributing not only to the frequent hospitalization of patients but also to a longer hospital stay.

PROVISION OF MEDICAL AND HEALTH CARE

The Committee has presently before it the tasks of:

1. Clarifying the policies and responsibilities of the Federal and Provincial Governments in matters of Indian Health Care.
2. Delineating patterns of Medical and Health care for Indians in British Columbia in further detail.

The current division of responsibilities between the Federal Medical Services, the Indian Affairs Branch and the Provincial Department of Health is irrational, inconsistent and ineffective. Despite considerable correspondence between the Committee and all levels of Government, this issue is no clearer now than when the Committee was first formed.

Major changes are occuring in Federal policies relating to Health Care for Indians and are being carried out. The Federal Government is engaged in a general

withdrawal of services and a placing of the responsibility of providing services on the Provincial Government and on the Indian people. This change is being undertaken without much preparation or negotiation and unless immediate steps are taken to clarify in detail all matters relating to Medical and Health Care for Indians, it can be anticipated that a decrease in standard of care provided will occur and that inevitably further hardships will be inflicted on the Indian people.

COMMITTEE INVESTIGATION OF BASIC HEALTH CARE SERVICES

During the course of its investigations, the Committee has consulted directly with doctors and nurses engaged in providing health services to Indians and has consulted directly individual members of Indian bands and councils. The Committee has been impressed with the concern expressed by health professionals in the field over the standards of health and sanitation prevalent among Indian people. The Committee has also been impressed with the concern expressed by Indians over the poor quality of health care provided.

The Committee has not completed its investigation into basic aspects of health care of the Indian people of British Columbia, but would like to make a preliminary report on certain aspects of health care at this time. Once the Committee has completed its investigation a more detailed report on these aspects will be submitted.

The problems which appear to exist at the present time in the basic aspects of health care of Indians are as follows:

PHYSICIAN SERVICES

A major campaign supported by the Federal Medical Services is underway to enlist Indians in the British Columbia Medical Plan. The stated intention is that the province and the Indian people become responsible for the provision of medical services. There appears to be general agreement among doctors that this intention is desirable, and the Committee supports these efforts. What the Committee does not support is the manner in which this change is being brought about. There appears

to have been little, if any, negotiation between the Federal and Provincial Governments in respect to this matter. For many months prior to the introduction of federal medicare, the Medical Services of the Federal Government was enlisting Indians in the British Columbia Medical Plan without any clear policies regarding this matter on the part of either the Medical Services of the BCMP. The enlistment has also been carried out without negotiation with the Indians and without any clear understanding on their part as to the implications of the change from designated physician services to a prepaid medical scheme.

Considerable confusion exists as to the responsibility for payment of prepaid medical scheme premiums. Some Indians are expected to pay their own premiums, others have their premiums paid but without any clear statements as to who is responsible for paying it and for how long it will be the responsibility of someone else to see that premium is paid.

As far as can be determined, there is at this time a far from complete enlistment of the Indian people into the prepaid medical scheme. The Committee has been informed from various sources that approximately two-thirds of the Indian population is covered by the prepaid medical scheme. This figure appears to be an estimate and not a known fact. The Committee has been unable to clarify what the provisions are for medical services for Indians who are not enlisted in the scheme or who are ineligible for scheme benefits because of lack of premium payment.

Many Indians appear to lack the understanding of how a prepaid medical scheme operates and a great deal more educational effort is required before any effective utilization of a prepaid medical scheme is possible. Immediate steps are required to clarify matters relating to the change from governmental or designated physician services to services under a prepaid medical scheme. Clear policies must be laid down with respect to the responsibility for the provision of medical services for Indians who are not covered by a prepaid medical scheme. It must be emphasized

that coverage of BCMP would only ensure payment of treatment services where such services are available. It does not guarantee physicians' services in many parts of the province where transportation and communication are lacking. The responsibility for providing physicians' services and ancillary health services must be clearly laid out for such areas.

HOSPITAL CARE

Hospital care benefits are provided for all residents of British Columbia including Indians. In the past, misconception regarding this matter has existed, but it appears that at the present time most doctors are aware of this fact and Indians appear to be receiving hospital care benefits at par with non-Indian population.

It is the impression of the Committee, however, that Indian patients tend to remain in hospital for longer periods of time because of the frequent presence of inter-allied disorders and because of the many difficulties often associated with the provision of nursing or boarding home facilities, transportation, and also adequate medical follow-up.

DRUGS

Self-supporting Indians obtain drugs in the same manner as the non-Indian counterpart. Indigent Indians obtain prescription drugs without charge from either a local drugstore or from the Department of Health and Welfare. The Medical Officer of the Federal Medical Services provides the pharmacist with a monthly list of indigent Indians in his area eligible for free drugs. The present arrangement to provide free drugs includes only prescription drugs. Apparently it does not include such items as aspirin (unless medically prescribed), pre-natal nutritional supplements and bactericidal skin cleansers. The Department of National Health and Welfare pays accounts submitted by the pharmacist for drugs dispensed to indigent Indians.

The arrangement described above is somewhat different from the manner in which the indigent non-Indian obtains free drugs, and it is the recommendation of the Committee that indigent Indians obtain drugs in exactly the same manner as indigent non-Indians.

The cost of drugs presents a hardship to many Indians and non-Indians alike, and for many non-indigent Indians the hardship imposed by the cost of drugs may prove to be so great as to discourage them from obtaining drugs prescribed for them. The general resistance of the Indian to the taking of medications for any length of time is well known amongst doctors and the Committee is certainly opposed to any policies which would in any way make it more difficult to obtain drugs for Indians. It would seem to the Committee that because of the frequent 'resistance' to medical treatment on the part of Indians that efforts should be directed at devising means of decreasing rather than increasing this 'resistance'.

PUBLIC HEALTH SERVICES

The Federal Medical Services can at present only advise the Department of Indian Affairs in matters of public health because of the fact that Indian Affairs has legislative authority in this area. Agreements in matters of public health including sanitation have been made between the Provincial Department of Health and the Indian Affairs Branch. These agreements have hindered attempts to improve the standards of public health and sanitation on Indian reserves and have allowed two standards of sanitation and public health care in this province; one for Indians and one for non-Indians. It is quite apparent to the Committee that present conditions of sanitation and general public health on reserves are far below anything which would be acceptable to the Provincial Department of Health.

It is the recommendation of the Committee that only one standard of public health and sanitation be allowed within this province and that increased efforts and expenditures be undertaken immediately to improve presently inadequate standards

on Indian reserves. It is also the recommendation of the Committee that any legislative authority in matters of health and sanitation on the part of Indian Affairs be removed and be placed in the hands of the Provincial and Federal Health Officials.

If the Province is to take over the responsibility of providing public health services and to set health standards, the Province must be prepared to spend increasing amounts of effort and money on elevating the standard of health care and sanitation, and the Federal Government must be prepared to spend the necessary monies to see that standards set by the Province are met.

OTHERS

Recommendations will be brought forward at a later date in matters of transportation, boarding and domiciliary care as well as matters of prosthesis.

RECOMMENDATIONS:

(a) In view of the generally poor standard of health of the Indian population of British Columbia it is recommended that the Provincial and Federal Governments increase the funds available for health care of the Indian people in order that their standards of health may be brought to par with the rest of the people of British Columbia.

(b) It is the recommendation of the Committee that the Provincial and Federal Governments develop a comprehensive health plan for the Indians of the Province and that this health plan be developed in negotiation with each band and with the local health resources within each area.

It is necessary that some orderly and systematic approach be taken in relation to the current change in provision of health care and it seems to the Committee that without any comprehensive health plan no such orderly and gradual development can take place.

(c) It is the recommendation of the Committee that the Federal and Provincial Governments immediately set up a conference to review comprehensively all matters of health relating to the Indian peoples of British Columbia and Canada and that matters of responsibility for the provision of health services be clarified. It is the opinion of the Committee that a Federal/Provincial conference on this matter is of great urgency and that without such a conference very little advance will be made in the improvement of health systems for the Indian peoples of British Columbia and Canada.