

CARRIER SEKANI FAMILY SERVICES

DISCUSSION PAPER ON HEALTH 2008

INTRODUCTION

In line with the UN Declaration of Indigenous Rights Carrier and Sekani people believe that health care is a fundamental human and Aboriginal right. We agree, as noted in Article 24, “Indigenous peoples have the right to their traditional medicines and to maintain their health practices... [as well as] the right to access, without any discrimination, to all social and health services.” Health care for Carrier Sekani people is not limited to ‘Western’ concepts of health care, but rather include health care systems that are indigenous to our way of knowing and have guided us through thousands of years of survival in our traditional territories.

In every Carrier and Sekani community there are healers and individuals possessing special knowledge of the environment and the healing properties of space and living organisms. As Carrier and Sekani people address the impacts of colonization and years of attempted forced assimilation, the need for recourse to all systems that support health and wellness become essential.

Health and wellness in Carrier and Sekani communities is understood as a holistic system, in that it incorporates spiritual, physical, emotional and social wellbeing of each individual and community as a whole. Health of the natural environment therefore becomes a critical component of overall wellness.

Carrier and Sekani people have come to understand the need to protect their knowledge and way of knowing as a ‘pre-existing’ Aboriginal right. The ability of Carrier and Sekani people to deliver health services to their members through all possible means is a fundamental responsibility of leadership including First Nations Federal and Provincial governments and their agencies.

BACKGROUND

Carrier Sekani Family Services is a multi-service organization mandated to provide health and wellness services, as described in the introduction, to 11 Carrier and Sekani First Nations in North Central British Columbia. There are approximately 14,000 Carrier and Sekani people living primarily in an area spanning more than 76,000 square miles between Smithers and Prince George.

Carrier peoples maintain a governance system commonly referred to as the *bah'lats* or potlatch. Four primary clans make up Carrier society (Bear, Caribou, Frog, and Beaver), each with several sub-clans. In the Bear or *Likh ji bu* clan there are five sub clans including the Black, Grizzly, Fox, Crow and Timberwolf. In the Caribou or *Gilhanten* clan there are four sub clans including the Mountain, Geese, Mask and Flag. In the Frog or *Jihl tse yu* clan there are four sub clans including the Marten, Thunderbird, Beads, and Ribbon. In the Beaver or *Likh sta Mis yu* clan there are four sub clans including the Grouse, Owl, Moose and Sun.

The *bah'lats*, organized around the clan system, is the core economic, political, social, legal and spiritual institution of the Carrier peoples. While protocol is flexible and adaptive to the differing systems of each community, the guiding principles of the *bah'lats* system are shared among the communities. The *bah'lats* is inclusive of all members of the nation.

All formal business in the *bah'lats* is conducted in an open and transparent environment where clan members are witnesses to transactions that occur. As witnesses, individuals are expected to commit to memory the details of transactions, and in the case of hereditary chiefs to recount in oral histories the transactions at future feasts when those transactions are relevant.

Carrier and Sekani people maintain that they have an inherent Aboriginal right to be self determining which includes the ability to use Carrier and Sekani institutions in maintaining social order in their communities, and that this right is now protected under Section 35 of the *Constitution Act, 1982*.

The right to be self determining includes the establishment of institutions responsible for the care of the nation. As such, Carrier Sekani Family Services is mandated to provide child and family, health, and legal services to Carrier and Sekani First Nations people. In the area of health services the agency currently administers health transfer programs from Health Canada to 10 Carrier and Sekani communities: Wet'suwet'en (Broman Lake), Burns Lake, Cheslatta Carrier Nation, Nee Tahi Buhn, Skin Tyee, Nautley, Stellaten, Saikuz, Yekooche, and Takla Lake. The agency also provides contract services for Lake Babine Nation.

Health Canada transfer programs delivered by the agency include: mental health, community health nursing, community health representatives (CHRs), alcohol and drug workers (NNADAP), health prevention and promotion, public health, emergency services, healing the healers, addictions recovery (ARP) services, HIV/ AIDS awareness, prenatal nutrition, brighter futures, maternal child program, home care and home care nursing, and patient travel.

Recognizing that health and social issues are intrinsically linked, in 1987 the Carrier Sekani Tribal Council signed a memorandum of understanding with the British Columbia Ministry of Social Services. The intent of the Memorandum was twofold: 1) to promote

changes in the attitude and practice of social work in respect to Carrier and Sekani people and, 2) to gain increased responsibility and authority over the delivery of child welfare services. Since that time Carrier Sekani Family Services has entered a number of agreements and is now responsible for guardianship of Carrier and Sekani children. It is essential for healthy nations to control all aspects of their lives, particularly responsibility for their children.

Just as agencies cannot work in silos, CSFS works in close cooperation with individual aboriginal community governments. The agency also works in close consultation and cooperation with the federal and provincial governments, provincial health authorities and other service providers. Relationships, based on mutual respect, are integral to the promotion of premium health service delivery.

In fulfilling its mandate CSFS is mindful of endorsing a philosophy of health service that is responsive to community wellness and community standards.

CARRIER SEKANI HEALTH PHILOSOPHY

Carrier Sekani Family Services endorses the concept that health care is a fundamental human right. Implicit in this concept is the belief every Carrier and Sekani citizen is entitled to the provision of health care services respectful of the cultural values and belief systems of Carrier and Sekani Nations.

To reasonably respect Carrier and Sekani cultural values and belief systems in the delivery of health care it is imperative that the core of service delivery is based on community and environmental wellness, by embracing and giving legitimacy to community standards, knowledge and ways of knowing.

Health in Carrier and Sekani communities is viewed as a holistic approach to individual and community wellbeing. As noted above, health care incorporates concepts of spiritual, mental, physical and social wellness. To treat the physical or mental health of an individual alone is not necessarily the sole means to achieving wellness. The goal of Carrier and Sekani health systems is to achieve a balance between all aspects of wellbeing, without which we are susceptible to illness and poor health.

A key component of Carrier and Sekani health systems is social wellness, including healthy social relationships with each other, other peoples, all aspects of the environment, and within ourselves. Social wellness within oneself necessarily requires self esteem, an understanding of ones place in all realms, and intimate knowledge of who we are as Carrier and Sekani people.

The legacy of residential schools, the forced education of our children in ‘western’ ways of thinking and knowing, and attempts to de-legitimize Carrier and Sekani health systems have negatively impacted on our social health in ways that others have only recently began to understand. The impacts include damage done to traditional ways of knowing as well as the transmission of knowledge, including health, to future generations. To restore

and maintain social health and wellness Carrier and Sekani health systems must be actively supported and reinforced as legitimate forms of health care. As well, roles within a community must be reinforced. Health care can be legitimized by ensuring appropriate resources are made available at a community level for restoring Carrier governance and responsibility for community health.

In the delivery of health care services Carrier Sekani Family Services also subscribes to a holistic approach. It is not enough that health care be delivered in isolation of other related services, for example child care, child protection, elder's care, education, resource management, community economic development, justice, and recreation. Successful health programming requires the integration of all services so that individual and community wellness can be supported in tangible ways.

CSFS developed the Carrier Life Cycle Approach as a response to the philosophy of holistic service provision. Its purpose is to ensure that Carrier traditions and practices are interwoven throughout all CSFS programs and services, seeks to heal the whole person and remedies gaps in services by using multidisciplinary and integrated services. The Life Cycle model reflects transitions in health and the changing social and cultural roles individuals and communities have from conception to spirit world. This process is designed to impact individuals throughout their lifetime by recognizing that preventative services at an early age will improve health and well-being throughout a lifetime.

Equally important to successful health services for Carrier and Sekani people are increasing the number of Carrier and Sekani people who are trained as medical professionals, both in the 'western' and Carrier and Sekani medical knowledge. To ensure that Carrier and Sekani people have a good chance of success in 'western' health educational systems (for all related medical professionals and para-professionals, including family physicians, specialists, nurses, paramedics, and emergency response personnel, therapists, technologist, psychologists, social workers etc.), there is a need to develop entry level requirements that are culturally appropriate and respectful in order to attract Carrier and Sekani involvement. Resources must also be in place to ensure Carrier peoples are prepared to enter professions. At a grass-root level communities must ensure that children are prepared to walk in both worlds by understanding their culture and language as well as being prepared for entrance to universities and other western institutions.

As greater numbers of Carrier and Sekani people become trained and accredited in 'western' and/or Carrier and Sekani medical knowledge, it is expected that there will be greater retention of health care professionals to serve Carrier and Sekani people in our communities. This will ameliorate the current trend and difficulty retaining health care professionals in our communities. We recognize that accreditation in Western medicinal knowledge and training in Carrier medicine knowledge carry with them their own processes that must be respected and acknowledged in their own right.

In addition, it is important for health education systems to embrace Aboriginal health systems as a legitimate form of providing health care. This can be achieved by revising current curriculum so that it incorporates general and specialized programming in

Aboriginal health systems. This programming must go beyond a mere understanding of ethno-botany and plant systems, but rather explain and provide opportunity to explore the key elements of holistic health care. It is integral for improved patient care that individuals have an understanding of Carrier and Sekani systems of health and how that understanding shapes Carrier and Sekani patients attainment of services.

CURRENT ISSUES

Within Carrier and Sekani communities there are several segments of society that have distinct health care needs. Among Elders, there is a need for geriatric care that accounts for different eating habits and use of Carrier and Sekani health systems. Similarly, language and culture are barriers for Elders seeking help from ‘western’ health care systems. Often Elders complain of the fact that they are unable to understand complicated instructions and/or explanations provided to them by health care professionals. In other instances, individuals will not seek out care due to cultural taboos. This becomes problematic in that otherwise effective health care advice is ignored because it is not understood or believed.

First generation residential school survivors also present special health care needs. Loss of language, traditional skills, ways of knowing, linkage to families and supports, disrespect for culture and addictions all too frequently impact on the health and wellness of this particular group. In spite of a considerable level of funding dedicated to this particular segment of our society, there continues to be serious gaps in the level of health care available for them.

Health care service issues for youth in our communities are also unique. As survivors of multi generational impacts from residential school, high suicide rates, dislocation and loss of respect for culture and consequent loss of self esteem, youth in our communities face challenges that other youth in greater society do not. There is a chronic need for early and ongoing intervention health services that address the pressing needs of this segment of our society. Moreover, if we are to cease the intergeneration impacts of residential schools, preventative services in health care must be available to our youth. Prevention services that address drug and alcohol and tobacco use as well as mental health services targeted to youth.

Infants, toddlers and young children in our communities also face enormous obstacles to improved health and well being. High rates of fetal alcohol syndrome/fetal alcohol effect, low birth weight, neo-natal addictions, fatal accidents, mortality and morbidity, sudden infant death syndrome, pneumonia, poor dental care, bronchitis, and diabetes, etc., all suggest that health care needs for our children are critical. Supporting the health of children is also critical to health throughout a lifetime.

Women also face barriers to adequate health care. Barriers include access to adequate wellness screening due to poverty and lack of mobility. Access to services and information specific to women’s health is limited at a community level. Access to service is exacerbated by geography, where living in northern communities further impacts the

ability to access services. In addition, there are cultural beliefs and social norms that place obstacles to women accessing health services.

Of significant concern is the level of environmental contamination throughout our territories, and its potential contamination of food supplies. For children, potential contamination includes breast milk. The obvious implications of contaminated breast milk for the health and well being of infants and women warrants the expansion of 'western' health care to include holistic approaches that Carrier and Sekani health care systems embrace.

Services must take into account the gender differences between men and women. Men have gender specific risk factors for psychological distress and may manifest it differently from women. Men in the twenty to thirty-five year age group are less likely to seek medical advice unless they have acute symptoms and typically do not seek advice regarding emotional health. In a focus group of Carrier Sekani men wellness was defined as healing from alcohol & drug abuse, sexual abuse, and verbal abuse. The process includes restoring cultural practices and traditional teachings including spiritual knowledge. The role of men, including redefined roles for contemporary society must be supported. Researchers, policy makers and service providers recognize the social and economic impact men's roles have within the family.

While there are different needs for specific sectors of the population in our communities, there are also a different set of needs for each community. Geographic location, access to technology, population size, and economic stability all impact on the unique barriers and supports faced by each Carrier and Sekani community struggling to develop and sustain effective health care systems.

Other barriers to effective health care systems in Carrier and Sekani communities include access to health care professionals, the health care model adopted by 'western' medical systems, and the jurisdictional disputes between federal and provincial authorities in the delivery of 'western' health care services. Culturally competent coordination and navigation through the western health care system is non-existent. Access to service is determined by external policy which determines what services will be covered under Non Insured Health Benefits.

Many of the individuals in our communities live in poverty often preventing them from being able to afford to access health benefits, particularly when Non Insured Health Benefits do not cover expenses (for example user fees for eye doctors and dentists and routine travel to see doctors). In addition, the lack of available qualified family physicians results in inconsistent and ultimately ineffective health care from 'western' health care providers. Poverty also limits ability to access healthy foods and places people in houses with health concerns.

Rarely are Carrier and Sekani people able to access stable family practitioners, and as such they often see who ever may be available. The lack of stable family practitioners as well as the range of services available to off reserve residents of the province results in

inconsistent, unreliable and insensitive treatment of Carrier and Sekani people by health care professionals. The delivery of services does not reflect an understanding of the community dynamic or holistic health. An example consequence is the dispensation of medication at levels that often result in addiction among Carrier and Sekani people.

In the case of the health care model adopted by ‘western’ medical systems, it is our view that ‘western’ understandings of preventative medicine fail to take into account or do not give credence to environmental factors, and the negative influence of money on health care delivery. To the innocent bystander, Carrier and Sekani people have become a commodity for ‘western’ health care professionals to simply bill fees for service without being accountable for ensuring their interventions add value to the health of the patient.

The lack of clarity over who is responsible for and has jurisdiction to provide health services to Carrier and Sekani people creates scenarios where Carrier and Sekani people fall through the cracks and get no service at all. This is particularly problematic for Carrier and Sekani people attempting to establish health care systems in their communities. Fiscal resources intended to aid ailing members in our communities do not reach community based health care systems, but rather are paid to health care professionals that do not address the real problems facing patients. There is an imminent need for ‘western’ health care systems to be accountable to Carrier and Sekani communities and responsive to the desire to embrace and deliver holistic health care.

Mental Health

While existing mental health programming and resources have made an impact on the overall mental health of Carrier peoples there is much work to be done. In addition to the need to develop a full complement of mental health services including health promotion, prevention, harm reduction, early identification, treatment, long-term rehabilitation and re-integration support, there is a need to ensure that services are developed and delivered as part of an integrated system of care on and off reserve.

Any efforts to ensure a continuum of exemplary mental health and addictions services in Carrier First Nations’ communities will have to take into account the historical factors that have influenced the overall population health and wellness.

One of the most significant events that have affected Carrier health and wellness is the loss of traditional land. It cannot be overstated that the removal of First Nations people from their traditional hunting, gathering, village and sacred sites has had enormous deleterious impacts on the communities.

Another significant event that has affected community and individual health is the intergenerational trauma associated with residential schools. The results of children being removed from the social safety net of family and community have influenced not only the children but the parents and grandparents. The ongoing effects of residential schools must be taken into account when planning mental health and addictions services.

Perhaps the most significant indicator for success of any mental health service or program is the level of cultural appropriateness. The only way to avoid perpetuating colonial attitudes in service delivery is to ensure that programs are community driven and culturally relevant.

A wide variety of mental health and wellness services and programs are in place but often they are only available in larger urban centres. Accessibility to services is a significant challenge to community health service providers (for example significant travel time to communities, reduces service time in the communities) as well as to those individuals who may need to access such services (for example the lack of confidential access on the reserve). Any successful strategy for developing an effective continuum of services will have to consider how to overcome the difficulties in service accessibility by those individuals who live in remote communities. This not only presents a problem if health service professionals are traveling to communities but also for family and community members who want to offer support to individuals who may have to travel to the urban areas to access specialized services.

Another indicator for a quality mental health and addictions system includes not only prevention programs described above but also an integrated system for aftercare and post treatment supports. The continuum of services currently provided, particularly the piecemeal nature of on and off reserve services and the lack of coordination between the two, do not provide opportunity for continuity of care or quality service. Follow up care is critical to success of treatments. The treatment itself may be effective initially; however, with a lack of support at a community level the potential for reoccurrence remains significant.

Effective means of communication is a requirement for a successful system of mental health and addictions services. Many community members indicated that an improvement of communication is required. There are also other important communication opportunities. For example, the use of communication technology can provide those community members who prefer an 'outsider' to have access to a service provider.

FUTURE DIRECTIONS AND CALL FOR ACTION

Carrier Sekani Family Services is committed and seeks BC government commitment to:

- Support and reinforce Aboriginal health systems, controlled by Aboriginal people and directed by local Aboriginal communities. We commend the federal and provincial governments for entering the Transformative Change Agreement with First Nations.
- Redirect funding and provide resources for prevention health programming that endorse and apply a holistic approach to health and wellness, with a particular emphasis on infant, youth, women and Elder health care needs in Carrier and Sekani communities

- Resource mental health care needs in Carrier and Sekani communities with a priority on Carrier and Sekani healing camps, counselors, and a Carrier and Sekani Treatment Facility where traditional values, language and specialized health care for Carrier and Sekani people may be accessed
- Establish meaningful partnerships with Carrier and Sekani government representatives based on respect. These partnerships should be dedicated to establishing facilities where Aboriginal health systems are researched and implemented, ensuring that Carrier and Sekani people have access to all forms of health care
- Review, for the purpose of amending government policy, practice and standards in the delivery of health care services so that the special constitutional status of Aboriginal people is reinforced, Aboriginal authority in the delivery of health care is respected, and appropriate research and development needs in Aboriginal health care are addressed
- Establish research capacity within the Carrier Sekani Family Services to consider trends of prescription medication use, prevalence and incidence of cancer, heart disease, diabetes, HIV/AIDS, arthritis, asthma, infant mortality, mental illness, injury etc. to support increased knowledge and program improvement leading to improved health in our population. The lack of information and data specific to our communities needs to be overcome to enable planning and evaluation to improve service delivery.
- Support Aboriginal researchers to undertake the lead in this research in partnership with universities other health care researchers and practitioners.
- Research in our communities needs to be respectful of Carrier Sekani values and belief systems, provide full opportunity for Carrier and Sekani voices to be heard and conducted within ethical standards prescribed by Carrier and Sekani people. As such Carrier Sekani Family Services supports the adoption of a CSFS Research Ethics Board with its own standards for conduct of health research within our communities.
- Increase support and create increased opportunities for Carrier and Sekani people to participate in and achieve credentials in health professions.
- Endorse the integration of traditional and western healing services in the Carrier and Sekani health care system.
- It is particularly important to create opportunities for increased numbers of Carrier and Sekani health care professionals, including Carrier and Sekani healers, physicians, family practitioners, specialists, nurses, paramedics, medical

technicians, and all other professions associated with the delivery of health care. This will also necessitate the creation of support systems for Carrier and Sekani people enrolled in the health sciences so as to ensure student success. Equally important is the need to review health sciences curriculum so that it reflects and provides opportunity to explore an understanding of the key elements of holistic health care.

- Until such time as there are Carrier Sekani employees, in order to ensure reserve communities have the same access to qualified personnel transfer funding must reflect the landscape of community needs. CSFS endorses funding that enables incentive packages, including signing and retention bonuses and moving expenses, necessary to attract and retain qualified individuals. Often wages must meet or exceed dollars offered within other organizations.