COMMUNITY-ACADEMIC HEALTH INITIATIVES OF THE LAXGALTS'AP VILLAGE GOVERNMENT

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ABSTRACT

The Chief and Council of the Laxgalts'ap Village Government (LVG) have been concerned for a number of years about improving the health of its community with an on-reserve population of approximately 600. During the past three years, the LVG initiated three projects aimed at improving the health and well-being of the community: gather data on access to health care and on health problems and possible sources of community members; host an addictions forum with local, provincial and federal leaders to find a workable model for families faced with addiction; and gather data on children's educational capacities. These projects originated with the LVG who sought academic partnerships to assist with accomplishing the short-term aims of gathering data and the long-term aims of developing evidence-based policy and practice to address the issues. This presentation includes data from the health survey and a description of the advantages of the community-initiated academic-community partnerships.

This is one of four communities who make up the Nisga'a Nation, the first in the province of British Columbia to sign a modern-day lands claim agreement with the Canadian and British Columbia governments.

The LVG has adopted a Nisga'a theme for these vital tasks that reads Dim haldim guudimh Hugaqam aama gandidils (We shall embark on a safe, healthy and wholesome lifestyle).
A short history of health and medical services for Laxgalts’ap (Greenville)

It has been said that, perhaps, the most original exposure to non-Nisga’a personal hygiene and minor medical first aid was at the contact and association with missionaries. One of the services first offered by various missionaries was caring for the sick and injured in the community. Interestingly, such service was continued by the late Henry McKay Sr., a lay reader who assumed the leadership of the local church after the last missionary left the village. This he did usually by way of frequent difficult radio telephone instructions from doctors and nurses stationed at the Miller Bay Indian Hospital in Prince Rupert. Later, such service was somewhat expanded by non-Nisga’a teachers hired to teach at the local so-called Indian Day Schools, again, with the aid of Miller Bay Indian Hospital. Whether this was the beginning of localized medical and health services is hard to say.

Prior to that period, we can only assume that caring for the sick and injured was afforded by extended family and traditional caregivers applying prevalent traditional healing methods and traditional medicines (including midwifery).

During the mid-1950s, new Indian Day Schools were built and seemed to have ultimately included space for rather disorganized medical dispensary or medical first aid stations that were poorly supervised from Miller Bay Indian Hospital.

At the insistence of the local Band Councils during the late 1950s and early 1960s, a medical clinic, staffed by a qualified nurse, was finally established in the village. Certain improvements were gradually realized with these services to the extent that local users were fairly content with the facility.

During the mid-1970s, the Nisga’a Tribal Council negotiated with Health Canada through its Health Transfer Program to assume full responsibility for the administration of health and medical services in the Nass Valley. From that time forward, there was continued gradual or progressive improvement in all related services. This was achieved through a good rapport and good working relationships with Health Canada.

In May of 2000, the Nisga’a Treaty became law in Canada and British Columbia. That event brought a new relationship with the Health Canada that would later prove to be largely counterproductive or non-productive for the local people. In fact, during the last few years, the quantity and quality of services had deteriorated to disturbingly unacceptable levels.

This has led to the indisputable need for intervention by the Laxgalts’ap Village Government (LVG). This has most definitely brought opportunity for deliberate reviews and a reorganization of local health and medical services.

The LVG contends that the task is best done with clear objectives and a vision for long lasting or permanently instituted viable service facilities. Hence, all relevant tasks will proceed with the following principles always in view and being guided by duly qualified professional personnel.

Statement of vision – LVG (revised version)

All people of Laxgalts’ap Village will be served by an accessible, culturally sensitive and well-integrated health system that ensures a full continuum of medical and health care that

- adopts, as its basic principle, the Nisga’a philosophy of Dim diheek’al’di’mlh naxaam daxgadim gandilis (‘We pledge to strive for a wholesome and healthy lifestyle’);
- is founded on holistic principles of Nisga’a culture and tradition;
- respects the rights of Nisga’a individuals and families;
- supports safe and healthy personal and community environments, including clean air and water, healthy foods, and housing;
- facilitates shifts from disease models of care;
- recognizes the value of an empowered Nisga’a population;
- encourages and supports the establishment of responsive health organizations, agencies and institutions that train, employ and promote local people in the pursuit of community defined goals and are accountable to the local community; and,
- commits to valuable relationships with other health organizations that include shared accountability that meets national, provincial and regional but, most importantly, Nisga’a aspirations for standards of wellness.
Mission statement
To create a safe and healthy environment for the entire community of Greenville and to promote and strive for the realization of a significantly improved physical, mental, emotional and spiritual well-being of all the people in the community.

Objectives
To achieve the level of health care services that will enable a level of health that could result in a good quality of life for all the people (residents) of Greenville by:

- insisting on and enabling appropriate access to all the development of health care services for all the said people;
- confronting all serious issues that directly impact on the health status of all such people;
- encouraging working relationships and good communications with health care professionals, organizations and institutions and the people of the community;
- identifying, requesting and undertaking, if necessary, any and all program activities designed to enhance health care for all the people of the community;
- identifying, securing or acquiring funds, real property or other assistance necessary to meet its purposes in this regard.

Actions required
1. Celebrate the meaningful and successful completion of the review and reorganization of the Nisga’a Valley Health Authority that is deemed to have ensured the right outcomes for the community of Greenville. The LVG considers this key to resolving the currently perceived serious deficiencies with health care services in the community.
2. Develop a Community Health Plan that is inclusive of all the healthful aspirations of every segment of the community, engaging all service sectors and all other stakeholders located in the community in the task. The LVG will seek to acquire and implement health care services that match what is stated in a community health plan that is developed with the involvement of a good cross section of stakeholders.
3. Develop and establish good working relationships with the Nisga’a Valley Health Authority and seek to communicate the plan effectively to that organization.
4. Develop and establish good working relationships with the Northern Health Authority, the British Columbia Health Ministry, Health Canada and all other First Nations health providers in order to share proven methodology and best practices in providing good quality medical and health care services to the community.
5. Seek to integrate all other existing community social (human) services to enhance local medical and health care services overall.

Important notation
In June of 2005, a senior representative of the First Nations and Inuit Health Branch of Health Canada was confronted about Laxgalts’ap community health issues that were deemed to be many and quite crucial at the time. The response was, and I quote, “The level of health care services you now receive in your community were established on scientifically based evidence of need and only such information will cause my department to institute changes desired by your community.” Our response to that statement was that we would immediately seek to undertake scientifically supported research on community health needs, develop a complete community health plan and, again, approach that same individual with resultant documents in hand.

The community, then, acquired the necessary funding and began to search for an institution and qualified individual to guide the essential processes to achieve our goals in this regard. Through some contacts we located Dr. Anne George at the University of British Columbia, for whom we are most grateful, who graciously agreed to accommodate our needs.

This particular process is ongoing and we are optimistic that all will have the research completed by the early part of the coming winter in 2009.

Needless to say, we have great expectations of this undertaking. We are poised to confront both the federal and provincial health ministries on the basis of our findings and resultant plan.

The Laxgalts’ap Village Government is moti-
vated by relevant information obtained by way of a report of an international study on the health status of the world’s Indigenous children that presents a dismal picture of that situation: the Indigenous Children’s Health Report (Canada, Australia, New Zealand and United States). However, the same government is very disturbed by a report from UNICEF on Canadian Aboriginal health status and services that was released on 24 June 2009. The report, in short, confirms that there is a massive chasm in the level of health care services afforded to Aboriginal peoples of Canada as compared with what the non-Aboriginal counterpart receives. It is reported that Aboriginals of Canada receive approximately 20% less than other Canadians. There are no fewer than four federal and provincial reports on Aboriginal health status and health care services that should cause concern.

It is any wonder that the quality of life in Aboriginal communities in Canada is so dismal?

It has been said many times by a whole host of First Nations community leaders that the apparent presence of mental (emotional) and spiritual deficiencies among many First Nations individuals, families and communities are thought to have a significant effect on physical well-being and on individual, family and community wellness.

A large majority of First Nations community elders suffer, on a daily basis, from the lingering effects of ill treatment at the infamous residential schools. Others are continually disturbed mentally by their chosen reaction to unwelcome history of impositions and injustices brought into many First Nations communities by ill-informed and misguided missionaries that came with the first European contact. The impositions and injustices we speak of are continually prolonged today by various governments by way of senseless implementation of an antiquated and racist law, the Indian Act.

Perhaps for these reasons, mental health among First Nations peoples has become justifiably the primary concern of First Nations leaders. Many First Nations individuals and families and even communities are seriously afflicted by substance misuses or addictions. Alcohol and illicit drug addictions among First Nations peoples are apparently in view anywhere in Canada. Mental health deficiencies among First Nations peoples in Canada must then become a primary concern if such addictions have been acceptably categorized as a mental health issue by the Canadian government.

The Laxgalts’ap Village Government submits that health education might be the key to the achieving wellness in its community. That is, if such educational undertaking provides the knowledge and skill sets to continually promote wholesome living and the knowledge to prevent serious illness and injury.

It further submits that this can either be done through a well thought out public health system or through a very deliberately organized wellness centre. It is inclined towards the latter for very good reasons.

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