Summary of the Final Report of The Royal Commission on Aboriginal Peoples: Implications for Canada's Health Care System

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A report by
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THE INSTITUTE ON GOVERNANCE

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In the area of Aboriginal and Northern Governance, the Institute provides two services: executive development and training on Aboriginal issues; and policy and strategic advice.

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PURPOSE

The purpose of this report is to summarize the main conclusions and recommendations of the Royal Commission on Aboriginal Peoples' final report and to analyze what appear to be the major implications for Canada's healthcare system. Having said this, the Institute On Governance has not attempted to critique the Commission's report.

This summary consists of two main parts. In the first, the Institute summarizes the Commission's main conclusions and recommendations to provide the context for the second part, which focuses on the health and healing chapter of the Commission's report. In the final and third section, the Institute concludes by outlining a possible 'agenda' for further work and reflection on the part of healthcare providers.

A. PART ONE: THE COMMISSION'S MAIN CONCLUSIONS

The Royal Commission on Aboriginal Peoples was appointed in 1991 to help, in the Commission's words, "... restore justice to the relationship between Aboriginal and non-Aboriginal people in Canada and to propose practical solutions to stubborn problems." The following 6 points cover the Commission's major elements of its proposed strategy:

1) **Based on an historical overview, the Commission concludes that the relationship that has developed over the last 400 years between Aboriginal and non-Aboriginal people in Canada has been built on "false premises".** The result were policies that removed Aboriginal people from their homelands, suppressed Aboriginal nations and their governments, undermined Aboriginal cultures and stifled Aboriginal identity.

   - *As part of its historical overview the Commission explores in greater detail four policy directions, based on these false premises: the various Indian Acts, residential schools, community relocations, and the treatment of Aboriginal veterans. These four policy areas were selected "... because Aboriginal people have said they were among the most unjust policies imposed on them and that those injustices, while rooted in history, have effects that continue to this day." (Vol. 1, P. 247)*

2) **The time has come, according to the Commission, to start afresh, to put the relationship on a more secure foundation based on the following four principles: a) mutual recognition; b) mutual respect; c) sharing; and d) mutual responsibility.**

   - *From a governance perspective, the first principle of mutual recognition may be the most important as it lays the basis for the Commission's approach to self-government, an approach which would create a new order of government in Canada.*

   - *In regard to the second principle, mutual respect, the Commission notes that "Respect*

for the unique position of Canada's First Peoples ... should be a fundamental characteristic of Canada's civic ethos."(Vol. 1, P. 685)

- *Of these four principles the most important from an economic development perspective is the third one - sharing. According to the Commission, the key question is "... how sharing can be built into the renewed relationship between Aboriginal peoples and the larger Canadian society so as to generate mutually beneficial economic interdependence and ecologically benign forms of resource management." (Vol. 1, P. 688)*

- *The fourth principle of mutual responsibility has a strong environmental ethic to it, an ethic of stewardship that has "... often been eclipsed by a careless and uninformed attitude to nature, an attitude that tacitly assumes that the earth is a virtually limitless resource at the disposal of the human species." (Vol. 1, P. 690)*

3) **The negotiation of treaties - either new treaties or the re-interpretation or clarification of existing treaties - is the primary means for renewing the relationship based on the above principles.** These treaties would deal with:

a) self-government and
b) the land and resources required to make self-government viable.

Treaty negotiations would include the Provinces and territories as well as the federal government where appropriate.

- *Critical elements to the Commission's approach to self-government include the following:*

  - *Aboriginal Nations and not communities have an inherent right to self-government based on international law and the Canadian constitution; consequently, the functions of law-making, policy formulation and resource allocation should rest at the Nation level rather than with individual communities (see Appendix 1 for an illustration of the Commission's approach to 'who does what' in the field of health);*

  - *Aboriginal governments can exercise jurisdiction in 'core' areas through self-starting initiatives without the need for agreements with other levels of government and in 'peripheral' areas through negotiated agreements; nonetheless, the Commission believes that negotiation of core jurisdictions is the best way to proceed to avoid litigation, among other things. Health, according to the Commission, is a core area of self-government;*

  - *In establishing and structuring their governments, Aboriginal peoples should consider three models - nation government operating on a land base, public government (e.g. Nunavut) and community of interest government, which*

would be established without a land base in urban centres.

- *The Commission believes that "... self-government without a significant economic base would be an exercise in illusion and futility." (Vol. 2, Part 2, P. 775) Thus, the single most important factor in altering the economic options available to Aboriginal communities in the medium term is restoration of "... fair shares in the lands and resources of this country." Such restoration is necessary before "... even the best designed business development program can be expected to be broadly successful." (Vol. 2, Part 2, P. 799)*

4) **Other elements in the Commission's strategy for renewing the relationship include:**

a) economic development - a series of effective measures to rebuild Aboriginal economies

b) new directions in social policy, including

- social issues (poverty, health, housing, family violence);
- cultural issues (language, spirituality, child care and traditional ways of life); and
- educational issues

- *The relationship between self-government and economic development is important, according to the Commission. Self-government will result in more culturally appropriate development, more rapid decision-making, the development of Aboriginal leadership in economic matters, the reduction in program duplication and greater funding stability. The Commission recommends that, as self-government becomes a reality, federal, provincial and territorial governments enter into long-term economic development agreements with Aboriginal governments or institutions, agreements which would, among other things, transfer all of their economic development programming responsibility and funding to Aboriginal institutions. (Vol. 2, Part 2, P. 835-841)*

- *From the Commission's perspective, the links between social policy, self-government and economic development are critical. In terms of health, for example, it notes that whole health, in the full sense of that term, does not depend primarily on health and healing services. Whole health depends as much or more on the design of the political and economic systems and these have worked badly for Aboriginal peoples. But the dependence is mutual. The new political and economic systems that Aboriginal peoples are struggling to build will not work unless health and healing have been achieved: "In a sense our entire report is about restoring and maintaining whole health among Aboriginal people." (Vol. 3, P. 316)*

- *See the diagram on the next page, which summarizes the major elements of the*

Commission's strategy and their interrelationships.

5) **The Commission maintains that its agenda for change can substantially reduce the costs of Aboriginal marginalization, ill health and social distress.** (By the year 2016, overall savings would be $375M per annum.) In the short term, however, government spending must increase so that 5 years after the start of the strategy, spending is $1.5B to $2B per annum higher than it is today and this level should be sustained for some 15 years.

6) **Cost sharing amongst federal, provincial and territorial governments would be determined on the basis of the following principles (Vol. 4, P. 551): that**

a) the federal government be responsible for the costs of self-government on Aboriginal territory, including health and social services delivered by Aboriginal governments;
b) the federal government be responsible for Aboriginal government services and treaty entitlements outside Aboriginal territories where these benefits exceed benefits generally available;
c) with the exception of those residents on-reserve, in Inuit communities or on extended Aboriginal territory, provincial and territorial governments be responsible for financing services that are ordinarily available to other residents, including any additional costs that will make these programs appropriate for Aboriginal residents; and
d) the costs of affirmative action (to compensate for historical disadvantage) be shared by federal, provincial and territorial governments on a formula basis reflecting fiscal capacity.

- *Points a) and b) above would increase federal government costs and decrease provincial costs in comparison to the status quo. Whether there would be an overall shift in relative terms between federal and provincial spending would depend on negotiations regarding point d), the compensation for historical disadvantage, and negotiations on the value assigned to the land reallocated to Aboriginal nations as part of treaty agreements. Most of this land would likely be provincial Crown land.*

B. PART TWO: HEALTH AND HEALING

One of the four elements in the Commission's strategy to renew the relationship is a new direction in social policy, of which health and healing is a key component (see point 4 above). In this part the Institute summarizes the Commission's overall approach to health and healing issues, with particular attention to the implications for mainstream healthcare organizations.

The following 14 points cover the Commission's major conclusions and recommendations in this area.

1) **Notwithstanding that medical services are now delivered to Aboriginal people even in the remotest parts of the country and that some causes of morbidity and mortality have been brought under control, the gap in health and well-being between Aboriginal and non-Aboriginal people "... remains stubbornly wide." (Vol. 3, P. 201)**

2) **Mainstream health and social programs continue to fail Aboriginal people on a massive scale despite genuine efforts on the part of Canadian governments. The system's assumptions about Aboriginal health and wellness and how to promote them are " ...wrong for the job."**

3) **Whole health, in the full sense of that term, does not depend primarily on health and healing services. Whole health depends as much or more on the design of the political and economic systems and these have worked badly for Aboriginal peoples.**

4) **There is a growing convergence between Aboriginal perspectives about what makes people well and those of "the most advance thinkers in health policy":**
   - health comes from the connectedness of human systems - body, mind, emotions and spirit;
   - economic and environmental factors play a central role;
   - personal responsibility is as important as professional expertise; and
   - health and well-being in childhood affect lifelong health status.

5) **In developing policies to support Aboriginal health all governments should base them on the following four principles:**

   a) **holism,** that is, attention to the whole person in their total environment;
   b) **equity,** that is, equitable access to the means of achieving health and rough equality of outcomes in health status;

c) **control by Aboriginal peoples** of the lifestyle choices, institutional services and environmental conditions that support health;
d) **diversity,** that is, accommodation of the cultures and histories of Aboriginal peoples that make them distinctive within Canadian society and that distinguish them from one another.

6) **Based on these four principles, governments and institutions should collaborate in carrying out a comprehensive action plan, consisting of the following elements:**

a) development of a system of Aboriginal healing centres and healing lodges under Aboriginal control as the prime units of holistic and culture-based health and wellness services;
b) development of Aboriginal human resources compatible with the new system, its values and its assumptions;
c) full and active support of mainstream health and social service authorities; and
d) implementation of a comprehensive program directed at the most immediate health threats in Aboriginal communities (water, sanitation and housing).

7) **Healing centres, under Aboriginal control, would provide the point of first contact for members of the community and would be responsible for providing general care services to meet most community needs and any required referral services.** In addition, these centers would promote health education and awareness, assess needs, participate in local and regional planning, provide training, and liaise with other organizations outside the community. Their location would be determined through a planning process involving local residents: catchment areas, urban and rural, with a minimum of 1000 residents or rural communities with a minimum of 250 residents would be eligible to participate.

8) **To complement the work of these community healing centres, a network of healing lodges should be established that would fill the acute need of residential treatment for people overwhelmed by social, emotional and spiritual distress.** The number and location of healing lodges would be determined as a result of planning processes at a provincial or, in the case of the Atlantic provinces, a multi-provincial basis. Both federal and provincial governments should contribute to the establishment and operation of these lodges.

9) **Governments, both Aboriginal and non-Aboriginal, should support the development of regional Aboriginal agencies and councils to promote cooperation among communities and the strategic deployment of regional resources in the health field.**

10) **Key elements of the Commission's human resources strategy include the following:**

a) the federal government would provide funds to the national Aboriginal organizations to allow them to prepare a comprehensive human resources development strategy in health and social services;
b) federal, provincial and territorial governments would commit to training 10,000 Aboriginal professionals over a ten year period in health and social services;
c) post-secondary institutions involved in professional certification in health or social services would collaborate with Aboriginal organizations to increase the numbers of and support to Aboriginal students including appropriate modification of curriculum and licensing procedures;
d) appropriate support would be provided for participation of Aboriginal communities in the planning, program design and community awareness relating to human resources development;
e) Governments, health authorities and traditional practitioners would cooperate to protect and extend the practices of traditional healing and to facilitate dialogue between traditional healers and bio-medical healers. (The Commission's report contains an Appendix on traditional health and healing - Vol. 3, pages 348 to 361.)

11) **For a variety of reasons - Aboriginal people like other Canadians desire choice; an increasing number and proportion of Aboriginal people live in large urban settings; the resources of mainstream systems are vast; there is a need for cooperation and collaboration - the Commission believes that enlisting the support of the mainstream service system must be a significant element of its strategy.** Mainstream programs and service providers can contribute in two important ways:

a) by supporting the development of Aboriginally controlled service systems; and
b) by improving the effectiveness and appropriateness of their own services.

12) **The Commission makes two specific recommendations that affect mainstream service providers directly:**

a) that non-Aboriginal service agencies and institutions involved in the delivery of health and social services to Aboriginal people, as well as other organizations such as unions and professional associations, develop and publish action plans outlining ways to improve the effectiveness of their services and to support the development of

Aboriginal health and social services; and

b) that government funding bodies and professional accrediting organizations base their decision-making in part on the development and implementation of such plans.

13) **The fourth and last element of the Commission's Action Plan centres on housing and community infrastructure.** The Commission calls for:

a) a sufficient allocation of funding from Canadian and Aboriginal governments and Aboriginal individuals to ensure that housing needs are fully met within 10 years; and

b) a doubling in the speed of remediation of water and sanitation services so that such services are adequate within 5 years.

14) **The incremental costs to government of the Commission's proposed Action Plan are captured in the chart below:**

Funding item	2001 ($ millions)	2016 ($ millions)
health care	100	(450)
social services	100	(425)
housing and infrastructure	400	350
human resource development	150	425
Total	750	(100)

C. CONCLUSIONS

The most important, long term challenge facing healthcare institutions is to play a positive role in the development of new Aboriginal governments and, in particular, to work out the collaborative arrangements necessary to make new health and healing systems an integral part of an effective province-wide approach to health care. This challenge will exist no matter how federal and provincial governments respond to the Royal Commission's report.

In Canada, south of 60, Aboriginal self-government will likely take two forms: the first will be a government with an identifiable territorial base. Such governments might have a federal form (i.e. made up of a number of individual communities) and have urban components.

A second form of Aboriginal self-government could be the community of interest model with powers delegated to it by an Aboriginal Nation government or by federal or provincial governments. It would operate within defined territorial limits (for example, in large urban areas) but without a land base. Membership would be voluntary and could include individuals of different Aboriginal heritage.

Aboriginal self-government will develop slowly over the next decade or so. In the near term, healthcare organizations could profitably focus their efforts on the following five areas:

a) **Service to Aboriginal people:** For many healthcare institutions across Canada, Aboriginal people form an important portion of their client base. Even where Aboriginal people form a small minority, these institutions need to demonstrate cultural sensitivity to be effective. Some key issues include the following:

- What have been the principal means that healthcare organizations have employed to improve services to Aboriginal people and which of these have been the most cost-effective?
- Have mainstream organizations involved Aboriginal organizations in programs to improve services?
- Are best practices shared effectively among provincial healthcare organizations and are there lessons from other jurisdictions that would be useful?
- Are innovations in this area adequately recognized in existing awards programs?

b) **Aboriginal staff in healthcare institutions:** To be successful Aboriginal governments will need highly trained people in the health and social service professions. Furthermore Aboriginal staff in mainstream organizations can play a key role in improving services to Aboriginal clients. Some issues include:

- What has been the experience of healthcare institutions in the hiring and retention of Aboriginal staff?
- Are best practices being adequately shared throughout the system and is there experience in other jurisdictions or other institutions that would be useful?
- Has there been any experience of partnering with Aboriginal organizations to help train Aboriginal people for roles in those organizations?

c) **Relationship to traditional healing practices**: As the Royal Commission notes, there is a growing convergence between Aboriginal and non-Aboriginal perspectives on what makes people healthy. Indeed, some Aboriginal communities are on the leading edge of innovations in this area. This suggests improved collaboration might be mutually beneficial:

- What has been the experience of healthcare institutions in integrating traditional healing techniques into their services offered to Aboriginal people?
- Where is further experimentation warranted and how could lessons learned be effectively shared?
- How could dialogue between traditional healers and healthcare staff be improved?
- Are there ways in which healthcare organizations could play a role in helping traditional healers develop their existing means of self-regulation?

d) **Healthcare governance and Aboriginal peoples:** Improvements in governance could lead to better service, more effective dialogue with traditional healers and improved Aboriginal capacity to run their own organizations. Some of the issues include the following:

- What means have healthcare organizations used to change their governance systems to better reflect their Aboriginal clientele?
- Are there lessons from other jurisdictions or other organizations in other fields that might be useful to share?

e) **Supporting Aboriginal health and social organizations:** Supporting and partnering with Aboriginal organizations is the most direct means that mainstream organizations can use to help build capacity for self-government and at the same time improve service. Some key questions include:

- What have been some of the successes and failures in healthcare organizations partnering with Aboriginal organizations?
- Are there lessons from other jurisdictions that might be useful?
- Has there been any provincial experience of work done in Aboriginal communities that focuses on prevention rather than waiting for a crisis to erupt?

APPENDIX 1
THE COMMISSION'S APPROACH TO GOVERNANCE

HEALTH AND HEALING

LOCAL COMMUNITY	ABORIGINAL NATION	MULTI-NATION	CANADA-WIDE
- manages community health centres (minimum community size is 250); - participates in local and regional planning; - participates in human resource development; - participates with mainstream organizations to develop action plans.	- enacts laws; - establishes policies; - distributes funding.	- manages a network of healing lodges; - promotes cooperation and strategic deployment of resources (regional Aboriginal agencies and councils).	- prepares a comprehensive human resources development strategy for health and social services (national Aboriginal organizations).