Autonomy needed to improve Indigenous Canadian health

New minister Marc Miller says that greater fiscal freedom should be discussed to address the social determinants of health. Paul Webster reports from Toronto.

Canada's new minister of Indigenous services, Marc Miller, is tasked with reducing disparities between Indigenous and non-Indigenous health services and outcomes through heavy investment in the social determinants of Indigenous peoples' health. To do that, Miller acknowledges, Canadians must rethink the economic colonialism of Canada's 1·7 million Indigenous people.

Canadian Indigenous leaders, frustrated by decades of inadequate federal efforts to resolve deep health inequities, have long proposed sweeping reforms that will transfer broad economic powers—and the ability to better finance programmes addressing the social determinants of health—into Indigenous hands. The Canadian Government has persistently deflected this suggestion. Instead, federal leaders have steadfastly maintained a grant-based approach to Indigenous health care, rooted in an 1876 law known as the Indian Act that bundled together a set of assimilation-oriented colonial-era laws that historians now widely consider to be racist.

The Canadian Government's long-standing intransigence might finally be changing, however. In an interview with *The Lancet*, Miller acknowledged that, with non-Indigenous Canadians ranking high on the UN Development Index while Indigenous Canadians rank far below, the government might finally have to concede to Indigenous demands for greater economic autonomy.

Spearheading calls for Indigenous control of the economic levers necessary to fund greater investment in the social determinants of health is Ovide Mercredi, a former national chief for Canada's Assembly of First Nations. Mercredi now leads health reform campaigns for the Nishnawbe Aski Nation, a political coalition of 49 First Nations communities across a region of northern Ontario that is roughly the same size as France.

Speaking with *The Lancet*, Mercredi labelled the Canadian Government's current efforts to improve the social determinants of Indigenous health—which include projects to improve housing and drinking water quality alongside a campaign to reduce tuberculosis—as "band-aid solutions" that ignore the necessary economic remedies.

> "'...in order to achieve health equity with non-Indigenous Canadians, we need to fully control our own economic interests in order to finance the social determinants of health...'"

As new research shows that almost half of Indigenous Canadian families face food insecurity, Mercredi says Indigenous health solutions must be predicated on broad-based economic empowerment. "We're no longer just calling for bigger government health budgets, or for Indigenous control of government-funded health programmes", says Mercredi. "We're saying that in order to achieve health equity with non-Indigenous Canadians, we need to fully control our own economic interests in order to finance the social determinants of health—including, education, culture, infrastructure investments, and employment."

Mercredi's call for economic autonomy for Indigenous people is not novel. Natan Obed, leader of the Inuit Tapiriit Kanatami, the political organisation representing Canada's 60 000 Inuit people, also calls for a "nation-to-nation" relationship with the Government of Canada. The Assembly of First Nations—which represents nearly a million people who are neither Inuit nor mixed-race Métis people—is also pursuing a nation-to-nation approach that includes "fiscal relationships that provide First Nations with the ways and means to finance their autonomous functions and advance the wellbeing of their nations, communities and citizens".

Both government and Indigenous leaders agree on the need for investments in the social determinants of health—including education, employment, cultural and linguistic revival, and housing and other community infrastructure needs. The scientific basis for this consensus is clear, says Marwa Farag, co-author of a Series of 2018 papers on Indigenous peoples' social determinants of health produced by a research team at the University of Saskatchewan. "Education and employment income, above all, determine health status", Farag argues. "And cultural resilience is crucial too."

A 2018 study by a team of mental health researchers at McGill University in Montreal presented a similarly strong case for attention to the social determinants of health in confronting the extremely high rates of suicide in Indigenous communities. The study compared Inuit people who died by suicide with people from the general population who attempted suicide and people from the general population who never attempted suicide. It found "greater residential, financial, and employment stability among people with no suicide attempt and people with a suicide attempt in comparison with people who died by suicide".

Speaking at Concordia University in Montreal, Jane Philpott, a physician who recently served as federal health minister and then later as Indigenous

affairs minister, bluntly labelled the government's current Indigenous health policies a "total mess that's rooted in having denied Indigenous rights for the entire history of the country". Philpott was recently recruited by the Nishnawbe Aski Nation to work alongside Mercredi in pushing for sweeping reforms aimed at ending the Canadian Government's current economic approach to Indigenous people.

Philpott's analysis echoed that of Jody Wilson-Raybould, an Indigenous politician and former federal justice minister, who shared the podium with Philpott in Montreal. Wilson-Raybould reproached the Canadian Government for relying on an incremental and patchwork approach to addressing Indigenous health inequities while refusing to squarely address the need for sustained attention to the social determinants of health, and Indigenous economic autonomy. "What this government, and all previous governments, has done is to address symptoms", she said. "Indigenous people don't get good government, thanks to the Indian Act. We need to move beyond making excuses for this. It's up to the federal government to remove the Indian Act now."

Wilson-Raybould noted that under the Indian Act, Indigenous organisations and leaders have little recourse beyond continuously litigating with the federal government for equitable health and social programmes. "We can't, as Indigenous people, have to keep going to court to fight for our rights", Wilson-Raybould said.

A 2016 Canadian Human Rights Tribunal ruling arising from one such legal case found that the Canadian Government has for decades systematically refused to fund health and social programmes for Indigenous children at levels equal to those for non-Indigenous children. In September, 2019, the tribunal ordered the government to pay CAN$40 000 as financial compensation to each First Nations child affected by inequitable federal health and social programmes. The total payout would be about $8 billion.

The government responded to the tribunal's compensation order last October by seeking a federal court review, as well as a judicial stay. Government lawyers say the tribunal's ruling was in itself inequitable as it did not compensate substantial numbers of Indigenous people who are represented in a class action lawsuit against the government. The total payout for the class action could total about $6 billion. Cindy Blackstock, a McGill University social work professor who led the campaign for the Canadian Human Rights Tribunal ruling, says the government's tactics amount to a conspicuous effort to stall and diminish the payout.

> "…Miller's instructions are to work towards establishing 'a new fiscal relationship with Indigenous Peoples'…"

Miller, the minister now responsible for much of Philpott's former portfolio, says the government is committed to compensation and does not deny the discrimination. His government, he says, has stepped up its efforts to address some of the social determinants responsible for the dramatic health inequities that affect Indigenous Canadians.

Miller's ministerial instruction letter, dated Dec 13, outlines plans to increase access to safe drinking water, and more generously fund child and youth services while investing in community infrastructure plans "including housing, all-weather roads, high-speed internet, health facilities, treatment centres and schools in First Nations, Inuit and Métis communities by 2030". Miller is also charged with drafting a new law addressing Indigenous health programmes.

Malcolm King, a professor of health and epidemiology at the University of Saskatchewan and former scientific director of federal Indigenous health research programmes funded by the Canadian Institutes of Health Research, says that, however well intentioned the Canadian Government's Indigenous health plans are, it must also heed the calls from Mercredi and others for a total rethink of the fiscal relationship between Indigenous and non-Indigenous Canadians.

"In the aetiology of Indigenous diseases", King argues, "whether it's high HIV infection rates, high rates of diabetes complications, high rates of crystal meth use, high rates of [tuberculosis], and the whole gamut of other health disparities, everything really can be traced back to the continuation of colonialism in the Indian Act and other laws. So the solutions have to go far deeper than things like handing out clean needles. We need a completely new approach."

Speaking with *The Lancet*, Miller said he faces an "immense challenge" in formulating a new law governing Indigenous health services "that would devolve and put control and custody in the communities that know best how to deal with the health needs of their own". But Miller, who was appointed in late November, acknowledges that the time has come for even more fundamental reforms.

In an indication that the government might at last be moving away from its business-as-usual approach, Miller's instructions are to work towards establishing "a new fiscal relationship with Indigenous Peoples" that ensures First Nations "have the revenue generation and fiscal capacity to govern effectively and to provide programs and services to those for whom they are responsible".

Miller says he hears the call. "It's something we all need to address. It goes to the core elements of self-determination through economic self-sufficiency. In general, these initiatives need to be discussed, and negotiated, on what we've loosely called, but accurately called, a nation-to-nation basis."

Paul Webster