

The Canadian Aboriginal Standard of Modern Daily Life

An Oversight on “Canada’s” Part

By Tristan Sabado

Canada is a colony; a really large colony. Three years ago, our country celebrated “Canada 150” for the 150th anniversary of the country. This raised some controversy as the history of the country is built off the appropriation of another peoples’ land and the abuse of those people. The suffering caused to Canadian Aboriginals run deep and reconciliation is a process that is taking its time; to the dissatisfaction of the Aboriginal people.

From the start, there has been a history of taking from Aboriginals and holding them to the standards that we place on them. Beyond taking their land and resources, Aboriginal people have been forcefully assimilated into a foreign society that has grown to an almost overwhelming size, abandoning traditional ways of life for those that are modern and “civil”. Disputes and racist opinions on this led to conflict in which Aboriginals are labelled in a way that is dehumanizing and stereotypes are formed. In extreme cases, people are killed and when they aren’t they are physically or psychologically abused through direct interaction, or through neglect after interrupting their way of life. Some adapt and survive, while others suffer in a metaphorical home that is no longer home. Everyone has a disadvantage compared to the dominant non-native population. This is because the situation is not a high priority for the country, unfortunately.

In Canada, the term reconciliation is used to describe the efforts made to mend relations with the First Nations people. It is a complicated process where a deep and mutual level of understanding each other has to happen. It isn’t an act of pandering or pity. It’s one of sincerity and acceptance. It works out a plan to return rights and provide autonomy in their lives so that their agency holds weight. Reconciliation should produce a long term beneficial goal socially, economically and politically.

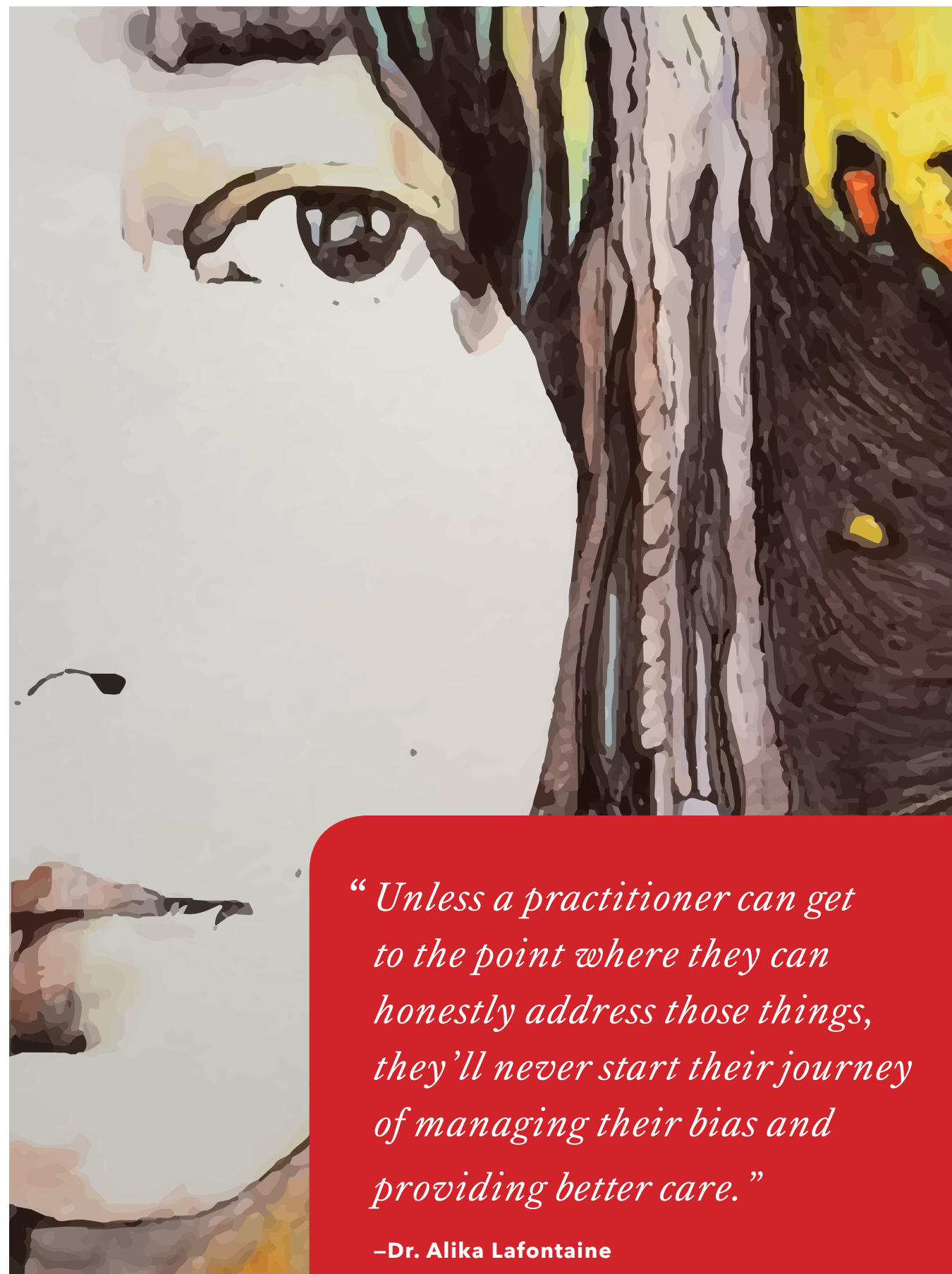
What makes reconciliation complex is that the matter has different scopes of perspective. It can be tackled as a whole with the entire Aboriginal population, smaller with individual clans, and further down with communities, families, and individual people. All methods are important, and have their role in the bigger picture. However, the level of understanding and method of action would be different for each one. A group opinion can differ from an individual’s; and an individual perspective can differ from person to person based on their own experience and history with abuse and assimilation. The situation has spanned over generations and the outlook of it has shifted and evolved as people hold on or are shackled to the pain while the next

Canada 150 Logo
By Ariana Cuvin



generations suffer from a domino effect.

Canadian First Nations people are suffering from a lack of equality with regards to health and health services. There is a disparity in a variety of aspects in daily life that add up to the suffering of the people. An oversight many people have is the context of health being seen differently in the Aboriginal perspective. Psychology and mental health is a huge unseen factor in overall health and the Aboriginal context hinges on psychological health. Their traditions are spiritual in nature. Family and community play a role in the well-being of the individual. In Canada’s capitalist societal structure, the accumulation for an individual establishes a border around



“Unless a practitioner can get to the point where they can honestly address those things, they’ll never start their journey of managing their bias and providing better care.”

–Dr. Alika Lafontaine

Manitohiskwew (Creator’s Flame)
By Brenda Morency

every person which is a concept that doesn't exist in First Nations culture. Difficulties in treating First Nations' health is pointed towards poor behaviour on the patient's part when the process of understanding has been skipped, lowering the overall quality of the help being provided regardless of what is being provided or prescribed. Tradition and familiarity have to be upheld first before an amicable evolution can appear.

Looking at the individual factors, there are disparities in parts such as housing, domestic abuse, education, income, and employment. Even at face value, these factors can translate into the struggling health of the people. There is a cycle that can be seen in with these factors which hold back any improvement in First Nations quality of life. An example of this would be poor housing leading to poor health, which makes working all that much harder, so income is even smaller than the already small amount being made, and that means people wouldn't be able to afford things to help them live their lives.

Mental Health is just as important as physical health and considering the spirituality in Aboriginal culture, it plays a large role in the stress of the body. As the structure and identity of Aboriginal life is broken down by modern Canadian society, a disillusioned perspective a life is developed. Depression is a common occurrence in First Nations people that doesn't get addressed enough. In the late 90s, 16% of Natives of adults living on reserve experience major depression. The numbers grow as the scope grows to add other age groups as well as Aboriginals that live off the reserve. Without the proper services, the coping and handling of depression is managed poorly and lead to other problems mentioned previously. Substance abuse affects a third of the Aboriginal population and that it greatly affects their communities as a whole. The worst result of First Nations neglect and abuse is suicide. In the early 2000s, the suicide rate for Canadian Aboriginals doubles the the national average and change has been a slow effort.

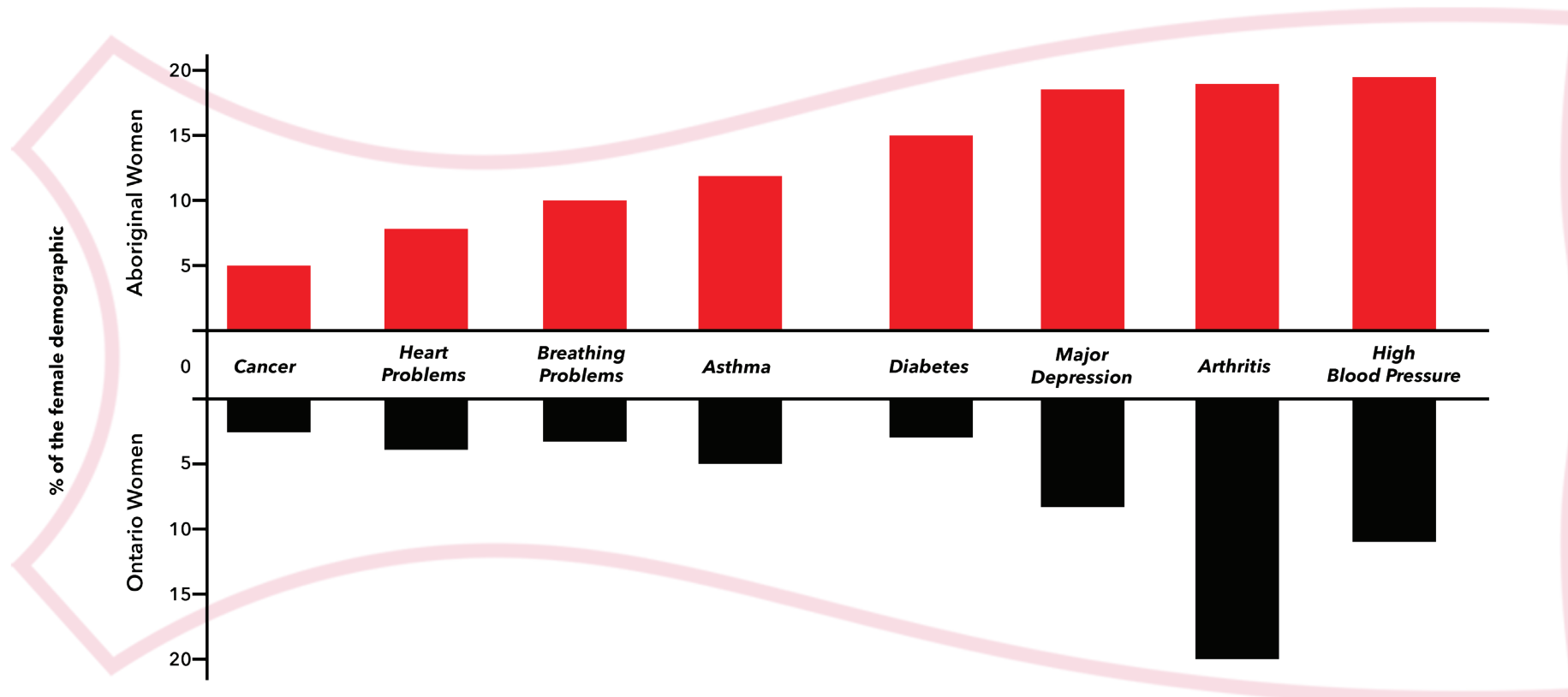
The life expectancy as observed in 2001 showed off that Canadian Aboriginals averaged at about five years less than the general population. The ratio for Aboriginal males to the general male population is about 69:76

years while females show a ratio of about 77:82 years. The age distribution shows that while Canada's overall numbers are even (with the exception of the baby boomers) while the numbers for First Nations people lean more towards the youth as their birth rate is higher. An explanation for this could be because of the lower life expectancy. Mortality rates are also higher. For infants in Canada, their mortality rate in the 1980s were around 14 for every 1000 born. For just the First Nations population, that number amounted to a little more than 16 babies for every 1000 born. This comparison of statistics should help produce an idea of the difference and inequality between the state of health between First Nations people and the rest of Canada while identifying particular afflictions to focus on.

Another disparity that should be identified is that of Indigenous women's health. Recognized is the role of women as the givers of life in the duality of family and partnership. However as previous numbers show, Aboriginal women suffer in greater degree than the general populace. It is observed in the 80s that the most frequent causes of death are a result of liver failure from alcoholism, motor vehicle crashes and cardiovascular disease. Other identified causes include cancer, diabetes and suicide; although lower on the list. On the surface, life for Aboriginal women are average however self-reported health conditions are greater in number. This is only a fraction of the picture when considering the fact that these are self-reported cases and that an issue of communication and

A comparison of health related issues between First Nations and Ontario Women

Statistics provided by *The Health of Ontario First Nations People: Results from the Ontario First Nations Regional Health Survey (2003)*



understanding through reconciliation poses a barrier. These numbers can easily inflate as researchers include the unaccounted cases.

Between the male and female populace, the health related issues are assumed to be balanced with reports suggesting higher risk of asthma and cancer in males and women reporting more regarding; high blood pressure, back/spine problems, arthritis, digestive problems, hay fever, allergies, mental health, bronchitis, heart trouble, diabetes and anemia. It is unclear whether this implies a difference between the state of health for males and females, or if it presents a difference in recognition of these maladies and their negative effects on the body. Regardless, the statistics exist predominantly with First Nations women so it should be addressed.



A march through downtown Toppenish (2018) By Jake Parrish

Look at the stats collected from the early 2000s on six afflictions related to or mentioned previously. Starting with diabetes, it is determined that Aboriginal women who live in Aboriginal communities have five times the risk of death that general Canadians have. It is also observed that women are being diagnosed with it at an earlier age. When compared to the 3.8% of people in Canada being diagnosed, for First Nations people, this number is an astounding 7%; almost double.

Substance abuse is providing to be the most problematic in First Nations communities. Especially when it affects youth, both as a result of being affected by others as well as directly consuming these dangerous substances. The first statistics may show that more of the general female populous intake substances such as alcohol with a difference of 20% of their totals. However when asked if these particular people were heavy drinkers, about 29% of First Nations women affirmed opposed to a vastly lower number of 5.2% for the rest of the women. When domestic violence and sexual violence is looked at, around half of Aboriginal women suffer from it as opposed to the rest where less than a third experience it.

Depression affects many First Nations people and comparing males to females, they make up more than half of the people reported to experience major depression