Natives' poor health tied to poverty

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Higher rates of H1N1 hospitalizations and deaths among aboriginals than other Canadians demonstrate how basic human rights are not applied equally, according to First Nations physician Dr. Marcia Anderson.

The Manitoba doctor told a gathering at McMaster University yesterday that the right to health is a basic human right that is also tied to a decent standard of living. If social, economic and health policies were applied equally in Canada, there wouldn't be such large health gaps between First Nations and non-aboriginals, she said.

Aboriginals make up 3 per cent of Canada's population, but accounted for 17 per cent of H1N1 hospitalizations, 14 per cent of intensive care cases and 10 per cent of deaths as of September, according to the Public Health Agency of Canada.

In Manitoba, of the 795 confirmed cases to that point, 37 per cent were aboriginals, Anderson said.

Anderson was the keynote speaker at a seminar meant to increase knowledge and awareness of First Nations issues among health professionals.

Anderson said the key social determinants of poor aboriginal health are similar to the socio-economic factors hurting the health of Canada's poor.

"It's not surprising to any of us that aboriginal people have poor health," Anderson said.

Aboriginals have shorter lifespans, higher suicide rates and twice as many single-parent households compared with the rest of Canadians, she said.

Aboriginal women also have higher rates of unemployment and less education, and are more likely to be in the sex trade, incarcerated and victims of violence than other Canadian women, she said. And 42.7 per cent of aboriginal women are in the low-income bracket compared with 20.3 per cent of other women, while one in four First Nations kids live in poverty compared with one in six of all Canadian children, she added.

"Our collective tolerance for injustices is really quite shocking," Anderson said. "In order to address health inequities, we must address the inequities in the way society is organized."

The session was organized by the university's Aboriginal Students Health Sciences Office, which assists aboriginal health sciences students.