Response to "Apartheid in Canada"

Dear Editor,

As a physician and public health practitioner with 38 years of experience working and living in Northern British Columbia and the Yukon, in close proximity to First Nations citizens, I was immediately drawn to the title of your editorial "Apartheid in Canada".¹ Finally, I thought, someone in public health who is willing to tell the inconvenient truth.

Imagine my disappointment on reading your last sentence, which begins "We do not have apartheid policies in this country..." Of course we do! If we take the notion of "apartheid" to mean legislated structural differences in governance that have the effect of reducing the opportunities and living standards of one race or ethnic group with respect to another (which for me is close enough), Canada is an exemplar of apartheid. Your editorial outlines the outcomes: relative poverty, poor living conditions, marginalization, etc. You refer to the well-intentioned efforts of "skilled competent and dedicated professionals" and suggest that the answers lie in "greater efforts" and more resources.

Unfortunately, the problems have little or nothing to do with a lack of either effort or resources. They are intentional, structural and overwhelming in their effect. I would suggest that jurisdictional complexity and dysfunction are at least as important determinants of the health of First Nations people as are poverty and education.

Non-Aboriginal Canadians have access to a system of governance based on carefully articulated relations between three distinct levels of government: federal, provincial and municipal. By and large it is clear to most of us where to go for services and solutions, and by and large the three levels have learned to stay out of each other's kitchens. The outcomes of this are reflected in relatively good social, economic and health conditions for the majority of non-Aboriginal Canadians.

By contrast, First Nations communities have to survive in a jurisdictional morass that replaces progress with unending processes, including "new" ones such as the tripartite agreement in British Columbia. While the principle of including and engaging First Nations' representatives in these governance processes is admirable and important, the structural underpinnings of this are a confusing substrate of politics and jurisdictional fuzziness involving bands, treaties, partial treaties, affiliated bands, Nations and others. This ensures that there is an abundance of talk and almost no tools for moving forward in a systematic way. When you add in the overlapping mandates of the federal and provincial/territorial governments, include health authorities and regional governments and truckloads of Memorandums of Understanding and Agreements simply to provide basic services, "tripartite" instead of "tripartite" becomes more than just a slip of the tongue.

It seems crystal clear to me after watching variations of the same scenario for many years that we desperately need to focus on systematic restructuring along the lines of the Canadian federal/provincial/municipal model and that, until we do, First Nations people in our country will have to make do with policies that are designed to deliver hand sanitizers and band aids in a pinch but that are completely ineffective if the goal is to address and redress the systematic inequities First Nations people face every day. We need to begin by acknowledging apartheid in Canada and working with First Nations leaders to replace it with something at least as useful and effective as the system that provides the rest of us with so much.

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REFERENCE

1. Paradis G. Apartheid in Canada. (Editor's page) *Can J Public Health* 2009;100(4):244.

ERRATUM

Re: Gilligan T, Alamgir H. Bridging the knowledge gap: An innovative surveillance system to monitor the health of British Columbia's health care workforce. *Can J Public Health* 2008;99(6):478-82.

The above-mentioned manuscript by Gilligan and Alamgir, published in the November/December 2008 issue of the journal, contained errors and omissions in the acknowledgements section. The revised acknowledgements appear below.

REVISED ACKNOWLEDGEMENTS

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