

# **Distrust, stereotyping major barriers to access to care for aboriginal people**

**Legacy of Fear: Part one of a three-part series**

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Katherine knew something was wrong when a red line began to creep up the side of her leg. She had stepped on a thumbtack a few days earlier and the tiny cut looked swollen and inflamed. But Katherine put off going to the medical clinic.

The Nanoose First Nations elder didn't want to deal with the doctors and nurses again. She didn't want to be judged.

Katherine said a doctor had once wrongfully accused her of showing up to an appointment drunk. She stormed out of the office, angry and embarrassed.



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**Dennis Ano, a community health nurse at Tillicum Lelum**

"I never went back to the doctor or to the clinic because I was always afraid of being shamed by them," said the 64-year-old with diabetes, who asked that her real name not be revealed.

For more than a decade, Katherine had avoided the health-care system. And she wasn't about to let a seemingly minor puncture wound on her foot change that.

But when one of her toes turned black, Katherine's son rushed her to the hospital. Doctors said the infection had spread so deep that they had to amputate.

Stepping on that tack cost Katherine her right leg.

Health-care professionals in First Nations communities hear these stories often. People allow wounds to fester or let chronic diseases spiral out of control.

The rate of preventable hospital admissions for registered Status Indians on Vancouver Island was 38% higher compared to other residents in 2006-07, according to the latest numbers from the province.

Preventable admissions include diseases such as diabetes, asthma or hypertension.

The Vancouver Island Health Authority and local First Nations communities are pushing forward with several new initiatives that aim to boost access to health care. Much of this stems from the recent formation of a new B.C. First Nations health authority that, once operating, will provide aboriginal communities with more control over how health care is delivered.

But First Nations leaders say establishing a better relationship will take years of work. Distrust and fear of the medical system run deep in people, they say, especially for elders who experienced residential schools and Indian hospitals.

Racial stereotyping by some medical staff makes these problems worse.

Transportation issues and funding for health services also remain obstacles for people who live in remote reserves, however, even residents of the urban Snuneymuxw First Nations community in Nanaimo face barriers to health care.

"A lot of people, if they're not really sick, they won't access help," said Dennis Ano, a health nurse for the Tillicum Lelum Aboriginal Friendship Centre in Nanaimo.

Staff at Tillicum Lelum often work with people who have infected wounds that should have been stitched or who are struggling with medical problems that should have been caught sooner.

"They will come here with an infected wound, it's too late for stitching. Just clean it, sanitize and bandage it up. And then eventually advocate for them to go see their doctor," said Ano.

The Status Indian population accessed Medical Service Plan services at a rate that was 8% lower than other residents, according to the 2007 report Pathways to Health and Healing, published by the Office of the Provincial Health Officer. That rate sits at a provincial average of 16%.

Gina Amos, addictions counsellor at Tillicum Lelum, said her organization is often able to connect with people who are dealing with a health issue that requires more medical attention. But getting them to see a doctor can be difficult.

"A lot of the times they say they're not going and that's it," said Amos, adding that sometimes staff will accompany people to support them at the hospital or medical clinic. The stigma attached to people struggling with addictions often makes such situations worse, she said.

After losing her leg two years ago, Katherine now sees her doctor once every three months. Although she has a great relationship with her physician, dealing with the health-care system still makes her uneasy.

"I just look at it as if I have to go, I have to go," she said.

Many First Nations people see hospitals, clinics and other facilities as just another form of colonization, according to one study.

These patients feel they have to dress or act a certain way in order to be treated fairly and to avoid racist stereotyping, said Dr. Jennifer Mullet, a Vancouver Island University researcher who worked on the report *In From the Margins*.

The study looked at ways to improve First Nations' access to health-care services, focusing on interviews with clients at Tillicum Lelum and an aboriginal friendship society in Prince George.

Mullet gives one example of a mother whose baby broke out in a fever late at night. She threw on some old sweat pants and a T-shirt and rushed to the hospital, where her child was prescribed drugs.

"The health professional made a point of saying to the mother, 'Now these are for the child. They're not for anyone else to take,'" said Mullet. "That's quite shocking to me to hear that those kind of prejudices still exist."

Esther Edgar knows prejudice well. The 49-year-old Ditidaht First Nation resident suffers from recurring stomach pain and has had 27 abdominal surgeries since 1985, mostly for the removal of cysts.

She says her stomach pain forces her to make multiple trips to the hospital. Although most medical staff treat her well, she has encountered stereotyping and "labelling" a number of times.

"They say, 'Oh God, here she is again,' and, 'Oh God, she just wants drugs,'" said Edgar. "I'm not taken seriously."

VIHA plans to expand existing programs designed to improve aboriginal people's access to health-care services.

Aboriginal working groups have been set up across Vancouver Island to give the health authority more details about how to boost access while eight First Nations liaison nurses, who help guide people through the health system, work with patients at various hospitals.

But it is difficult to gauge what impact these programs have had. VIHA can't properly evaluate how many aboriginal patients are accessing services because an "aboriginal identifier" program isn't yet in place, said Mary Guimont, manager for the central Vancouver Island aboriginal health team.

Guimont said VIHA is working to implement this and other initiatives, including a "cultural competency" training program that will be mandatory for medical staff.

Guimont admits that there is plenty of work ahead to build more trust among First Nations people.

"I think there's a huge barrier there," she said. "It's definitely going to take time."

#### MEDICAL SERVICE PLAN UTILIZATION

Rate per 1,000 in 2006-07

Vancouver Island

Status Indians 753.7

Other residents 815.5

British Columbia

Status Indians: 708.1

#### OTHER RESIDENTS: 844.0 PREVENTABLE HOSPITAL

Admissions Rate per 100,000 in 2006-07

Vancouver Island

Status Indians 54.4

Other residents 33.9

British Columbia

Status Indians 54.5

Other residents 32.4

SOURCE: PATHWAYS TO HEALTH AND HEALING, OFFICE OF THE PROVINCIAL HEALTH OFFICER

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#### LEGACY OF FEAR

The Nanaimo Daily News continues its in-depth look at how health care services are not connecting with many First Nations people.

#### TOMORROW'S STORY:

Experiences from residential schools and the Nanaimo Indian Hospital contributed to a deep distrust of the health system.