
Colonialism, Resistance and the First Nations Health Liaison Program

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Abstract

In 1988 one Aboriginal woman's experience with the justice and health care systems in the central interior of British Columbia, Canada ended with her death and an outcry from Aboriginal groups in the region. The incident became a turning point in the area's history of Aboriginal and non-Aboriginal relations, and resulted in the development of the First Nations Health Liaison Program (FNHLP). The paper begins by describing and exploring the events surrounding the woman's death, and how these provide both the impetus and context for the FNHLP. The implementation and evaluation of the program are then explored within this history. The death and implementation of the subsequent program are examined in light of the underpinnings of institutional racism and in the context of the theory of modern colonialism. While the particular events are specific to this incident and program, broader themes arise which hold relevance for issues of Aboriginal access to health care in other locales.

Introduction

On July 11, 1988 Katie and Peter Ross, an Aboriginal couple from the central interior of British Columbia (BC) Canada, were shot. Peter died instantly. Katie lived long enough to seek medical attention where she was treated for shock, but not for the gunshot wound. Katie died the next day in hospital, and the gunshot wound was not found until after her death, by the pathologist. (Ross Inquest, 1989, and Alexander, August 18, 1988, p. A1).

Unfortunately the experience of Aboriginal people being ill-served by Canada's medical system is not at all unusual (Comeau & Santin, 1990 & Waldram, Herring & Young, 1997). Waldram et al. provide an overview of health care for Aboriginal people and they document many concerns that Aboriginal people have had and continue to have with the health care system and professionals across Canada. For example, a

study in southwestern Manitoba found that physicians often assumed that very sick Aboriginal patients were inebriated. In addition, physicians often berated mothers for either bringing their sick children in for treatment unnecessarily or for leaving it too late (Sherley-Spiers in Waldram et al. 1997). In their description of some of the problematic beliefs often held by practicing health professionals across Canada about Aboriginal patients Waldram et al. write: "the stereotypes about Aboriginal health care utilization are pervasive" (p. 195). It is not surprising then that the health statistics demonstrate that although Aboriginal people's health has improved somewhat, they continue to have poorer health than non-Aboriginal individuals (Commission on the Future of Health Care in Canada, 2002, Legislative Assembly of British Columbia Select Standing Committee on Health, 2001, McMillan, 1988, Ministry of Health and Ministry Responsible For Seniors, 1993, Ministry of Health and Ministry Responsible For Seniors,1999, Royal Commission on Aboriginal People, 1996 & Waldram et al., 1997).

While the details of the events surrounding Katie Ross' death are specific to this incident and community, there are broader issues arising from the incident which have commonalities with the realities of Aboriginal and non-Aboriginal relations in other areas across Canada. These commonalities hold the potential for understanding and improving these relations in many situations, particularly in the context of Aboriginal access to health care.

The Narrative Context

The background issues surrounding Katie's death are important in understanding the purpose and importance of the FNHLP, as well as the regional and recent historical context. The use of storytelling has been identified as a traditional Aboriginal method for communicating a variety of messages (Furniss, 1999). In her discussion of applying critical race theory to social work, Razack states that "storytelling is an essential process to hear and legitimize the voices of those who are marginalized through racism" (2002, p. 25). The word "story" is not intended to suggest a make-believe tale, as it is sometimes understood, but rather as an indicator of a narrative that contains important truths that need to be understood and acted upon.

Sharing the story of Katie's death has several purposes. The first is a desire for history to remember and honour Katie Ross, in order to not repeat the mistakes of the past and to never forget the reasons for the importance of programs such as the FNHLP. Secondly, the events surrounding her death are examples of, and contain broader truths about, modern colonialism that are important in understanding the current day

framework of Aboriginal and non-Aboriginal relations, particularly as it gets played out in the implementation of the FHNLP.

In this article, the narrative of the story of Katie's death along with the connection to the implementation and evaluation of the FNHLP are intertwined with a theoretical analysis of Aboriginal and non-Aboriginal relations specific to the Cariboo-Chilcotin. While the problems inherent in Aboriginal and non-Aboriginal relations in this region existed before and after Katie's death (Cariboo-Chilcotin Justice Inquiry, 1993), the events of Katie's death are a stark example of these issues. The circumstances around this tragedy are well-known in both Aboriginal and non-Aboriginal circles in the region, as demonstrated by the extensive local newspaper coverage of the inquest. The incident demonstrates the reasons the FNHLP is so important to the Aboriginal people in this region, and indeed the tragedy is one of the main reasons the program was funded. Understanding this tragedy in the framework of modern colonialism serves as a starting point for exploring the effectiveness of the program and understanding the pressures that the broader historical, community and ideological contexts bring to bear on how the program evolves and on the struggles for control that ultimately become paramount.

The Theoretical Context

The history of colonization of Aboriginal people in Canada, and internationally, by European imperialism has been well documented, as have the destructive consequences of the colonization on Aboriginal peoples' lives (Atleo, 1991; Armitage, 1999; Armitage, 1993; Comeau & Santin, 1990; Ekstedt, 1999; Joseph, 1991; Mathias & Yabsley, 1991; & Waldram et al., 1997). A succinct definition of colonialism as given by Loomba is "the conquest and control of other people's lands and goods", although there is also general acceptance that how this has occurred and the repercussions for the colonized people have varied across time and place (Loomba, 1998, p. 2). Armitage (1999) writes of Banton's four phases of Aboriginal social policy in colonialist countries: domination (pre-1860), paternalism (1860-1960), integration (1960-present) and pluralism (1975-present) (Armitage, 1999, pp. 62-67). In each phase the face of colonialism changes. The final phase, pluralism, appears to be the point at which there is an attempt by the mainstream society to move out of or past a state of colonialism. It is worth noting that Armitage presents the last two phases, integration and pluralism, as occurring simultaneously in current times and over the last three decades, indicating that the legacy of colonialism has not been overcome. Although Armitage describes colonialism as originally "intended to advance British

metropolitan and imperial society" he goes on to say that the current phases of policy making in Canada (as well as in Australia and New Zealand) continue to "maintain forms of internal colonial government for the Aboriginal peoples living inside [its] borders" (1999, pp. 69-70). This current form of internal colonialism still seeks to control the indigenous people of the country, albeit in ways that are typically less overt than in the past and are more likely to be hidden in various economic, political, etc. systems and structures.

The current face of colonization has been called postcolonialism (Armitage, 1999 & Loomba, 1998). Loomba states that the 'post' of postcolonialism can be understood two ways, the first as indicating the beginning of a new era, one that comes after colonialism, or second as a new ideology, which replaces the old. The second is contentious as it is "premature to proclaim the demise of colonialism" (Loomba, 1998, p. 7). Nevertheless, Loomba agrees that the world, in different ways and at different times, is moving into a place of the withdrawal of colonialism, as it used to be, and new realities are rapidly being shaped and reshaped. These new realities are fashioned by many experiences, including the histories of colonialism as well as resistance to it.

Furniss (1999) further distinguishes between colonial and postcolonial cultures. She refers to postcolonial culture as a time when the colonizing people have withdrawn from political control, if not occupation, and indigenous people have resumed this authority. She states that this type of decolonization has not and will not occur in Canada, and so Canada cannot be referred to as postcolonial. Instead, the country continues in a new form of colonialism where Aboriginal and non-Aboriginal people seek to redefine their relationships and governments. "The dominant Euro-Canadian culture of Williams Lake [the small Cariboo-Chilcotin city where Katie Ross died] is an example of such a modern colonial culture" (Furniss, 1999, p. 14). For Furniss, modern colonialism acknowledges the current colonial structures that continue to perpetuate dominance and control over Aboriginal people in Canada, as described by Armitage, but it also includes the reality of Aboriginal resistance to this control. This particular experience of the shift from previous phases of colonialism to a current day reality may also be seen as one of the many faces of postcolonialism. However, this article will use the term modern colonialism to better delineate the current day uniqueness specific to the Canadian circumstances, which includes the perpetuation of colonialism in a new form through societal structures combined with Aboriginal resistance and reaction to this colonialism. The narrative which is explored here exemplifies this dialectic.

The diversity of the history and experiences of colonialism and decolonization both between and within countries, means that there is no

one definition for how postcolonialism or modern colonialism are defined or what they look like in practice. While in the past there has been a focus on understanding the universalities of colonialism, Loomba (1998) states that inherent within postcolonialism, is a tension between the generalities of what the process entails, and the diversity of details that are specific to different locations and times. This is also true of modern colonialism. There is a need to find a balance that incorporates both aspects of this tension, and to express the relationship between them. Narratives that focused on similarities and universalities were used to expose colonialism. Perhaps another type of narrative can paint a picture of the combination of the universal and specific local nuances of modern colonialism.

> Peter Hulme sensibly points out another reason for moving away from grand narratives, "not because the age of grand narratives has been left behind on epistemological grounds, but rather that the grand narrative of decolonisation has, for the moment, been adequately told and widely accepted. Smaller narratives are now needed with attention paid to local topography, so that maps can become fuller. (1994: 71-72). (Loomba, 1998, pp. 251-252)

Thus this article encompasses the narrative of the death of one Aboriginal woman and the resulting development of a health program in small northern community in British Columbia. It is a locale from which to begin to understand general theoretical concepts in the context of diversity, and provide a view to an alternative for the future.

Description of the Cariboo-Chilcotin Region

The Cariboo-Chilcotin region, in the central interior of BC, is a vast area covering approximately 82,000 square kilometres from the town of Bella Coola on the Pacific coast to the community of Likely about 650 kilometers to the east. Quesnel is the most northern community, and the region goes south another 325 kilometers to 70 Mile House. The population of the area is about 77,000 people with the largest portion in the east-central third of the area in three communities and their surrounding districts: Quesnel, Williams Lake and 100 Mile House. There are also a number of smaller communities. Much of the area, particularly in the west, is a landscape of rugged mountains with areas that remain untouched and locations that are far from the centers of the region, including remote areas that are difficult to access. It is in this remote area in the west where Katie and her husband were shot.

In the larger communities the main economic base is resource extraction, mostly logging, saw milling and pulp milling, with some mining activity. In addition there is a significant ranching industry and numerous service and support businesses. Approximately nine percent of the area's population are First Nations, almost four percent are Indo-Canadian, with the majority being Euro-Canadian (Ministry of Health and Ministry Responsible for Seniors, 1993). Sixteen First Nations communities, or Bands, are spread across the region and they consist of 4 distinct language groups. They are the southern Carrier, the Nuxalk, the northern Secwepemc, and the Tsilhqot'in people.

Katie's Death as the Starting Point for the FNHLP

The inquest into Katie Ross' death, and the community discussions as documented in the local newspaper, identified many points at which she was betrayed by both the justice and the health care systems (Cariboo-Chilcotin Justice Inquiry, 1993; Ross Inquest, 1989; and Williams Lake Tribune, January 17, 1989 p. A1 and February 21, 1989, p. A1). The events surrounding the incident and leading up to Katie's death were documented in detail in the Ross Inquest (1989) and in the local newspaper, the Williams Lake Tribune. There are three key points in this narrative where significant issues are identified, all of which contribute to the eventual death. The first is when Katie is interviewed by an RCMP officer, the second at the point of her contact with the outpost nursing station, and the third in the hospital at Williams Lake. Each of these three points of interaction are examples of the theory of modern colonialism in action.

The first point to be discussed begins when Katie and her husband Peter were shot. They were back in the bush, three or four hours west of the nearest city of Williams Lake and a significant distance from the main road, when they were shot. Peter was killed, but Katie made it back to their camp where her son found her a couple of hours later (Ross Inquest, 1989). Katie's son drove her out of the bush to a nearby ranch and the police were called. Given the vast region and the remoteness of the area, it was several hours after she was shot before the first contact was made with the systems designed to serve and assist Canadians in difficulty. The first of several missed opportunities to save Katie's life began when an RCMP officer talked with Katie and she told him that she had been shot. The RCMP officer testified at the inquest that he checked her over but could not find blood or a bullet wound (Ross Inquest, 1989). He "asked her again if she was sure she had been shot and she said she wasn't sure but added she had been shot at" (Williams Lake Tribune, January 17, 1989, p. A1). The inquest later determined that Katie's clothes did in fact

have a bullet hole and blood stains. However, the officer let his partner know that an ambulance was not necessary (Ross Inquest).

The relationships between the justice system and the Aboriginal people in the Cariboo-Chilcotin have been strained for many years. An awareness of this history contributes to an understanding of the possible dynamics in the interaction between the officer and Katie. In 1993 the Cariboo-Chilcotin Justice Inquiry, presided over by Judge Sarich, identified numerous historical conflicts between the local Aboriginal people and the RCMP (Cariboo-Chilcotin Justice Inquiry, 1993). Judge Sarich documented many incidents where the RCMP either did not adequately support Aboriginal people, as in searching for missing persons, or where officers abused their authority. The abuse of authority happened in many forms; inappropriately detaining individuals, forcing their way into homes without a warrant and intimidating or even becoming unnecessarily physically violent with Aboriginal individuals. When speaking at the inquiry, Aboriginal people also connected the effects of the local residential school, St. Joseph's Mission, to the tension and mistrust between Aboriginal and non-Aboriginal community members. The degradation, abuse and humiliation many of them suffered at the school add to the mistrust of the mainstream society. Former Chief Bev Sellars wrote to the inquiry about her experiences at the school: "It was not unusual to be called a dirty Indian, a dumb Indian, a savage. When you hear it often enough, especially in your most vulnerable years as a child, you begin to believe it and act it out. We believed we weren't as good as other people." (Cariboo-Chilcotin Justice Inquiry, 1993, p. 17)

Furniss (1999) in her research of current Aboriginal and non-Aboriginal relations of the people in Williams Lake and the surrounding communities contends that the legacy of colonialism still exists here, in the form of modern colonialism. The dynamics of colonialism, exemplified by Chief Sellars above, do not disappear in this new era. Instead, conflicts between Aboriginal and non-Aboriginal populations and the continued marginalization of Aboriginal people gets played out at not only the systemic, structural and institutional levels, but also in the everyday interactions between individuals. "Power radiates out from the corporate and administrative centres of urban Canada to infuse the everyday cultural attitudes and practices of 'ordinary' rural Euro-Canadians who, knowingly or unwittingly, serve as agents in an ongoing system of colonial domination" (Furniss, 1999, p. 11).

The interaction between Katie and the RCMP officer is the first point at which the effects of the history of colonialism and the current day system of modern colonialism coincide in a conversation between two people. The dynamics of this incident encompass a variety of situational stressors as well as the context of colonialism. Katie Ross was 56 years

old at the time of this incident; her husband had just been murdered, she had been shot, and she was in a state of physical and emotional shock. In addition, language was a barrier (Cariboo-Chilcotin Justice Inquiry, 1993). As the colonial context plays out, "knowingly or unwittingly" the RCMP officer sets the stage for a continuation of colonial domination in the context of one woman's life by not believing her when she says she has been shot. This is an example of Furniss' point that modern colonial domination, while connected to theoretical and structural generalities, is enacted in the lives of "ordinary Euro-Canadians" (1999, p. 11).

The second point in the narrative to be discussed is the initial contact with the health care system. Katie was taken to the outpost nursing station by her son where the nurse was told of Katie's stomach pains and she began the examination by taking Katie's pulse. Katie's son told the nurse that her husband had been murdered and Katie had been in the bush for several hours. The nurse did not continue the examination. She diagnosed emotional shock and told the son to take Katie to the hospital in Williams Lake, about 100 kilometers away. Although the son told the nurse he had to find transportation, the nurse made no effort to assist in this process. An ambulance was not called, nor did the nurse suggest this as an option. The recommendation from the inquest to the Red Cross Outpost Station reads: "That the staff not be reluctant to call the ambulance to transport patients, regardless of the colour of skin or what community the call is from" (Ross Inquest, 1989, p. 5). The interaction between Katie and the outpost nurse was the second missed opportunity to fully investigate and begin to address Katie's medical condition.

Waldram et al. (1997) discuss the history of Canadian colonialism in the context of the health care system. They point out that health care professionals in Canada often believe that Aboriginal people misuse the health care system by either requesting treatment for minor issues, or by not going in for treatment when it is needed. Statements given at the Royal Commission on Aboriginal Peoples (1991-1994) indicated that Aboriginal people felt that their concerns were not being heard by health care professionals when they went in to see someone for an illness or injury (Waldram et al. 1997). "We have to convince the doctors and nurses who come to the community that the people who come to the nursing station are actually in need of medical attention" (Scott-McKay-Bain Health Panel in Waldram et al. 1997). Conditions of employment for these health professionals in rural and remote communities are described as uncompetitive and a report from the 1970s describes the "insufficient quantity and the poor quality of the staff employed" (Waldram et al., 1997 p. 179). These conditions continue to be current realities in rural and remote communities (Comeau & Santin, 1990 and Waldram et al. 1997).

Katie's narrative is specific to her life alone, yet it contains woven within it the threads of colonialism in a current day reality. The history of the Canadian health care system not being attentive to the health concerns of Aboriginal people (Waldram et. al., 1997) is one of the colonial dynamics underlying the interaction between Katie and the nurse at the nursing station. This interaction is another example of "ordinary Euro-Canadians" who are, "knowingly or unwittingly" perpetuating modern colonialism (Furniss, 1999, p. 11).

The third point, and final, point of the narrative to be explored, which also contains examples of modern colonialism, takes place in the hospital. Katie was admitted to the hospital in Williams Lake around midnight that night, after her son found a ride into the city, over an hour away. After an examination by a locum physician, who was told of the incident, Katie was diagnosed with anxiety. She was admitted to the hospital and given a sedative. Katie was very restless and kept getting up to use the washroom and to try to vomit. The nurse on duty requested extra staff to assist in the supervision of Katie, but she was refused. Katie continued to be given sedatives and was eventually restrained in the hospital bed as a safety precaution. In the morning with no change in her condition the doctor prescribed a stronger sedative. Around 4:00 pm the day after Katie was shot, she was found dead in her hospital bed. The cause of death was determined by the pathologist to be an infection due to a gunshot wound in her back, which penetrated the abdomen (Ross Inquest, 1989). A pathologist at the inquest stated that Katie's life could have been saved with prompt surgical attention (Alexander, February 16, 1989, p. A1).

In all, Katie spent more than 15 hours in the hospital where several different health professionals all had opportunities to notice that something was seriously wrong and that she needed further treatment. This final example from the narrative is an example of modern colonialism present in both the health care system of the hospital as well as in interactions between Katie and health care professionals. These issues came out during the inquest into Katie's death (Ross Inquest, 1989).

Recommendations From the Ross Inquest

There were a series of specific recommendations from the inquest, however the overall theme was one of issues of communication. For example, nurses and doctors were both encouraged to seek second opinions and to ask for and receive assistance in difficult cases. Two of the key recommendations leading directly to the First Nations Health Liaison Program were as follows:

> That hospital staff, when dealing with people they feel do not understand them should contact others such as relatives or friends, of the same race or nationality, who could assist with communication. … Hospital medical staff, working with the public [should] have some cross cultural communication training to better communicate to Native Indians and other cultures. (Ross Inquest, 1989, p. 5)

The narrative of Katie's death is in many ways a microcosm of Furniss' discussion of the complexities of the modern colonial culture and the struggle for power (1999). Modern colonialism does not describe a static state; instead it is diverse and consists of continued domination by the Euro-Canadian structures while at the same time is also resisted by challenges from the non-dominant cultures (Furniss, 1999). It is a struggle to redefine Aboriginal and non-Aboriginal relations at a variety of levels such as political, institutional and interpersonal. These struggles are diverse as they are specific to different histories, times and situations. Each of the three points from the narrative of Katie's death, found in the previous section, exemplify this struggle in a locale specific to Katie's experience. Each interaction Katie had with the justice and health care systems can be viewed as a point of struggle between the structures of colonialism and Katie's voice. This was a struggle over Katie's life or death, and Katie lost. The recommendations described above suggesting the need for improved communication can be understood in this context of the struggle for marginalized voices to challenge the system and to have power. In Katie's death, there was acknowledgement from within the dominant systems, (i.e. the inquest), for the need to recognize and respond to these voices; to share power.

The Struggle for Funding for the FNHLP

Aboriginal people across Canada are not only facing pressures of marginalization and colonization from the dominant culture, but are also increasingly challenging these structures and assumptions (Furniss, 1999). Past and recent history of Aboriginal and non-Aboriginal contact contains many events that are examples of domination and also resistance; Katie Ross' death is one of these. The struggles for power, inherent in the construct of modern colonialism as described by Furniss, did not end with Katie's death. Katie's struggle may have been over, but her death angered and mobilized Aboriginal individuals and groups in the Cariboo-Chilcotin to another battle, one that was a struggle for power at community and institutional levels. The resulting battle for funding to develop a program to ensure that this did not happen again rose out of a resistance and a strong determination, on the part of Aboriginal people

specifically, to change the health care system and the perspectives of health care professionals.

The new struggle for funding for a program to address the inquest recommendations and improve access to Cariboo-Chilcotin regional health care systems for Aboriginal people would take much longer than anticipated. The hospital administrator, Martin Oets, was reported in the Williams Lake Tribune as agreeing with the recommendations (Alexander, February 21, 1989). However, more than 16 months after Katie's death the recommendation for hospital staff to receive cross cultural training had still not been implemented. Oets was reported as saying that tight budgets were hindering implementation. The training was still in the plans, but he did not know when it would happen.

The reluctance of modern colonial systems to give up or share power with non-dominant groups is demonstrated in the long struggle by local Aboriginal groups for funding for a program to address the inquest recommendations. Although Katie Ross was not the first, or the last, Aboriginal person to be ill-treated by the health care system in the Cariboo-Chilcotin, hers was one of the most publicly documented incidents. It was a case of mistake after mistake after mistake. The issues could no longer be ignored. In spite of this it would still take another 10 years of lobbying and proposal writing by local Aboriginal people and groups before the FNHLP was finally funded in 1999.

Purpose and Goals of the FNHLP: Challenging the Health Care System

The First Nations Health Liaison Program (FNHLP) began in 1999 with the purpose of addressing and ameliorating the problems faced by Aboriginal people in the Cariboo-Chilcotin in their attempts to access the health care system. The connection to Katie Ross' death was still strong when the program was finally funded. The third proposal, written in 1998 and upon which the FNHLP is based, begins with an introduction that reminds readers of Katie's death and the reasons that the program is needed. This link to the narrative of Katie’s experiences firmly grounds the program in the context of this particular history, as a specific example of the broader issues facing local Aboriginal people in their attempts to access health care services. It provides a connection between the universalities and the specificities of modern colonialism; a connection between the broader themes and how they are enacted in the life of one woman and several Aboriginal communities. It is “another way of rethinking the relationship between the local and marginalized, on the one hand, and the larger structures in which they are housed, on the other” (Loomba, 1998, p. 249). The proposal for the FNHLP demonstrates a move to address and challenge the current realities and larger generalities

of modern colonialism in the context of local institutional health care structures in the Cariboo-Chilcotin region.

Modern colonialism as consisting of structures of colonial domination combined with resistance and challenges from the non-dominant groups (Furniss, 1999) is again demonstrated, this time in the context of a program, the FNHLP. The areas of FNHLP program service provision challenge the traditional health care structures at a variety of levels. The first place of resistance is at the interpersonal level. The program challenges health care providers by speaking with them on behalf of Aboriginal clients (with the client's permission) and educates the service providers on the needs, culture and worldview of particular Aboriginal clients. The program also provides support to Aboriginal individuals and their families and assists them in understanding the structures so they are better able to negotiate the health care system and access the services they need. Challenges to the system are also intended to occur at a systemic level. Cross-cultural education is to be incorporated into the fabric of the hospital and other health care settings, with the goal of ultimately creating a health care system that is more responsive to Aboriginal issues. In working to change the structures of health care in this region, the FNHLP demonstrates Furniss' discussion of modern colonialism as being dynamic and in flux in the context of the tension between colonialist structures and anti-colonialist resistance. The program was clearly intended to resist and ultimately change the health care structures into a system more available and accessible to Aboriginal people.

Another place where this resistance is inherent in the proposal is in the program governance structure. A steering committee for the program was in place at the time of the proposal, and indeed guided the development and submission of the proposal, and ultimately the program implementation (Proposal for a First Nations Health Liaison Program, 1998). The steering committee had seats for a representative from each of the 15 First Nations communities and from a few other local Aboriginal programs, as well as the hospital social worker, and 2 representatives from the health care management structure (both non-Aboriginal people who belonged to the regional mainstream organizations that funded the program). The funds were to be contracted to an Aboriginal organization with a board made up of various Aboriginal community members and representatives, who would then provide administrative support such as to arrange for payment of the translators and the salary of the coordinator. The proposal indicates that the steering committee is to guide and supervise the program.

Although the proposal invites non-Aboriginal funding organizations to be welcome participants on the steering committee, it is clear by the

weighting of the seats that the decision-making power is to lie with the Aboriginal people and their communities. Thus the challenge the program presents to the health care system is to be protected by a governance structure weighted toward Aboriginal interests. Modern colonialism does not easily let go of its power, it is indeed a struggle, as Furniss (1999) states; and the location of power in particular situations is important in either creating or dissipating effective resistance to colonialist structures. The FNHLP service areas are designed to challenge and change the health care systems in the Cariboo-Chilcotin region. The governance design, with decision-making power vested in Aboriginal hands, is intended to protect this resistance and challenge of the system, in order to ensure that real systemic change can occur.

Program Implementation: A Struggle for Control

The program evaluation completed in 2001 (Peters & Self, 2001) identified two distinct areas of program activity, each with different perspectives on the level and meaning of success. The first area of program activity was the point at which the program (via the FNHLP coordinator) interceded between Aboriginal clients and the health care system. Overwhelmingly both clients and health care service providers found the program to be useful and the coordinator to be helpful. Many of the comments from Aboriginal health care users indicated that just having an Aboriginal person available in the health care setting helps them feel more comfortable and is beneficial to their understanding of the system. One health care provider commented that the program "benefits both the client and the system, [the coordinator] hears both sides". At the front line level the program can be described as very successful. The program demonstrates an ability to challenge the system and create a space that is more responsive to Aboriginal needs at the point of health care service delivery and access. However, a closer look at the program through the eyes of those guiding its implementation uncovered another perspective.

The second location of program activity identified in the evaluation is at the governance level. It was the members of the steering committee who provided the most insightful view of this aspect of the program. As these individuals are the ones who are seeing the events from behind the scenes and from a much closer vantage point, it makes sense that they would also witness some of the struggles that are a part of the growth of a new program. While the steering committee acknowledged that they recognized the value and success of the program, as described in the previous paragraph, all committee members, Aboriginal and non-Aboriginal, identified tension or conflict at the point of program

supervision and the role of the steering committee. Ultimately, the conflict was over control of the program, which came out in the context of organizational structure.

It is important to consider the conflict over control in light of the history of the death of Katie Ross, the subsequent inquest, and the modern colonial Aboriginal and non-Aboriginal social relations in Williams Lake. Katie's struggle with the health care system was over her life or death. Just as the creation FNHLP came out and in reaction to Katie's death, so the struggle for control of the FNHLP is in many ways a continuation of Katie's struggle to live; but now it is the struggle for the life or death of a program designed to prevent future tragedies. Although the program appears to be successful in its challenges to the health care system at the front line, disputes over control of the program jeopardize the hope of changing the system. Modern colonialism's struggles between colonial domination and anti-colonial resistance in this case shifted from the point of struggle being located in Katie Ross, to being located in the FNHLP; but it is, in many ways, the same struggle.

The conflict over control is identified in two ways in the program evaluation. The first is a concern over the limited participation on the steering committee by the Aboriginal communities. The second is a concern over the amount of control and decision-making power in the hands of the non-Aboriginal funding organizations, rather than the Aboriginal communities. These two concerns are connected. The lack of funds for travel costs of steering committee members from other areas in the region, specifically Aboriginal members who are from remote communities, is one reason for the less than hoped for levels of Aboriginal participation. However, in addition to travel costs being a barrier to attending meetings, others suggested that some communities saw no point in participating in the steering committee stating that the committee had very little actual decision-making power. "[First Nations] community members are reluctant to participate because they think that the white guys run the show" (Anonymous steering committee member in Peters & Self, 2001, p. 13).

Disputes over control were located at two points. First of all, although the proposal identified the steering committee as being responsible for program supervision, in actuality the program coordinator was being supervised by the non-Aboriginal funding organizations. There were two funding organizations, both of which had management representation on the steering committee. Each of these managers was providing different directions to the coordinator on her day-to-day activities and in many ways each had taken on a direct staff supervision role. Steering committee members from Aboriginal communities and

organizations were well aware that program supervision had somehow become a disputed territory.

The second point of struggle was regarding the decision-making process of the steering committee itself. Committee members stated that at the least the non-Aboriginal funding organizations had a disproportionate say in the decision-making process; this locus of control was very visible to the Aboriginal community members and was a barrier to Aboriginal involvement. There was also a strong statement that with the locus of program control lying with the non-Aboriginal funding organizations, the First Nations communities needs would not be met.

> …[T]he program is not meeting the needs of the First nations communities, because there is too much pressure to meet the interests of the funders. The belief is that the presence of the funders on the steering committee skews the direction of the program towards the funders agenda." (Peters & Self, 2001, p. 14)

A comment from one steering committee member succinctly sums up the potential repercussions of this situation: "If the [First Nations] communities perceive [the coordinator] is just working for the health councils [non-Aboriginal funding organizations], then they perceive that she is not working for the [First Nations] communities" (Anonymous in Peters & Self, 2001, p. 14).

The original proposal was for a program that would ameliorate the structures of colonial domination inherent in the health care system combined with a structure of Aboriginal governance that would protect the program and ensure the potential for real systemic change. Although clients and service providers on the front line realized the value of the program in improving Aboriginal access to health care, the struggle for control over program governance between the Aboriginal steering committee members and the non-Aboriginal funding organizations jeopardized the ability of the program to fulfill its potential. The concessions of modern colonialism in 'allowing' the program to be funded suggested a movement in the direction of sharing power with the Cariboo-Chilcotin Aboriginal communities. However, moving out of colonialism is not so easy. The appearance of systemic change in the creation of the FNHLP was underscored by an agenda of maintaining control, thus preventing any real systemic or structural change from being possible. For many on the steering committee, the real agenda was all too visible.

Modern Colonialism in the Cariboo-Chilcotin

One principle of the FNHLP states, "the key to improved Aboriginal health status lies in the recognition that Aboriginal people must have control over their lives and their social and political futures" (Proposal for a First Nations Health Liaison Program, 1998, p. 8). While holding to the tenet that Aboriginal people must have control over decisions and processes that affect them, the proposal for the FNHLP comes from the perspective that non-Aboriginal health care providers and organizations must work in concert with First Nations people and Aboriginal organizations. Thus the FNHLP was intended to be an Aboriginal program, funded by non-Aboriginal health systems, and implemented within the context of the mainstream health care system. However, it is the issue of control that ultimately is crucial in achieving real systemic change.

The issue of control has also been highlighted at other times in the context of Aboriginal and non-Aboriginal relations in the Cariboo-Chilcotin. In 1993, after Aboriginal frustrations grew louder and more persistent, the British Columbia government finally commissioned an inquiry into the justice system in the Cariboo-Chilcotin to be presided over by Judge Sarich (Cariboo-Chilcotin Justice Inquiry, 1993). Sarich documented a litany of injustices to which Aboriginal people in the area had been subjected. His recommendations covered a variety of issues such as land claims, resource preservation, apologies and compensation for past injustices, availability of language interpretation, and most importantly, a need for Aboriginal people to have complete control over programs and services designed to serve them (Cariboo-Chilcotin Justice Inquiry, 1993).

The issue of who has control over programs intended for Aboriginal people provides a snapshot of the dynamics of colonialism and resistance. Furniss (1999) states that the foundations of resistance from Aboriginal people to colonization practices of the Euro-Canadian culture and the strategies to enact change may take place in different theoretical locales.

> Yet as much as these challenges are emerging from without - from the divergence between Aboriginal experience and the dominant Euro-Canadian worldview - the *strategies* [emphasis in original] for seeking recognition and social, political, and economic change are being articulated from within the terms of the dominant culture. (Furniss, 1999, p. 16)

The FNHLP may be viewed as a concrete example of Furniss' abstract description of the locations of challenges and strategies. The challenge of the Aboriginal communities proposing the FNHLP is to the health care system as a whole, if not to the whole political structure; a challenge located in the divergence of Aboriginal and non-Aboriginal worldviews.

However, the specific strategy for creating change is for the implementation of the FNHLP from within the dominant health care system while using it as a point to challenge and change the same system. The problem with locating the strategies for change inside the very systems one wants to change is that colonial systems will resist, and they have the 'home turf advantage'. The struggle for control of the FNHLP is a microcosm of the struggle to maintain the structures of colonization with only token or symbolic gestures of change versus the struggle of Aboriginal people to resist and to create new systems and new relationships.

It is important to note that while the ultimate goal is one of Aboriginal self-government and self-determination, programs such as the FNHLP are an important arena in which one of the many steps to self-government may be taken. The program evaluation noted that feedback from front-line parties including Aboriginal clients, Aboriginal health care workers and non-Aboriginal health care service providers overwhelmingly found the program to be helpful in bridging gaps previously faced by Aboriginal clients. The issue is not necessarily one of all or nothing in terms of Aboriginal self-determination, but one of taking as many steps in that direction as possible on a front-line level, while negotiations for self-government at larger economic and political levels also continue. The concerns regarding the FNHLP are not intended to suggest that it has failed, but rather that the process has been one of smoke and mirrors as the funders 'gave' the program to the Aboriginal communities with one hand, while taking back control over program activities with the other hand. The program is an excellent example of one step in the direction of self-determination at a front-line level in one particular community, but the funders' reluctance to relinquish control has impeded the progress.

The evaluation of the FNHLP reiterated the value of the program, recommended that it be continued, and clearly stated that the control over the program must reside with an Aboriginal organization, with only such contractual reporting requirements to the funding organizations as are necessary. Judge Sarich was equally direct with his recommendations, and with his concerns that non-Aboriginal organizations seemed reluctant to give up their control. In his recommendations he comments on this reluctance:

> These [provincial government] officials expressed a willingness to look at new solutions and to help natives take more control of their own lives and affairs. There was, however, a slightly disturbing aspect to some of their submissions. They projected the bureaucratic hand to the steering wheel of the vehicle of change, rather than simply

> opening the door. (Cariboo-Chilcotin Justice Inquiry, 1993, p. 31)

Sarich goes on to give explicit direction to provincial government agencies and officials in what their role should and should not be in the development of and control over Aboriginal programs:

> But all proposed programs … must be initiated and operated by natives themselves. … [O]nce a proposed program is approved and the financing allocated, there should be as little bureaucratic intercession as possible. Officials should be prepared to help and advise, but only at the request of the native people, *even if there is a risk of failure*. [emphasis added] (Cariboo-Chilcotin Justice Inquiry, 1993, p. 31)

Eight years after the justice inquiry report was released, health officials in the Cariboo-Chilcotin continued to attempt to hold tightly to the steering wheel of change in the case of the FNHL program. In spite of the issues related to non-Aboriginal funding organizations, the program was actually meeting many of the needs of clients, as demonstrated in the program evaluation. The dynamics of the struggle for control were, however, taking a toll on various steering committee members and the coordinator, as demonstrated by limited Aboriginal participation on the steering committee and the eventual resignation of the coordinator. The potential of the program to facilitate change at various levels of the health care system as advocated for in the 1998 proposal is still present, but the issue of program control needs to be addressed.

Epilogue

Two years after the completion of the FNHLP program evaluation, the health care system in BC has gone through significant changes. The new provincial government, the BC Liberals, restructured the health care regions and created authorities for each of the five, now much larger, regions. The two non-Aboriginal health organizations, which had funded the FNHLP, were discontinued. Williams Lake and most of the Cariboo-Chilcotin region now falls in the new Interior Health Region, with a head office over 500 kilometres away from Williams Lake in Kelowna. This substantial increase in the distance between the Cariboo-Chilcotin Aboriginal communities and the locus of control for the non-Aboriginal health care system can be expected to increase the barriers to Aboriginal involvement in health care decision-making (O'Neil, Lemchuk-Favel, Allard, & Postl, 1999).

In addition the BC Liberals terminated all funding to the Aboriginal organization that had carried the contract for the FNHLP. In a conversation with one of the FNHLP steering committee members the

person indicated that the FNHLP had also been restructured. Although the details of the new program are unclear, the steering committee member did say that the funding for the program was no longer being contracted out to an Aboriginal organization. The new program will now be operated by Interior Health (the new non-Aboriginal organization responsible for the region) with the coordinator being hired and supervised by Interior Health, though the steering committee could continue to function in an advisory role (Anonymous, Personal Communication, April 2, 2003).

Unfortunately these changes suggest that the struggle for control of the FNHLP has, at least for the moment, been won by the structures of colonialism. Armitage (1999) is clear that agencies intended to serve Aboriginal interests while remaining accountable to non-Aboriginal structures and governments are caught in a cross-fire. "Until these agencies are able to operate under the authority of Aboriginal governments, they will be subject to the criticism that they are continuing the earlier policies of assimilation…" (Armitage, 1999, p. 75).

The explorations of the narrative of Katie Ross and the implementation of the FNHLP are examples of the struggles between colonial domination and Aboriginal resistance that are inherent in modern colonialism. While the details are specific to these events and this region, the struggle over control and the desire to create systemic change are themes that are pertinent to other locations as well. The value and benefits of the FNHLP to many of the Aboriginal people in the area were clear from the program evaluation suggesting that it is possible to take steps in the direction of Aboriginal self-determination at a program and front-line level while at the same time moving the political and economic self-government agendas forward. It is also clear that colonial systems do not easily give up their control even over individual front-line programs. The dynamics of colonial control and Aboriginal resistance inherent in modern colonialism are replayed at each point of interaction in this narrative of Katie Ross and of the FNHLP. That the resistance continues and is indeed building at individual, community, program and political levels suggests there is hope.

References

Alexander, K. (Feb.16, 1989). *Surgery would have saved Katie.* Williams Lake Tribune. Williams Lake BC.

Alexander, K. (Feb. 21, 1989). *Better communication needed*. Williams Lake Tribune. Williams lake BC.

Atleo, E. R. (1991). A study of education in context. In *In Celebration of our survival: The First Nations of British Columbia,* D. Jensen & C. Brooks (Eds.). Vancouver: UBC Press, pp. 104-119.

Armitage, A. (1993). Family and child welfare in First Nations communities. In *Rethinking child welfare in Canda,* Wharf, B. (Ed.). Toronto: McClelland & Stewart Inc., pp. 131-171.

Armitage, A. (1999). Comparing Aboriginal policies: The colonial legacy. In *Aboriginal self-government in Canada: Current trends and issues, second edition,* Hylton, J. H. (Ed.). Saskatoon: Purich Publishing Ltd., pp. 61-77.

Cariboo-Chilcotin Justice Inquiry, Sarich, A., Commissioner. (1993). *Report on the Cariboo-Chilcotin justice inquiry.* Victoria, BC: Author.

Comeau, P, and Santin, A. (1990). *The first Canadians: A profile of Canada's Native people today*. Toronto: Lorimer & Co.

Commission on the future of health care in Canada, Romanow, R. Commissioner. (2002). *Building on values: The future of health care in Canada.* Ottawa: author.

Coroner's Court of British Columbia. (1989). *Verdict of Coroner's inquest into the death of Katie Ross.* Alexis Creek BC: author.

Ekstedt, J. W. (1999). International perspectives on self-government. In *Aboriginal self-government in Canada: Current trends and issues, second edition,* Hylton, J. H. (Ed.). Saskatoon: Purich Publishing Ltd., pp. 45-60.

Furniss, E. (1999). *The burden of history: Colonialism and the frontier myth in a rural Canadian community.* Vancouver: UBC press.

Joseph, S. (1991). Assimilation tools: Then and now. In *In Celebration of our survival: The First Nations of British Columbia,* D. Jensen & C. Brooks (Eds.). Vancouver: UBC Press, pp. 65-79.

Loomba, A. (1998). *Colonialism / postcolonialism.* London: Routledge.

Mathias, Chief J. & Yabsley, G. R. (1991). Conspiracy of legislation: The suppression of Indian rights in Canada. In *In Celebration of our survival: The First Nations of British Columbia,* D. Jensen & C. Brooks (Eds.). Vancouver: UBC Press, pp. 34-45.

McMillan, A. (1988). *Native peoples and cultures of Canada.* Vancouver: Douglas & McIntyre.

Ministry of Health and Ministry Responsible For Seniors, Government of British Columbia. (1993). *Health region statistical profiles for British Columbia*. Victoria, BC: Author.

Ministry of Health and Ministry Responsible For Seniors, Government of British Columbia, Provincial Health Officer. (1999). *A report on the health of British Colombians: Provincial health officers annual report*. Victoria, BC: Author.

O'Neil, J., Lemchuk-Favel, L., Allard, Y. & Postl, B. (1999). Community healing and Aboriginal self-government. In *Aboriginal self-government in Canada: Current trends and issues, second edition,* Hylton, J. H. (Ed.). Saskatoon: Purich Publishing Ltd., pp. 130-156.

Peters, H. & Self, B. (2001). *Tri-nations health liaison program evaluation.* Unpublished.

Razack, N. (2002). *Transforming the field: Critical anti-racist and anti-oppressive perspectives for the human services practicum.* Halifax, NS: Fernwood Publishing.

Royal Commission on Aboriginal Peoples. (1996). *Report of the royal commission on Aboriginal peoples*. Ottawa: Author. Retrieved May 3, 2003 from www.AINC-INAC.gc.ca/ch/rcap/rpt

Tri-Nations Health Liaison Program. (2000). *Proposed Evaluation for First Nations Health Liaison Program.* Unpublished.

Tri-Nations Health Liaison Program. (1998). *Proposal for a First Nations health liaison program: 100 Mile House, Williams Lake, Quesnel, British Columbia*. Unpublished.

Legislative assembly of British Columbia, Select Standing Committee on Health. (2001). *Patients first: Renewal and reform of British Columbia's health care system.* Victoria, BC: Author.

Waldram, J., Herring, D., & Young,T. (1997). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives.* Toronto: University of Toronto Press.

Williams Lake Tribune. (Jan.17, 1989). *Questions linger*. Williams Lake, BC.

Williams Lake Tribune. (Feb. 21, 1989). *Valid suggestions says administrator*. Williams Lake, BC.