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<http://www.vancouversun.com/health/First+Nations+take+over+their+health+care+services/8979530/story.html>

OTTAWA — The decades-long push to aboriginal self-government in Canada will cross a major threshold Tuesday with a historic, and potentially risky, change in the management of health services in B.C.

The federal government, which is responsible for health services on reserves, is handing over the budget, 134 staff, and the office keys in B.C. to a new entity called the First Nations Health Authority.

The authority will move into Health Canada's First Nations and Inuit Health Branch Pacific regional office in Vancouver on Oct. 1, and at the same time assume control of Health Canada's several dozen nursing stations and health centres in B.C. Eventually, the authority hopes to build its own head office in a Lower Mainland First Nations community.

The new authority, with just under 300 staff, takes over the federal government's \$377.8-million annual budget that funds nurses, health care-focused social workers, dentists and, eventually, doctors serving roughly 150,000 aboriginals across the province.

The federal government expects to transfer control of a total of \$4.7 billion in funding over the 10-year life of the agreement.

The authority will also get \$83.5 million over nine years from the B.C. government, which began flowing in 2011.

If successful, the handover would provide a template — and a pool of experts — for First Nations leaders elsewhere in Canada who are closely watching the B.C. experiment.

A positive handover would also cement B.C.'s reputation as Canada's most progressive province in terms of aboriginal self-government innovation and leadership.

But there is some wariness among Health Canada staff who refused the authority's job offer, and some nervousness among First Nations communities about uncertainty over the future.

"It's a huge step," said Sto:lo Tribal Council Grand Chief Doug Kelly, who is also chairman of the First Nations Health Council. The council is a 15-person team of aboriginal political leaders that broadly oversees — but is not supposed to politically interfere with — the authority's work.

Kelly said it's appropriate that B.C. First Nations leaders were putting final touches on the takeover two weeks ago at the same time Ottawa's Truth and Reconciliation Commission held an event in Vancouver to discuss the decades of mental, emotional and physical damage caused by Canada's residential school policy.

Putting young children into residential schools to assimilate them “reflected a policy that basically said Indians could not take care of themselves, that they had to be wards of the government and weren’t worthy of the rights given to other Canadians, including immigrants,” Kelly said in an interview.

“So this is a huge departure from colonial thinking, and it’s real progress.”

The new authority is expected to have a far closer relationship with the B.C. government than Health Canada did, in coordinating resources to assist communities.

That point was not lost on federal Health Minister Rona Ambrose in statement on the handover.

“The transfer of responsibilities empowers First Nations while promoting a better, more responsive and integrated model of health service delivery,” Ambrose told The Vancouver Sun.

There is some trepidation in communities like Hartley Bay, one of B.C.’s most remote aboriginal communities that has only float plane or boat access to doctors in nearby Prince Rupert.

The community has relied on a Health Canada-supplied nurse. A year ago a Prince Rupert-based doctor working under the B.C. government’s Northern Health Authority, who made twice-monthly visits to the community, stopped coming.

“We haven’t been getting that good a service (from Health Canada) anyway, but I am concerned (about the transition),” said Arnold Clifton, the chief councillor of the Hartley Bay band council.

Dr. John O’Neil, dean of Simon Fraser University’s health sciences faculty and an expert on aboriginal health issues, supports the move despite inevitable struggles filling gaps after 20 full-time Health Canada nurses refused the job offers from the First Nations authority.

Research, O’Neil said, has consistently shown that aboriginal communities are healthier when they run their own nursing stations and other health facilities.

He said the new authority’s “extraordinary” staff are capable of setting a positive example for the rest of the country.

“This is a historic transformation, and the rest of the First Nations world is watching.”

But, O’Neil said the authority faces considerable risks, including the challenge of dealing with the same cost issues facing provincial health ministries, and the difficulty in finding nurses to work in remote locations.

First Nations communities also have more significant health issues than most Canadians, especially a high rate of diabetes, obesity and substance abuse.

Kelly said aboriginal leaders and the First Nations Health Authority staff, led by chief executive Joe Gallagher, know there is enormous pressure to succeed.

“Yes, there are incredible expectations that B.C. First Nations will have improved services and health outcomes and greater decision-making, and that we’ll do the job. We feel the expectations, but it’s a very powerful motivator to get it done, to get it right, to learn from our mistakes, and to keep on growing.”

Formal negotiations between Ottawa, the B.C. government and First Nations leaders began in 2005, with a final agreement in 2011.

Kelly said B.C. aboriginal leaders were already comfortable with the transition because roughly 150 of the 203 aboriginal communities already have Health Canada agreements for band to operate local health centres. Those centres will now receive their funding through the new authority.

But the launch missed its April 2013 deadline to begin operations, and one of the challenges has been to integrate anxious federal bureaucrats and the various unions representing the estimated 230 Health Canada workers who received job offers. Only 135 of them, plus 30 contract and part-time employees, accepted the move, with the rest finding other government jobs, taking early retirement, or opting to be laid off.

While nurses tend support the notion that a local authority is better-suited than a far-off and large Ottawa bureaucracy to handle public health matters, many are concerned about employer-employee relations in remote communities under the new system, said a spokesman for the Professional Institute of the Public Service of Canada, which represents the nurses and other professionals involved in the transition.

“We’re behind this project, it’s historic,” Jamie Dunn said.

But he said nursing in remote aboriginal communities is one of the profession’s most challenging jobs, and some are concerned about the increased influence of “band politics” on their jobs.

“It’s the fear of the unknown. Health Canada was always an intermediary between the band and employees, and now bands are in control through the FNHA. How will this influence the employment relationship?”

There have also been union-authority tensions that went to the B.C. Labour Relations Board, which ruled against the authority’s bid to require workers to be represented by a single union.

But Dunn said his members see potential for innovative steps that could improve health outcomes.

“The feedback we got is, ‘There’s all kinds of potential to improve care for First Nations communities — if they’ll listen to us.’”

The First Nations Health Authority’s website is advertising for just under three dozen positions, the majority nurses, with many posted by band-run health centres rather than the authority. Most

are in isolated communities on the north coast and B.C. interior, including like Bella Bella and Port Simpson.

Kelly, who noted that the Health Canada also had serious staffing issues, said the authority is committed to ensuring communities aren't left without nurses in the transition. He said it will fill gaps by either hiring nurses through agencies, as Health Canada regularly did, or by working co-operatively with the provincial government to share staff.

Kelly said he understands the concerns of Health Canada nurses about being on the wrong end of band politics, but said the health authority and the political council he chairs were set up in a way to specifically avoid political interference in health operations.

“There is an ironclad separation of business and politics. The government of Canada, the province of B.C., and more important the B.C. chiefs required this. So while I understand the fear I don't agree with the conclusion.”

He had a similar message for the Hartley Bay chief. While there may be short-term transition issues, he said young aboriginal British Columbians will see a clearer path to becoming doctors, dentists, nurses and health administrators who can remain in, or serve, their communities.

“Yes, there's nervousness, but there's also a lot of hope and optimism.

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