

To have and to have not

Story by John Stackhouse. Photos by Patti Gower.
The Globe and Mail, November 12, 2001

Part 1 of 7: 'The first nations get much better health care'

Rheal Cool steers his old Suburban down the dusty main street of Moosonee and shows a visitor some highlights: an aging hockey arena, a train station so inadequate, he says, that summer tourists have to walk like cattle across the tracks and, in every direction, potholes.

"Excuse the dust," the mayor says, rolling up his window to block the sand particles that arrive every spring with the predictability, and force, of black flies. "You can imagine what this does to people's lungs, especially little children."

Mayor Cool would like to say more about the state of health in Moosonee, but he won't. He knows that in these parts, at the southern tip of James Bay, nothing is more politically explosive than the great hospital fight, because nothing so exposes the 330-year-old divide here between native and whites.

Across the placid Moose River, which rises and falls with the day's tides, is the region's major hospital, built on the island native reserve of Moose Factory. The region's only doctors, all of them white, are usually over there too, as are most of the tourist attractions.

Cool was elected last year to win a few things for his own struggling community, but so far the fight has been a losing one. His request to the province for a doctor to serve the 2,600 people of Moosonee has been ignored. And now the hope for a new \$30-million regional hospital is pulling the communities even farther apart - in a direction few locals might recognize.

"The first nations get much better health care than the rest of us do here in Moosonee," the mayor says. "I'm not saying they shouldn't [have good care]. I'm just saying we should all have the same level of service."



Photo: Patti Gower /The Globe and Mail

Canada's Apartheid

A John Stackhouse series

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When the last missionaries pulled out of this former fur-trading post in the 1960s, they could not have imagined the fissure they were leaving behind in Moosonee and Moose Factory, or how decades later the tables would be turned. Today, the two communities endure a two-tier health-care system that represents two very different ambitions and poses a critical challenge for northern health care.

On the island, the native community enjoys a parade of federal money over which it is gaining more and more control. On the mainland, the racially mixed community has watched an unending retreat of provincial funds leaving it with a growing sense of abandonment.

With Moosonee's air force base and a range of government services gone, and tourism struggling, most of the non-natives who once administered the James Bay region have pulled out.

Last year, when the province forced it to become an official municipality, Moosonee discovered that it did not have enough money to maintain the new water-treatment plant that was to end years of boil-water advisories, or to pay for its local police.

But the greatest disparity may only now be emerging in health care. Both communities had been served by hospitals since missionary days - the Catholics ran one in Moosonee, the Anglicans in Moose Factory - but in the 1990s they were told by the provincial and federal governments to prepare to amalgamate them.

Then, when a new regional health authority was created in 1996, all the key positions went to the native-run hospital at Moose Factory. The two posts for resident physicians in Moosonee disappeared, leading to a boardroom struggle that left the two communities at odds and many patients out in the cold.

To see a doctor on the island, mainlanders have to take a \$5 trip by boat taxi in the summer months or, during the spring thaw and autumn freeze, a \$25 helicopter ride. In winter, which is six months of the year, the river's ice is thick enough to support ambulances, as well as trucks, buses and a sloth of bears that claim the island as theirs. But if a storm comes up, in any season, Moosonee people must settle for a nurse in their clinic.

Most of them know the situation for patients on the reserve, where waiting times are almost unknown. Under a federal program, natives are guaranteed free travel to better hospitals in the south, most commonly to Queen's University in Kingston, Ont., on a daily charter flight.

"People here complain if they have to wait an hour or an hour and a half," says Ernest Beck, a former chief of the Moose Crees and now chief executive of the native hospital.

The federally funded Non-Insured Health Benefits program also covers the costs of prescription drugs, eyeglasses and other medically needed services not covered by provincial or private plans.

Across the river, "people around here complain of waiting three weeks just to see a physician," says Barbara Pappas, a Moosonee bookkeeper

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who discovered that she had cancer this year only after spending \$1,400 to travel to Toronto to see a doctor.

"The perception is Moose Factory is hogging everything," she says.

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