

There is a tremendous need for native doctors, nurses, dentists and other health care professionals . . . . This must be changed by encouraging our youth and providing opportunities for them in the health professions. <sup>101</sup>

The Native Council went on to say that many of their young people attend universities and colleges and qualify in the health professions but that they must be given opportunity, incentives and support to return to their own communities and work there in the health care field.

The need for comprehensive statistics on the numbers and distribution of aboriginal health care professionals as a basis for planning is evident. Knowledge about the current supply of aboriginal health care professionals is at best fragmented.

There is a high level of consensus that a move toward aboriginal control of their own health services would empower aboriginal people to deal with their own health problems and thereby contribute to their better health.

There is also an initiative at Medical Services Branch to transfer health programs to Indian communities that want this responsibility. Prior to entering formally into a transfer agreement with the Branch, bands and tribal councils may apply for funding to do the preparation necessary (setting up and training a health board, conducting a health needs assessment and preparing a community health plan) for their successful takeover of health responsibilities.<sup>102</sup> Eight transfer arrangements have been signed, nine others are being negotiated and 69 pre-transfer planning projects have been approved.<sup>103</sup> This trend in transferring responsibility for health services from the federal government to aboriginal people is consistent with the more general trend to self-government for aboriginal people. Some see these as a very important development towards further improving the health of aboriginal Canadians.<sup>104</sup> For Indian communities choosing to maintain some or all existing services from the federal government, they are assured that there will be no loss in service level and quality, compared with communities choosing to operate their own health program.

Dr. Lynch further indicated that at present, despite the resources allocated to health services on reserves, such services are often fragmented and not uniformly available. Resources on reserves to meet health and other needs are further stretched by the

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<sup>101</sup> *Minutes of Proceedings and Evidence*, Issue No. 19, pp. 5-6.

<sup>102</sup> *Minutes of Proceedings and Evidence*, Issue No. 12, p. 7.

<sup>103</sup> Health and Welfare Canada, *Estimates 1991-1992*, Part III, p. 2-72.

<sup>104</sup> Pেকেles, Dr. Gary, (with the 1986/87 Indian and Inuit Health Committee of the Canadian Paediatric Society) "The Health of Indian and Inuit Children in Canada in the 1980's and 1990's", *Canadian Family Physician*, Vol. 34, July 1988, pp. 1567-1568.