Anishnawbe Health Toronto

In 1984 Anishnawbe Health Resources was incorporated as a non-profit organization. Its central and immediate purpose was three-fold: to analyze urban Native health concerns, to provide information, and to establish a network to meet health needs.

Native people, in comparison to the general population, suffer greatly from chronic health problems. The reasons are varied but readily identifiable. Specifically, they include unfamiliarity with the health care system, cultural differences, discrimination, and poverty. These problems invariably contribute to chronically poor and inadequate Native health care.

Anishnawbe Health Toronto (AHT) was re-organized in June 1986 to meet Toronto's need for a Native people's multi-service health centre. The organization's mandate was to advocate for, and provide culturally-appropriate health programmes and services to Native people living in Toronto. The organization addresses the need for a Native cultural and ideological component in any strategy or activity while dealing as efficiently as possible with the urgent requirements of a people living in conditions of chronically poor health.

AHT is managed by a Native and non-Native volunteer Board of Directors. An Advisory Board, whose membership consists of professional representatives from various fields, advises the Board on matters pertaining to legal procedures, health policies, and progress development. The proposed existence of an Elders' Advisory committee will be a policy statement in itself in that AHT recognizes the traditional role of elders in Native communities. This committee will guide management and staff on AHT activities and programme development.

A Brief History

The Street Patrol Programme

About twelve years ago the Ontario Native Council on Justice undertook research which identified approximately 600 reported deaths within the Native community of Toronto over a six to seven year period. An alarming number of people died either because they existed in poverty or lived on the street. Eight basic social problems contributed to the incidence of these deaths, including alcoholism, liquor/prescription drug mixture, drug or alcohol overdose, suicide, hypothermia, unidentified medical conditions, alcohol-related and toxic-related house fires, and violence. A large number of these Native people passed away in hospitals. It is significant that so many deaths were due to unidentified and/or untreated medical conditions. In the end it was the significant number of Native people dying in hospitals, often under questionable or undesirable circumstances, which contributed to a community-wide response.

A large number of Native migrants and transients come to Toronto seeking employment, but many are inexperienced. Even qualified Native people who succeed in finding employment often find that the job and/or living arrangements do not meet their expectations. Many others suffer from culture shock, especially those coming to the city from the reserve or isolated communities. The shock of the fast, big-city pace, loneliness and isolation from family, alienating bureaucracies and long waiting periods for welfare, medical care and housing, low vacancies in housing, the high cost of living and the demand for rental deposits (first and last month's rent) contribute to social problems. Individuals experiencing some or all of these urban problems seem to also suffer from lowered self-esteem and a sense of hopelessness. These newcomers have been largely neglected. There is too little stress on the need for Native transitional social services.

As do other transients in Toronto, Native transients sleep in abandoned cars, empty houses and doorways. If one Native person causes disruption in any one of the constantly overfilled hostels, often all Native persons are barred and soon they are turned away from places offering food, warmth, and shelter. Some choose to die on the street because they are severely depressed and have lost contact with caring people.

The social situation described here has existed for years, but it was the deaths of four Native men within a span of four months in 1989 that prompted a series of informal meetings between both Native and non-Native agencies, and which eventually led to the creation of a much-needed Street Patrol Programme designed and modelled after the one in Kenora, Ontario. The person hired as Co-ordinator was a former street person himself, and he had prior community development expe-

rience to boot.

By early Fall 1991 the Street Patrol Programme had accomplished a number of things. Street people had begun to have more pride. Many completed alcohol/drug rehabilitation programmes and were abstaining. Some clients continued in recovery programmes, some found employment, while others either returned to their families or sought further education and training.

The list of volunteers numbered 150. Workshops were held for orientation and first aid training. A brochure for street people, as well as special forms designed to help organize street-worker/volunteer teams, were developed. The programme expanded into spiritual and mental health in order to assist clients in dealing with the deaths of friends and others who had lived on the street. Blankets, cardio-pulmonary respiration training funds, clothes, laundry facilities, medical supplies and crutches were obtained from church organizations, social service agencies, medical institutions and hostels.

A building was secured from the Department of Parks and Recreation in order to shelter street people during the cold winter months. This building also served as a location from which to monitor the health needs and medical status of the group in the area, and to encourage them to take their medication and consider treatment when appropriate. Sojourn House (of the United Church of Canada) loaned a van to the Programme on a temporary basis for volunteer street work.

Since the early Fall of 1991 the Street Patrol Programme has undergone a number of changes and improvements, but the basic components and functions have remained essentially the same. Anishnawbe Health Toronto has increased its efforts in the areas of AIDS/HIV prevention and infection education, has begun to deal more effectively with the potentially serious effects of Chinese wine addiction and abuse, expanded its street outreach service, and has initiated a re-draft and updating of the Street Patrol's goals and objectives. The latter task is presently being carried out through the work of the recently-formed Street Patrol Resource Group, made up of governmental (provincial and municipal) and non-Native as well as Native inter-agency representatives.