

Indigenous Health and Reconciliation in Pharmacy

CPRB Webinar
May 14, 2019

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 @JarisYXE

 @JarisOfThePrairies

Land Acknowledgement

- I am speaking from Treaty 6 territory and the traditional homelands of the Métis
- *Check out the app “Whose Land” to learn about the lands, place names, and histories of the places you reside and/or work and/or visit*
- *Check out the Universities Canada resource for the land acknowledgements used across all Canadian universities*

Learning Outcomes

By the end of this presentation, the learner should be able to:

1. Describe the unique differences in meaning between Indigenous, Aboriginal, First Nations, Metis, and Inuit peoples.
2. Summarize key historical and current government policies and practices that affected and continue to affect the health of Indigenous Canadians.
3. Describe the magnitude of health challenges experienced by Indigenous Canadians.
4. Describe cultural safety and give examples of how this may be demonstrated when working with Indigenous peoples.
5. Summarize the Truth and Reconciliation Commission (TRC) of Canada and propose how pharmacists and the profession of pharmacy may respond to the TRC Calls to Action.

Self-situating Disclosure

- I am a white-presenting Saulteaux (& Ukrainian) urban First Nations cis male from Yellow Quill First Nation (Treaty 4 territory, SK) and have spent most of my life in suburban and urban Saskatoon
- I did not grow up with my teachings or my (Saulteaux) language
- I have had and continue to live a life full of immense privilege

A Note About Intersectionality

A Note About Intersectionality

Let's start with a story ...

Who am I?

(And why does my story matter?)

The Legacy of Canada's Residential Schools

Odds of **dying** for
children in **Indian**
residential schools:

1 **in** **25**

Odds of **dying** for
Canadians serving
in **WWII:**

1 **in** **26**

Sixties Scoop

- Mass removal of Indigenous children from their families into the child welfare system
 - In most cases without the consent of their families or bands
- The child welfare system did not require, nor did it expect, social workers to have specific training in dealing with children in Aboriginal communities.

Sixties Scoop

- Many of these social workers were completely unfamiliar with the culture or history of the Indigenous communities they entered.
- What they believed constituted proper care was generally based on middle-class Euro-Canadian values
- Was not until 1980 that the Child, Family and Community Services Act required social workers to notify the band council if an Indigenous child were removed from the community

Sixties Scoop

- Most children were placed into non-Indigenous homes, many of them homes in which their heritage was denied.
- In some cases, the foster or adoptive parents told their children that they were French or Italian instead.
- Government policy at the time did not allow birth records to be opened unless both the child and parent consented.
 - This meant that many children suspected their heritage but were unable to have it confirmed.

Sixties Scoop

- Children growing up in conditions of suppressed identity and abuse tend eventually to experience psychological and emotional problems.
- For many apprehended children, the roots of these problems did not emerge until later in life when they learned about their birth family or their heritage.

Sixties Scoop

- Social work professor Raven Sinclair describes these experiences as creating “tremendous obstacles to the development of a strong and healthy sense of identity for the transracial adoptee.”
- Feelings of not belonging in either mainstream Euro-Canadian society or in Aboriginal society can also create barriers to reaching socio-economic equity.

**Why don't our health
professionals know about this?**









Indigenous

(Interchangeable with “Aboriginal”)

INUIT

Has been referred to as “Eskimo,” but preferred term is Inuit

FIRST NATIONS

Indian Act
- *Status*
- *non-Status*
(Also “Native” and “Indian”)

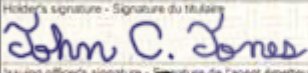

METIS

Does NOT necessarily mean having one First Nations parent and one non-First Nations parent

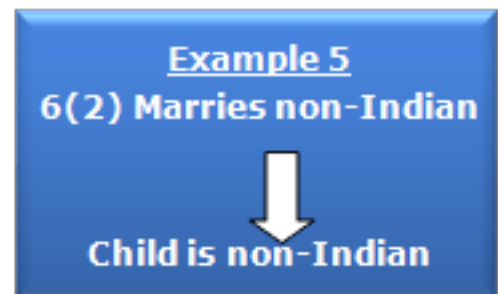
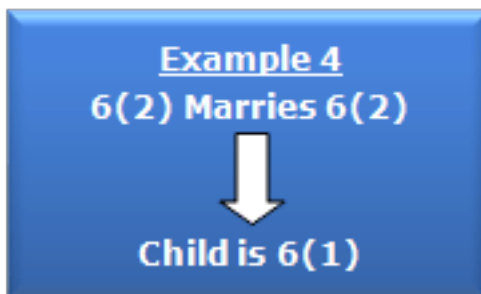
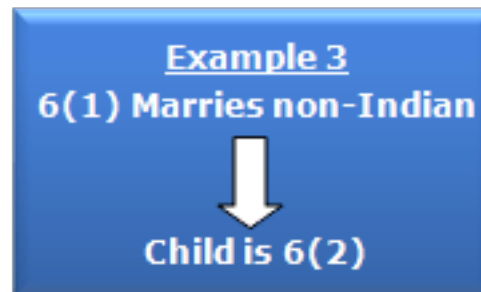
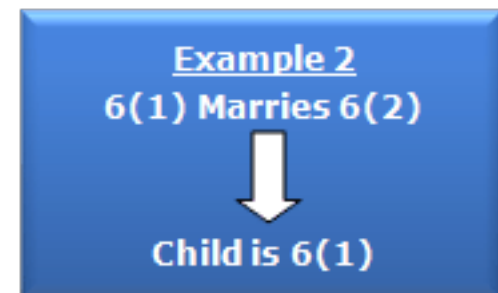
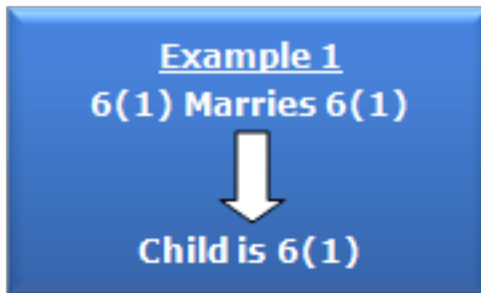
Certificate of Indian Status (Status Card)

 Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada		CERTIFICATE OF INDIAN STATUS CERTIFICAT DE STATUT INDIEN	
	Registration no./Numéro d'inscription XXXXXXXXXXXXXXX	112294901 JARIS PAUL SWIDROVICH	
		Family Name/Nom de famille SWIDROVICH	
		Given Names/Prénoms JARIS PAUL	
		Alias/Nom d'emprunt	
	Date of Birth/Date de naissance 1986/08/05	Sex/Sexe M	
	Date of Issue/Date de délivrance 2014/01/10		
	Renew Before/Renouveler avant 2022/08/05		
	Registry Group no. and Name/No du groupe de registre et nom 376 - YELLOW QUILL		

 Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada		1420307
CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN		
	This is to certify that - La présente atteste que	
	Family name - Nom de famille JONES	
	Given names - Prénoms JOHN CARL	
	Alias - Nom d'emprunt JOHNNY	
	Registry no. - N° de registre 4360000000	
<small>is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985) / est un Indien au sens de la Loi sur les Indiens, chapitre 27 des Lois du Canada (1985).</small>		

Date of birth - Date de naissance Dec. 15, 1970	Registry group - Groupe d'enregistrement PEIGAN
Sex - Sexe M	This card is valid until / Cette carte est valide jusqu'au Apr. 26, 2002
Holder's signature - Signature du titulaire 	
Issuing officer's signature - Signature de l'agent émetteur 	Issue date - Date d'émission Apr. 26, 1997
<small>Find a place with postage free to: Ottawa, Ontario, Canada K1A 0H4 / Choisissez votre lieu de dépôt de la demande sans frais, au: ANIC, Ottawa (Ontario) Canada, K1A 0H4 83-004 (5-98) 7530-21-023-3673</small>	

Who is an “Indian” (First Nations)?



Polling Question 1

Which of the following groups of people are included in the Canadian definition of Aboriginal people:

- a. First Nations
- b. Inuit
- c. Métis
- d. All of the above
- e. Only a and b

Polling Question 2

When a 6(1) Status First Nations person has a child with a non-First Nations person, their child is:

- a. 6(1) Status First Nations
- b. 6(2) Status First Nations
- c. Non-status First Nations
- d. Non-First Nations
- e. Métis

Polling Question 3

When a 6(2) Status First Nations person has a child with a non-First Nations person, their child is:

- a. 6(1) Status First Nations
- b. 6(2) Status First Nations
- c. Non-status First Nations
- d. Non-First Nations
- e. Métis

Polling Question 4

Federal health care provisions (e.g., medication coverage through the Non-insured Health Benefits Program, NIHB) is available for:

- a. 6(1) Status First Nations
- b. 6(2) Status First Nations
- c. Non-status First Nations
- d. Recognized Inuit
- e. Métis
- f. Only a and b
- g. Only a, b, and c
- h. Only a, b, c, and d
- i. Only a, b, and d
- j. All of the above

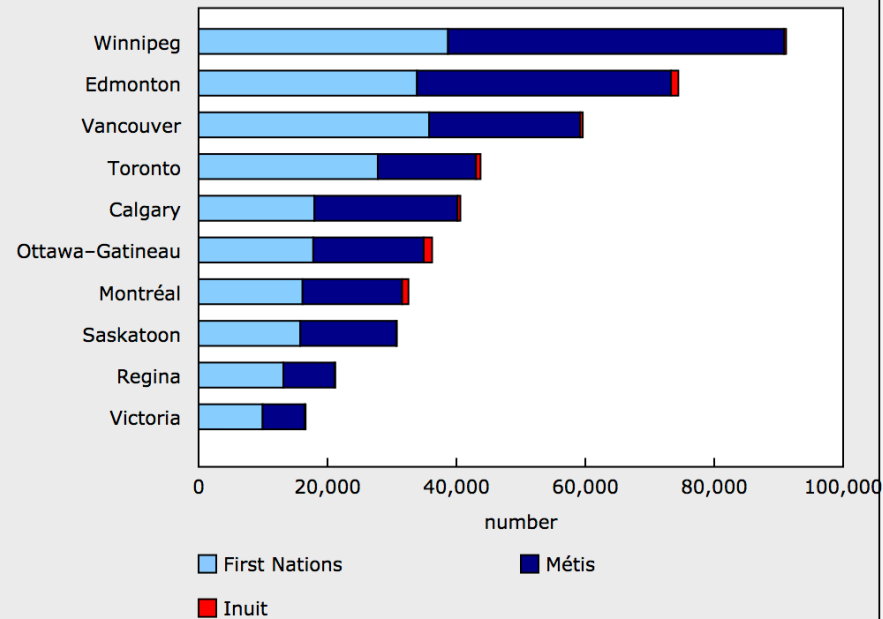
Demographic Context

- Indigenous peoples represent approximately **4.9% of the overall population in Canada.**
 - Total Aboriginal population = **1,673,785**
- **Saskatchewan: Highest proportion of Aboriginal people in Canada (141,890 or ~16%)**
- **Ontario: Highest number of Aboriginal people (242,495 or ~2%)**
- **Represent youngest and fastest growing population**

Demographic Context

- **Children and youth aged 24 and under make up almost one-half (48%) of all Indigenous people, compared with 31% of the general population.**

2016 Census Data



Source(s): Statistics Canada, Census of Population, 2016.

Number of First Nations people, Métis and Inuit by selected census metropolitan areas, 2016, number

	First Nations	Métis	Inuit
Winnipeg	38,700	52,130	315
Edmonton	33,880	39,435	1,115
Vancouver	35,770	23,425	405
Toronto	27,805	15,245	690
Calgary	17,955	22,220	440
Ottawa-Gatineau	17,790	17,155	1,280
Montréal	16,130	15,455	975
Saskatoon	15,775	14,905	80
Regina	13,150	7,975	75
Victoria	9,935	6,530	130

Context for Health and Well Being:

Human Development Index Rating

- Human development index is a tool developed by United Nations to help rank countries' social and economic development levels
 - The ranking is based on criteria which includes life expectancy at birth, educational rankings and income rankings
- **In 2011 - out of 177 Countries – Canada ranked #6**
 - **When HDI is applied to First Nations Communities in Canada, the ranking falls to #68**

Statement on Well-Being of Indigenous People in Canada:

- A major study on the situation of Aboriginal peoples in Canada (1996) stated
- ***“Aboriginal people are at the bottom of almost every available index of socio-economic well-being, whether [they] are measuring education levels, employment opportunities, housing conditions, per capita incomes or any of the other conditions that give non-Aboriginal Canadians one of the highest standards of living in the world.” (Rcap, 1996)***

Indigenous Health Statistics

- **Most common cause of death in Indigenous people (up to the age of 44) = ???**

Indigenous Health Statistics

- Rate of depression = double the rate of other Canadians (16% vs 8%)
- **Most common cause of death in Indigenous people (up to the age of 44) = suicide**
 - Generally -Suicide rates are twice the national average and have shown no signs of decreasing
 - Indigenous youth – rates are **5 to 7 times** the national average (Health Canada, 2013).
 - Inuit – rates are among highest in World – up to **11 times national average** for Inuit people overall (Pauktuutit, 2009, as cited in Allen and Smylie, 2015) and up to **40 times national rate among young men** (Hicks, 2006, 2007, as cited in Allen and Smylie, 2015)

Indigenous Health Statistics

- Overall, **life expectancy** of First Nations people is **7-15 years less** than rest of population
- **Infant mortality** rates are also **two to four times higher**
- Rate of **HIV in First Nations people in Saskatchewan equals the rate of HIV in Nigeria**

<http://www.statcan.gc.ca/pub/89-645-x/2010001/life-expectancy-esperance-vie-eng.htm>

<http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada>

Effect of Colonization

- Significance of colonization reflected in outcome of World Health Organization consultations with international Indigenous community; representatives from around world stated:

“Everyone agrees that there is one critical social determinate of health, the effect of colonization”

(Mowbray, 2007, as cited in Allen and Smylie, 2015)

Colonization in Canada

- *Indian Act*:

- Remains the only legislation in Canada based on RACE
- Contained numerous rules and restrictions
- Give Government control over Identity by determining membership guidelines “provisions” [who is considered INDIAN in eyes of government]
- **Included involuntary loss of status if educated or trained in ministry**
- **Gender discriminatory – women lost status for marrying non-Indian men**

Colonization in Canada: *Indian Act*

***Indian Act* has been used to –**

- Facilitate the **acquisition of Indian Lands**
 - Act amended to make it illegal to hire a lawyer and protest land claims
- Facilitate **Assimilation**
 - Rules to promote loss of status/ became illegal to practice cultural traditions - role of Residential Schools
- Facilitate **Domination/Subjugation**
 - Government power to depose non-cooperative Chiefs

Colonization in Canada: *Government Policies*

- **Peasant Farming Policy:**
 - During era when some Reserves were beginning to see success with farming
 - Only produce what could be sown and harvested BY HAND
 - No labour-saving devices were allowed
- **Pass System:**
 - First Nations not allowed to leave reserve without official permission of Indian Agent.

Colonization in Canada: *Government Policies - RESIDENTIAL SCHOOLS*

- **Believed to be the worst of Government policies**
 - Instituted as a policy of AGGRESSIVE CIVILIZATION
 - Goal was to **“kill the Indian in the child”**
 - Premise was to remove children from parents and communities to instill Euro-Canadian culture and ways of life
 - Officially began in 1880s – started to close in 1960s

Colonization in Canada: *Government Policies - RESIDENTIAL SCHOOLS*

- **“When the school is on the reserve the child lives with its parents, who are savages; he is surrounded by savages. Indian children should be withdrawn as much as possible from the parental influence.”**
 - **Sir John A. Macdonald, Canada’s First Prime Minister (1883)**

Colonization in Canada: *Government Policies – RESIDENTIAL SCHOOLS*

- Extreme control, harsh punishments, many stories of abuse and violence
- Extreme trauma due to loss of identity, violence, abuse and poor educational outcomes
- Generational effects due to associated PTSD, addictions, loss of parenting
 - Continued Ripple effects

Educational Attainment:

Looking at some “WHYs” still prevalent today:

- **Major funding inequities also exist for First Nations education**
- **A First Nations child’s education is funded ~\$8000 less than another child in a nearby provincial school**
- Unlike provincial schools, the federal government does not provide any funding for other important resources:
 - \$0 for libraries
 - \$0 for computers, software and teacher training
 - \$0 for extracurricular activities
 - \$0 for First Nations data management systems
 - \$0 for 2nd and 3rd level services (including core funding for special education, school boards, governance and education research)
 - \$0 for endangered languages
 - \$0 for principals, directors, pedagogical support, and the development of culturally-appropriate curricula

Educational Attainment: Looking at some “WHYs” still prevalent today:

- **Health Concerns in First Nations schools**
include: Overcrowding, extreme mould, high carbon dioxide levels, sewage fumes in school, frozen pipes, unheated portables, students suffering from cold and frost bite, and schools being abandoned despite a lack of alternative infrastructure

Health Provisions and Access

- Sometimes misconceptions about “advantage” in terms of “free health care and provisions”
- NIHB does pay for some prescriptions, dental services and other health-related costs that non-Indian Canadian citizens often have private responsibility for
- Some of this health care considered “Treaty Rights” from Perspective of First Nations
- Unfortunately such ‘benefits’ can be outweighed by issues of accessibility, **poor relationships with healthcare providers, jurisdictional disputes, and interpersonal & systemic racism**

Cultural Safety

- Moves beyond cultural awareness, cultural sensitivity, and cultural competency by **challenging power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to health care**
- Requires a systemic approach that encompasses an understanding of the power differentials that are inherent in health service delivery
- Requires organizations to review and reflect on their own policies, procedures, and practices, in order to remove barriers to appropriate care

Racism in the Health Care Experience

- Case of **Brian Lloyd Sinclair**
- He was a **double amputee**, having lost his legs to frostbite after being found frozen to the steps of a church in 2007
- He suffered a **cognitive impairment** from previous substance use and had **endured homelessness**, although he had housing at the time of his death
- The Sinclair family, their legal counsel and local Indigenous leaders asked the provincial inquest into the matter to **strongly consider the ways in which Mr. Sinclair's race, disability and class resulted in his lack of treatment and subsequently his death**

Racism in the Health Care Experience

- **Several staff testified** they had **assumed** Mr. Sinclair was in the ER simply to **warm up, watch TV or sleep off intoxication**
- **Others reported they never saw Mr. Sinclair** despite the fact that his wheelchair partially blocked the same part of an aisle of the ER for more than 24 hours

Racism in the Health Care Experience

- During inquest testimony, hospital staff and the **Chief Medical Officer of Manitoba**, Dr. Thambirajah Balachandra, vehemently **denied the role of racism in Mr. Sinclair's death**, with Dr. Balachandra blithely suggesting that **“even Snow White would have received the same treatment as Mr. Sinclair under the circumstances”**

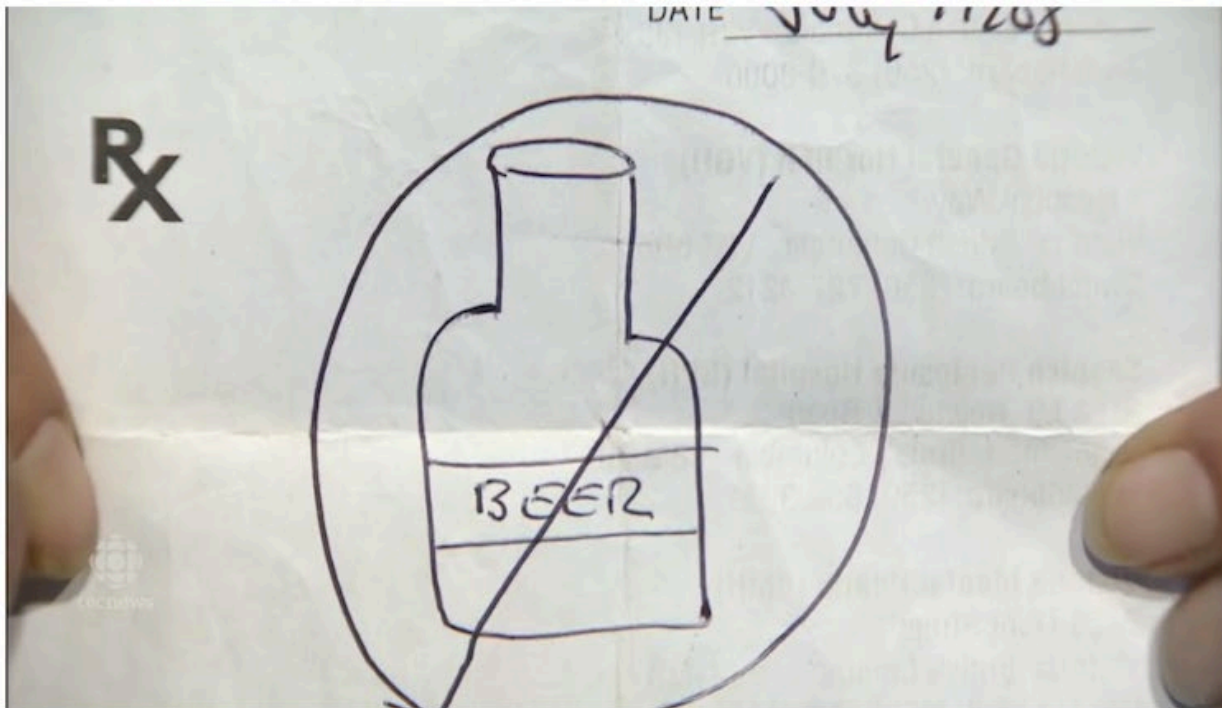
Michelle Labrecque

- Found to have a **fractured pelvis**, but she says it took **three trips to the hospital** and increasing pain before she received that diagnosis
- "The third time, I was just left in the ER room, not being able to walk anywhere. Nobody around to help me, not even to a wheelchair," says Labrecque.

Racism against aboriginal people in health-care system 'pervasive': study

Discrimination called a major factor in aboriginal health disparities

By Duncan McCue, CBC News | Posted: Feb 03, 2015 5:00 AM ET | Last Updated: Feb 04, 2015 1:18 PM ET

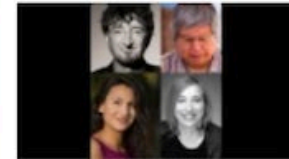


Racism in health care 2:41

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Latest Aboriginal Headlines



Arts comr
Michael C
Morin-De
Sereda, N
February 1'

55

First Nations issue \$127M bill to Ontar
resources February 11, 12:07 PM ET

Grief counselling underway at Payepc
theatre group was headed February 11,



Cultural Safety

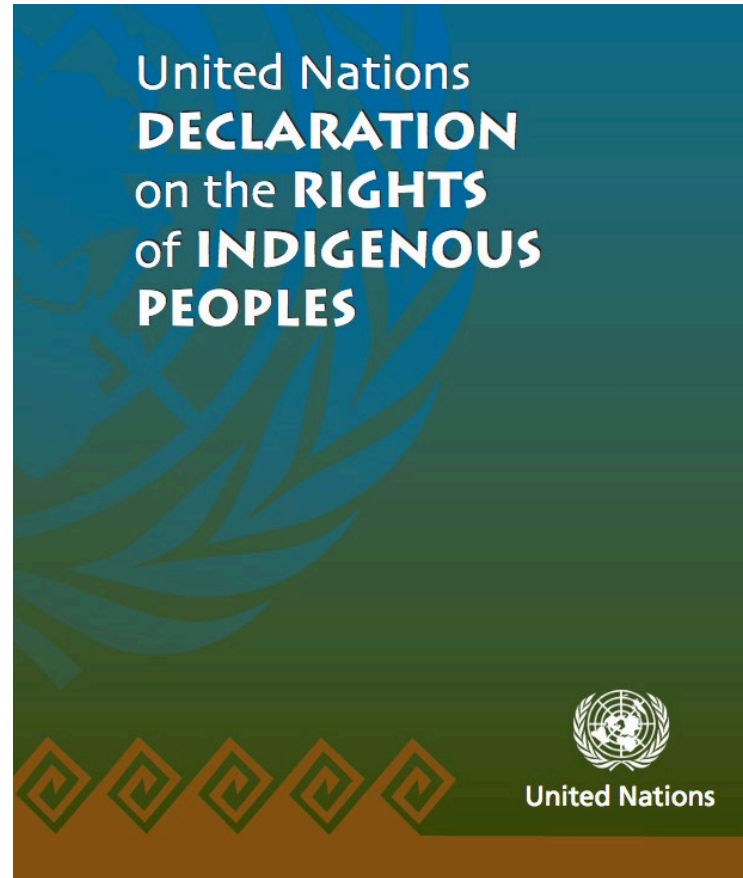
- Critical component for improving patient outcomes
- People who experience culturally safe health care are more likely to:
 - Access care earlier
 - Feel more at ease
 - Feel empowered throughout the process of receiving care
 - Share details about their health concerns & care preferences
 - More willing to return
 - More willing to follow treatment plans recommended by medical professionals

Canadian Apology

- Prime Minister Stephen Harper (2008):

“There is no place in Canada for the attitudes that inspired the Indian Residential Schools system to ever prevail again. You have been working on recovering from this experience for a long time and in a very real sense, we are now joining you on this journey. The Government of Canada sincerely apologizes and asks the forgiveness of the Aboriginal peoples of this country for failing them so profoundly.”

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)



GLOBAL NEWS MORNING SASKATOON

January 8 2019 9:24am

🕒 04:04



'It resonated with me' '60 Scoops survivor on Sask. apology

'60s Scoop survivor Sherri Swidrovich reflects on the apology offered by the Saskatchewan government, which she said "resonated" with her.

Truth and Reconciliation Commission of Canada (TRC)



Truth and
Reconciliation
Commission of Canada

TRC

- Reconciliation:
 - An ongoing process of establishing and maintaining respectful relationships
- A critical part of this process involves:
 - Repairing damaged trust by making apologies
 - Providing individual and collective reparations
 - Following through with concrete actions that demonstrate real societal change

TRC

- Establishing respectful relationships also requires the revitalization of Indigenous law and legal traditions.
- It is important that all Canadians understand how traditional First Nations, Inuit, and Métis approaches to resolving conflict, repairing harm, and restoring relationships can inform the reconciliation process
- TRC developed 94 “Calls to Action”
 - #18-24 are related to health

Responding to the TRC

- **Not** placing a strong, or at least stronger, focus on educating health professionals, and all Canadians, on the health challenges and issues faced by Indigenous Canadians can be perceived as **systemic racism**
 - Especially considering where the greatest needs are seen in Canada

Responding to the TRC

- Failing to best-prepare all Canadians (notably health professionals) to not only **address**, but also **proactively prevent, Indigenous health inequities** further perpetuates the sub-standard health achievements and experiences of Indigenous Canadians

Recruitment

- Pharmacists, technicians
- Work with Human Resources
- Strategic hiring? Include Indigenous representation on interview panels / search committees, etc.
- Assign administrative lead to an Indigenous staff/faculty member (e.g., Indigenous Initiatives Coordinator)
- **CAUTION:** Indigenous staff burnout
- Extensive research regarding the success of Indigenous professionals when there are Indigenous mentors and role models present and accessible

Recruitment

- Equitable hiring processes
 - Can request human rights approval for preferential hiring of Indigenous applicants and usually even waiving advertisement, if desired (e.g., if specific candidate in mind)
- Establish relationships with Indigenous and non-Indigenous educational institutions
- Identify current and past Indigenous students to assist
- Recruitment materials
 - Symbols? Language? Secondary logo(s)?
- Potential issues with strategic/equitable hiring:
 - Stigma, falsified self-declaration

Research

- Tri-council Policy Statement 2
 - Chapter 9
- Beyond research of/by/with Indigenous peoples, also consider Indigenous research methodologies

... and so many more ...

- E-mail signature file
- Land acknowledgement at all meetings and official events
- Reciprocity plans
 - Ensure in alignment with other relevant units and organizations
- Strategic plan that is appropriately resourced for success
- Indigenous Career Start Programs
- Honour Indigenous employees at relevant cultural events
- Indigenous artwork
- Indigenous representation on institutional products (e.g., name badges, lanyards, white coats, etc.)

Summary

- This is a challenging journey.
- You will not always get it right.
- Remember Einstein's words:
 - Doing the same thing over and over and expecting a different result = insanity.
- Move forward with a strong sense of humility.
- **“Nothing about us without us.”**

Disruption is necessary.

Polling Question 5

In what year did Canada's last residential school close?

- a. 1963
- b. 1978
- c. 1984
- d. 1996
- e. 2001

Polling Question 6

Which dimension of well-being is **NOT** found in the Medicine Wheel?

- a. Mental
- b. Emotional
- c. Environmental
- d. Spiritual
- e. Physical

Thank you!

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 @JarisOfThePrairies

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