Share Your Story

Indigenous-Specific Racism & Discrimination in Health Care Across the Champlain Region: Summary Report

Wabano Centre for Aboriginal Health in Partnership with the Ottawa Aboriginal Coalition

Wabano

Table of Contents

The Story of the Sturgeon — 5

The Share Your Story Research Project — 8

- What the Project set out to do — 11
- What we heard — 11
  - Stereotyping — 13
- What we found — 19

Recommendations — 25

- Context — 26
- Themes — 27
  - Recommendation 1: Ownership (**Courage**) — 28
  - Recommendation 2: Commitment to Equity & Collaboration (**Respect**) — 29
  - Recommendation 3: Expectations (**Truth**) — 31
  - Recommendation 4: Standards (**Love**) — 33
  - Recommendation 5: Accountability (**Humility**) — 35
  - Recommendation 6: Oversight (**Honesty**) — 36
  - Recommendation 7: Continual Improvement and Renewal (**Wisdom**) — 37

Conclusion — 38

References — 41

For the full report, visit
www.wabano.com/SYS or www.ottawaaboriginalcoalition.ca

In Deep Gratitude

Since time immemorial, the Champlain region has been a gathering place for Indigenous people from many provinces. We came to this place to trade, to connect with kin, to work, and to share stories. Today, thousands of First Nations, Inuit, and Métis call this gathering place home.

The Ottawa Aboriginal Coalition (OAC) wishes to acknowledge the Indigenous people who live, work, and receive health care on the ancestral lands of the Algonquin/Anishnaabe and Ongwehonwe (the Champlain region). We know that in health care, many of you have not received the kind, competent care that is considered a human right in this country. Our hope is that the stories shared through this report are creating a new legacy for the generations yet to come. Chi miigwetch.

This project is the result of the work of many. We say chi miigwetch to:

- **Indigenous community members** who courageously and generously came forward with their stories and provided valuable recommendations. We were honoured to bear witness to your stories and commit to carry them forward in a good way.

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The Story of the Sturgeon

The Story of the Sturgeon

What the Sturgeon Told Me & the Health of Indigenous Peoples in Ontario

In the Ojibwe language (the original language spoken by many of the First peoples of the now "Champlain region"), the Sturgeon are *Anameway*, the big fish in the water. For the First peoples in Ontario, *Anameway* have been part of our stories, songs, and histories since time immemorial.

Anameway are the largest ranging of all the fish, and they travel vast territory. As travellers, they are the original connectors; connecting us through distance, time, and each other. *Anameway* bear witness to and experience everything that is happening in our communities. As such, *Anameway* are the first indicators when our communities are thriving and when something is wrong.

Pre-contact, pre-colonization, *Anameway* were a thriving population. They were the main staple in many First Nations diets, and there was a reciprocal relationship between *Anameway* and the First Nations of this territory.

When Europeans arrived, the greed and need for Sturgeon grew. Dams were built, lakes polluted, all with devastating consequences. By 1925, *Anameway* were 1% of their original population size. The destruction of *Anameway* was so intense, the Sturgeon were the buffalo of the water systems.

The story of the Sturgeon is a mirror of the story of Indigenous peoples in Canada, and in the Champlain region. The waterways are a reflection of the health care system that is meant to help, but instead has caused devastation. Like *Anameway*, Indigenous people experience pollution that they are not even aware of, but we see the evidence of the pollution of racism in their health outcomes.

The beauty of stories is that they can change. We have influence over our stories when we attend to them.

Today, the story of the Sturgeon is changing. Where *Anameway* have survived is in the northern Ontario lakes. It is the strongest most viable population in the world because Indigenous peoples have created fisheries with a sole purpose of supporting the health and vitality of the sturgeon.

We have this same opportunity to impact the health and well-being of Indigenous people in our health care system. Through the stories in this report:

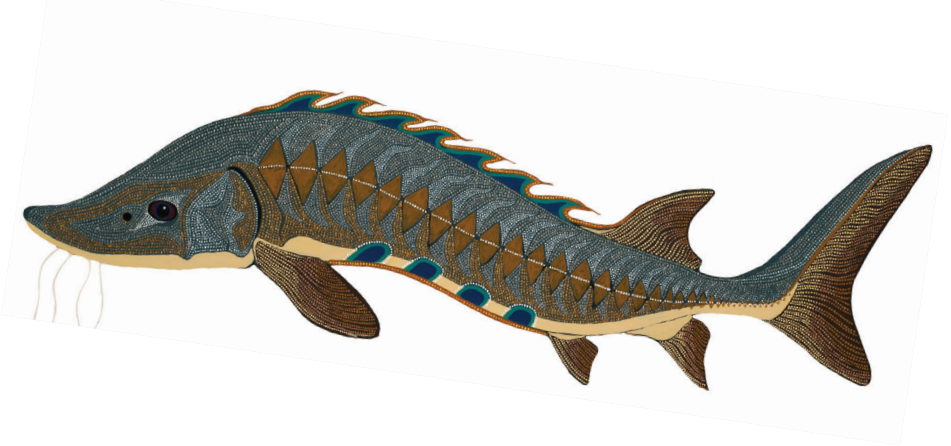
We invite you to see what may have been hidden to you before.

We invite you to feel discomfort, for it is from this place that we are propelled to change.

We invite you to reimagine what *caring* looks like in health *care*.

We invite you to stretch yourself past the limits of what you thought was possible.

Like our brother, *Anameway*, we invite you to be a courageous traveller and messenger. For there is a vast distance ahead in order to put anti-Indigenous racism behind us and create better stories than the ones that have been shared in this report.



Cover artwork titled
"What the Sturgeon Told Me"
appears courtesy of Christi Belcourt.
christibelcourt.com

"If we change the stories we live by, quite possibly we change our lives."

– Thomas King, Cherokee, Canadian author

The Share Your Story Research Project

We are all in this world together,
and the only test of our character
that matters is how we look after
the least fortunate among us.

How we look after each other,
not how we look after ourselves.

That's all that really matters.

- Tommy Douglas, Founder of Medicare

The Share Your Story Research Project

Everything we do begins with a story. For that is what we all are: a bundle of stories. Our Elders tell us that stories are living things... like plants in a garden, the stories that thrive are the ones we attend to.

One story that much of Canada attends to is that our universal health care is for everyone, regardless of income, age, gender, or race. The foundation of our health care system is that it is a human right. For many Indigenous people, however, this is not the story we share.

In early 2020, the BC government released a report titled, "*In Plain Sight*: Addressing Indigenous-specific Racism and Discrimination in BC Health Care". This report found that there was "*widespread systemic racism against Indigenous peoples [and that] this stereotyping, discrimination, and prejudice results in a range of negative impacts, harm and even death.*"

While the BC report was being researched and written, Joyce Echaquan (a 37-year-old mother of seven from the Atikamekw Nation) was being racially abused in Quebec by the nursing staff who told her she had made bad choices, was stupid, only good for sex and that she was better off dead. She died videoing those words.

Ms. Echaquan's story builds on the story of Hugh Papik, a 67-year-old Inuvialuit elder who died after elders' home staff and nurses in the NWT reportedly thought he was drunk. He had actually suffered a stroke.

Mr. Papik's story builds on the story of Brian Sinclair, a wheelchair-bound, double amputee, who was ignored to death in a Manitoba emergency waiting room because staff incorrectly assumed that he was just drunk and sleeping it off.

From every area of this country where health care is seen as a human right, Indigenous peoples (the First peoples of this land) are not seen, and they are dying because of it.

What the Project set out to do

The Share Your Story Project (SYS) sought to uncover local stories of Indigenous-specific racism (also referred to as anti-Indigenous racism) in health care that occurred across the Champlain region. Our hope was that through these stories, health care organizations could begin generating local solutions that would build Indigenous confidence in the health care sector... a start to Indigenous peoples receiving the same level of care as all other Canadians.

What we heard

More than two hundred individuals engaged in the SYS project between November of 2018 and April of 2019 to share their personal experiences or those they witnessed across the Champlain region. Most participants were Indigenous, some were non-Indigenous health professionals or family members who witnessed racist or discriminatory practices, and some participants shared more than one story. The findings within this report were gleaned from their stories.

They reported **315 unique incidents of racism** experienced in health care facilities across the Champlain region.

- Over half of these incidents, 59%, occurred during the research process; and
- 84% within the last seven years.

The stories shared in this project are not isolated incidents but, like the stories of BC, Quebec, NWT, and Manitoba, are part of a systemic, institutional failure of care. Incidents occurred so frequently that **78% of participants reported they regularly experience racism when accessing health services in the Champlain region.**

The impact of this regular systemic racism affects all Canadians. As a result of their experiences, **69% of participants indicated that they reduced using the health care system**. A further **82% of these participants reported they decreased their usage moderately to significantly**. Meaning, Indigenous people avoid seeking care when they need it.

For the full report, visit
www.wabano.com/SYS or www.ottawaaboriginalcoalition.ca

Stereotyping

While racism is not about one bad apple, health professionals perpetuate the systemic anti-Indigenous racism that they are part of. Health professionals are who Indigenous people interact with when seeking health care and so, Indigenous people experience racism from individuals.

From the stories, the following common five stereotypes emerged as SYS participants provided examples of discriminatory assumptions as part of their lived experiences within the health care system across the Champlain region.

There were five stereotypes that emerged from the data:

1. Indigenous people are racially inferior.
2. Indigenous people are diseased, addicted, and mentally unwell.
3. Indigenous people are a burden.
4. Indigenous people are angry and aggressive.
5. Indigenous people are bad parents.

STEREOTYPE #1

Indigenous people are racially inferior.

The forming of Canada relied on religious and intellectual canons that dehumanized Indigenous peoples as inferior and inherently uncivilized, while at the same time it encouraged people of European origins to see themselves as possessing a superior form of civilization— politically, economically, culturally, and spiritually. Canada as a nation-state inherited this belief system from its colonial founders and continued to create systems and structures, policies, and legal frameworks that defined Indigenous peoples as incapable of managing their own affairs.

There is evidence in this SYS project that underlying revulsion, lack of empathy, and disdain still exist in the health care system and are clearly felt by participants who shared their accounts of racism.

> "I dislocated my shoulder and I had to go to the hospital to get it set again. I was in the waiting room for a long time, like maybe an hour, not the waiting room but the little doctor's room... I can handle a lot of pain, but the pain got to be unbearable, and I started to cry out. Y'know, when you yell asking for help. And a woman came in, a nurse, and I asked her how long it was going to be for the doctor to see me and she started using a mean tone. She started giving me sh*t and she said: 'You weren't supposed to take off your brace. What are you doing? Why did you do that to yourself? You should have listened to the doctor. You shouldn't have been coming back here.' And at one point she had said... and I'll always remember this: 'You people never listen to anything that you're told' and.... I asked her: 'What do you mean *you people*?' and she said: 'You know what I'm talking about... you people are stupid'."
>
> -First Nations Male Participant

STEREOTYPE #2

Indigenous people are diseased, addicted, and mentally unwell.

Since the fur trade that formed so much of Canada's earliest economies and informed its earliest interactions with the First peoples of the land, there has evolved a pernicious and persistent belief that Indigenous peoples are more susceptible to alcohol dependency than others. As a result, it has created a damaging stereotype of the "drunken Indian", a continuing go-to diagnostic assumption in many service encounters with non-Indigenous health professionals.

> "I had a bad hernia... and I was in so much pain and they thought I was a drug addict wanting drugs... just because I'm Aboriginal they thought I was there for something other than the actual pain..."
>
> -Inuk Female Participant

> "... Just hearing stuff about like being overweight that most natives are... I went there because... some guy beat me up... so they said something like about natives, like they're all drunks and overweight and have health problems like diabetes and stuff. But I wasn't diabetic I was just overweight..."
>
> -First Nations Female Participant

STEREOTYPE #3

Indigenous people are a burden.

For the vast, resource-rich lands on which the Canadian economy has been built, Canada has compensated Indigenous peoples meagrely, with laws and policies that assign under-resourced social programs specifically for them, including inequitable health services. General ignorance or misunderstanding of this history has often left non-Indigenous Canadians to complain that Indigenous people get things for free that others do not.

SYS project participants gave glaring examples of the weight of such labelling. As patients, they were refused medications as soon as health professionals discovered that they were entitled to Non-Insured Health Benefits (NIHB), or they had care withheld, or they were questioned about why they were brought to Ottawa facilities from rural or remote regions, and at times were asked to find a different health institution that deals with Indigenous people.

> “Apparently, he left his keys at a friend’s house, and they weren’t answering their phone so he tried opening the window that was a bit open. And the glass broke. So, we had to call 911 to get an ambulance and when we got to the emergency, I noticed these people were making strange faces as if we were not welcome. We went there by 11:30 at night... he had a really bad cut, and he was bleeding... like a lot of blood. His bandage was full of blood, but the nurses and doctors weren’t doing anything.
>
> They started calling him an alcoholic and saying that he was intoxicated then started saying that these are crack head or Eskimo. All these names were said to him, and he didn’t like, we didn’t feel equal, we weren’t treated right. From there, I started pressing for the nurses to come to see him, but they ignored, and they kept walking by... they were saying something in French and at the end they would say ‘Eskimo’. And from there we waited... they finally disinfected the wound and numbed it and stitched it. And we finally went home at 5:30 in the morning.”
>
> -Witness Family Member

STEREOTYPE #4

Indigenous people are angry and aggressive.

Canada has an inherited belief about Indigenous peoples that they are contained for their own good and for the safety and wellbeing of the country. This sets the stage for health professionals to react by calling security or police whenever Indigenous patients become assertive or frustrated as they advocate for themselves. This project has documented instances of this, as well as patient perceptions of being forcibly sedated without just cause or consent.

> I have witnessed that person trying to advocate for themselves being told that they're being argumentative when they're speaking in a tone no more than I am speaking to you right now. Because they are visibly Indigenous, they're being argumentative and if they don't settle down security will be called, and security is called.

-Witness Health Professional

STEREOTYPE #5

Indigenous people are bad parents.

In this SYS project, young parents shared stories of being ignored, rudely spoken to, and blamed for any condition a baby exhibited in maternity wards or emergency departments. In most reported cases, health professionals pressured parents into submission by either threatening to call the Children's Aid Society (CAS), or actually making that call, with the intention of having a child removed with questionable cause.

> "I had my first born... my partner and I were at the hospital... where she was giving birth and after she gave birth we were both so exhausted cause we were both staying awake all night... so the nurse comes up and says we can sleep all night - she'll watch over the baby overnight. We woke up and then the staff said your son vomited while you were asleep and you didn't do anything about it... two workers in the room trying to get us to sign him over to CAS... they said we were careless and we weren't ready for our baby..."
>
> -Inuk Male Participant

What we found

Specific key findings from the SYS project demonstrate the widespread failure of health professionals across the Champlain region to meet the needs of Indigenous peoples:

Indigenous Experiences

1. Experience with racism and discrimination have been happening for years and continue to occur today;
2. Individuals with darker skin tones and who are easier to identify as Indigenous are more likely to experience racism;

Table 1. Characteristics and Frequency of Perceived Racist/ Discriminatory Behaviours of Health Professionals

Characteristics of Perceived Racist Actions of Health Professionals	Personal (N=221)		Witness (N=85)	
	Count	Total N%	Count	Total N%
Ignoring or being dismissive	170	77%	69	81%
Lack of concern for you in comparison to others	163	74%	69	81%
Lack of attention to you in comparisons to others	146	66%	61	72%
Negative tone of the voice (angry, condescending, annoyed)	136	62%	60	71%
Negative facial expressions (angry, condescending, annoyed)	136	62%	57	67%
Ridiculing and condescending	126	57%	41	48%
Not believed	124	56%	45	53%
Short interaction with health professional	114	52%	39	46%
Longer wait time in comparison to others or standards	105	48%	44	52%
Patronizing	88	40%	38	45%
Refusing tests/procedures/medications	84	38%	27	32%
Blaming	64	29%	16	19%
Racist remarks, name calling	54	24%	16	19%
Coerced into taking a medication or having a procedure	37	17%	16	19%
Wrong dosage of medication	33	15%	9	11%
Threatening	31	14%	17	20%
Calling security or police without just reason	17	8%	7	8%
Calling child welfare based on an unfair judgment or assessment	13	6%	3	4%

Behaviours of Health Professionals

3. Negative stereotypes about Indigenous people, including notions of Indigenous racial inferiority, are evident in the behaviours of health professionals responsible for treating Indigenous clients;

4. Reported behaviours of health professionals range from overtly to covertly racist:

    - **Overt Racism:** name calling, inflicting pain, neglectful misdiagnosis, calling child welfare or security without just cause.
    - **Covert Racism:** ignoring, inequitable levels of care or attention, denying or withholding medications and/or treatment.

5. Hospitals have the highest frequency of reported racism;

6. Complaints about racist health professionals are often dismissed by administrators so racist misconduct is not properly addressed;

The "Hot Spots" across the Champlain region were:

In Hospitals:

1. Emergency
2. Maternity

In Community:

1. Health Clinics
2. Family Health Teams
3. Paramedics

Table 2. Frequency of anti-Indigenous Racism by Service or Department

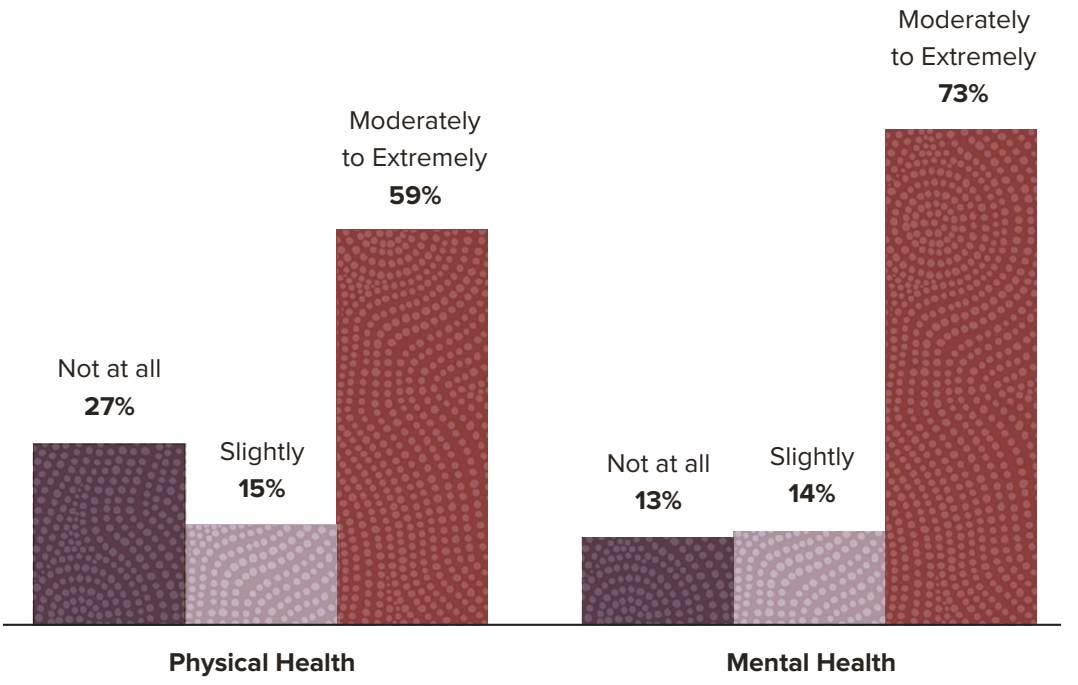
Racism by Service/Department	Count	Percentage
Emergency	128	43%
Health Clinic	48	16%
Maternity	29	10%
Paramedics	14	5%
Mental Health	13	4%
Dental	9	3%
Surgery Unit	9	3%
Specialist	9	3%
ICU	6	2%
Diagnostic	6	2%
Social Services	6	2%
Optometry	4	1%
Pharmacy	4	1%
Other	4	1%
Neurology	3	1%
Inpatient	3	1%

Health Outcomes

7. Anti-Indigenous racism negatively impacts the health and wellness of Indigenous people; 59% of participants believing their physical health has been negatively affected; 73% that their mental health has worsened; and

8. Collectively, these experiences have led to a lack of trust in, or willingness to access heath services in the region and caused Indigenous people to delay or avoid timely essential care. Three quarters of participants reported actively trying to reduce their interactions with health professionals as much as possible, even at the risk of their own health, to avoid racist treatment.

Graph 7. Negative Effect of Anti-Indigenous Racism on Physical and Mental Health



Reducing interactions with the health care system might minimize incidents of racism and discrimination, but it will not address the fundamental need and right of Indigenous people to access and receive equitable health care services. It will not address a systemic failure within health institutions to truly meet the needs of Indigenous peoples and communities.

The data is unequivocal:

- It is supported by a substantive body of individual personal experiences and witnessed accounts.
- It is further cross-validated by participants' answers after they shared their stories and corroborated by interviewers' ratings.
- It is analyzed with reference to decades of national and international government-sponsored, independent, academic and media reports, all detailing context and examples of systemic racism, and the officially-sanctioned thinking behind it.

For the full report, visit
www.wabano.com/SYS or www.ottawaaboriginalcoalition.ca

Recommendations

Recommendations

Context

Completing its work in 2015, the Truth and Reconcilliation Commission of Canada (TRC)[1] issued seven specific calls to action around health care and health systems management including two recommendations specifically calling on all levels of Canadian governments to acknowledge that the "current state of Aboriginal health in Canada is a direct result of previous Canadian government policies." The TRC[2] further called on Canada to establish measurable goals for identifying the reasons for the gaps in health outcomes between Indigenous and non-Indigenous Canadians in a manner that is both collaborative and transparent. In effect, the TRC, like the Royal Commission of Aboriginal Peoples (RCAP 1996), identified and then called for an end to colonialism within Canadian institutions, including the health care system.

Despite the myriad of recommendations contained within these reports, the burden of disease and poor health outcomes has remained relatively constant for Indigenous people. The question is, why?

Perhaps it is because Canada and Canadians have just as consistently failed to listen.[3]

Our hope with this report, is that Ontarians will choose to listen and that the agencies responsible for the health of Indigenous peoples in Ontario will choose to listen.

In the recommendations that follow, Ontario Health — the provincial government agency tasked with connecting and coordinating Ontario's health system to help ensure that Ontarians receive the best possible care — is the focus of all recommendations. It is acknowledged, however, the Ministry of Health — who sets the strategic directions and priorities for Ontario's health system and provides funding to support the delivery of care in the Ontario Health Region – East are also a focus of the recommendations

The proposed recommendations aim to bridge jurisdiction. The Ottawa Aboriginal Coalition is confident that Ontario Health and the Ministry of Health will collaborate to devise workable solutions that respond to each of the recommendations.

Themes

The recommendations that follow are expressed under broad themes drawn from familiar cycles of planning and accountability. This is to ensure a broad understanding that specific new commitments to address discrimination and anti-Indigenous racism are not meant to be '*add-ons*' to regular duties and services, or '*as time and resources allow*'. Rather, going forward, the intention must be to incorporate and operationalize anti-Indigenous racism goals as *integral* to both the ongoing cycle of service delivery, and the ongoing process of service improvement to Indigenous people across the Champlain region.

The themes also correspond to traditional First Nations values that are often described as **"The Seven Sacred Teachings"** or **"The Seven Grandfather Teachings"**. These values are indicated above the theme.

Each theme then includes a statement of strategic purpose and a list of suggested actions. Some of the actions also suggest specific steps or measures for consideration.

RECOMMENDATION 1:

Courage

Ownership

Strategic Purpose:

Galvanize Ontario Health's commitment to:

- Serve and support the Indigenous right to health;
- Offer kind and culturally competent care; and
- Provide equitable service provision and quality of care for Indigenous clients.

Action:

1. We call upon Ontario Health to support and contribute to a communications strategy that:

    - Denounces anti-Indigenous racism and discrimination harms of the past and present;
    - Declares intention to eliminate anti-Indigenous racism and improve access to quality and equitable health services; and
    - Acknowledges that improvement means change from status quo.

2. We call upon Ontario Health to identify priority action-planning to eliminate anti-Indigenous racism and discrimination to address "hot spots" for discriminatory and racist behaviours. These include:

    - Hospital emergency departments and maternity wards;
    - Community health clinics and family health teams; and
    - Paramedic services.

3. We call upon Ontario Health to establish a strong tone from the top. Institutional leadership and collective accountability must inspire all to embrace essential change.

RECOMMENDATION 2:

Respect

Commitment to Equity & Collaboration

Strategic Purpose:

Confirm Ontario Health's commitment to ensuring that all Ontarians receive the best possible care by:

- Reaffirming the contributions and commitment of local health institutions to the vision of eliminating anti-Indigenous racism and discrimination;
- Endorsing the essential expertise of Indigenous health leaders, institutions, and professionals in the delivery of culturally competent and trauma-informed care and service; and
- Improving upon the delivery of equitable, responsible and reciprocal health services for Indigenous peoples by building and maintaining meaningful relationships between Indigenous and non-Indigenous health leaders and communities.

Action:

1. We call upon Ontario Health to engage regularly and systematically with local Indigenous health service partners and communities involved in the delivery of health services to identify, develop, and support champions of change within the system/sectors;

2. We call upon Ontario Health to act urgently to reduce harm and improve health care services for Indigenous peoples by jointly developing and implementing a comprehensive anti-Indigenous racism and discrimination strategy, including the "hot spot" areas identified in the SYS project;

3. We call upon Ontario Health to define and communicate equitable health care service delivery standards and expectations;

4. We call upon Ontario Health to engage Indigenous health service partners and communities in designing and delivering service programs that:

    - Acknowledge and affirm the value of cultural knowledge and competency;
    - Improve system-wide understanding of Indigenous histories and related service experiences; and
    - Empower all health care personnel to stand against racism and discrimination.

5. We call upon Ontario Health to institute a comprehensive review of existing policies and procedures in each institution, including comparative analysis of gaps, blind spots and inconsistencies.

RECOMMENDATION 3:

Truth

Expectations

Strategic Purpose:

Prepare for system-wide success in eliminating anti-Indigenous racism and discrimination by ensuring Ontario Health's clear understanding of the:

- Overarching goals for system change and improvement;
- Roles of individuals within the system towards those goals;
- Associated accountabilities, rewards and consequences for individual performance; and
- Importance of client-centered care.

Action:

1. We call upon Ontario Health to direct institutional leadership to develop performance expectations and accountabilities that:
    - Identify strategic priorities that focus on improving Indigenous health outcomes;
    - Set specific organization-wide performance goals to eliminate anti-Indigenous racism and discrimination based on measurable results, with accountability requirements for leaders;
    - Develop and assign individual performance goals that align with organizational goals, with accountability provisions for individuals/units; and
    - Set evaluation targets and outcomes that are clear and measurable.
2. We call upon Ontario Health to direct institutional leadership to commit to meaningful service and behaviour monitoring that will:
    - Co-design and implement procedures and practices for measuring quality of outcomes for Indigenous peoples, including but not limited to:
        - Timely access to health care services; and
        - Equitable quality of service provided, based on:
            - Number of complaints by institutional location and sector; and
            - Nature of complaints, such as, stereotyping, name-calling, demeaning behaviour; denial of medication or administering medications without consent; withholding of care, or substandard, differential care.

3. We call upon Ontario Health to implement a system of complaints management, beginning with:

    - Designing and establishing a 'safe' complaints mechanism for reporting incidents as experienced, or as witnessed, including whistleblower protections;
    - Identifying and assigning individual(s) specifically accountable for gathering, reporting and interpreting all such outcomes, including new position(s) as necessary; and
    - Considering the establishment of a race and equity ombudsperson.

4. We call upon Ontario Health to direct institutional leadership to commit to timely and transparent communications with Indigenous communities that:

    - Incorporates quality of service-related feedback;
    - Identifies and addresses problems as they arise; and
    - Acknowledges progress towards improvements in service for Indigenous peoples.

5. We call upon Ontario Health to direct institutional leadership to commit to improved human resources systems that:

    - Engage Indigenous health service partners, and relevant colleges, universities, and governments, to develop strategies for attracting, recruiting, and retaining a more representative workforce;
    - Sets specific targets for Indigenous diversity at all levels of personnel within the health care system, including senior management;
    - Addresses systemic racism in lack of promotion opportunities for under-represented Indigenous personnel;
    - Re-evaluates and communicates new mandatory requirement for anti-Indigenous racism and discrimination awareness and Indigenous cultural competency for all supervisory positions, and all job promotions within the system;
    - Incorporates Indigenous diversity knowledge, anti-Indigenous racism and cultural safety training as measurable assets in all candidate evaluation for new hires; and
    - Establishes mentorship programs, placements and assignments to allow Indigenous and non-Indigenous personnel to learn from each other.

6. We call upon Ontario Health to:

    - Ensure adequate financial prioritization and budget allocations to achieve the goal of eliminating anti-Indigenous racism and discrimination.

RECOMMENDATION 4:

Love

Standards

Strategic Purpose:

Support and nurture system-wide success in eliminating anti-Indigenous racism and discrimination by ensuring all health care professionals have a clear understanding of the standards of knowledge, treatment and human interaction required for the delivery of competent, safe care.

Action:

1. We call upon Ontario Health to direct institutional leadership to:

    - Develop and/or refine anti-Indigenous racism and discrimination policies;
    - Review current practices such as “birth alerts” and the role hospital and community organization health institutions play in the apprehension of Indigenous babies and children:
        - Seek guidance from Indigenous health leaders and community for new policies and procedures related to real or perceived child protection issues with consideration of Indigenous historical context and multiple recent reports such as TRC calls to action 1-5.
    - Review practices related to pain management and how these practices impact Indigenous people; and
    - Address pervasive assumptions that Indigenous people are alcoholics and substance users.

2. We call upon Ontario Health to direct institutional leadership to commit to competent, safe care by collaborating with Indigenous health service partners to:

    - Create safe environments for service delivery;
    - Design and provide equitable spaces for Indigenous spiritual comfort and solace; and
    - Reflect Indigenous culture in decor and organization of space.

3. We call upon Ontario Health to direct institutional leadership to:

    - Review and/or design standards for quality service expectations;
    - Collaborate with Indigenous health service partners to identify additional standards needed to support and reflect an Indigenous anti-racism and discrimination strategy;
    - Establish systems, roles and procedures for recording actual service delivery, and incorporating into performance evaluations, such as, but not limited to:
        - Wait time for Indigenous patients to register for service; and
        - Lapsed time between registration and treatment of Indigenous patients.
    - Establish systems, roles and procedures for reporting and documenting negative incidents or infractions and incorporating into performance evaluations; and
    - Collaborate with Indigenous and non-Indigenous health service partners to consider development of an accreditation standard for Indigenous-welcoming, anti-racist workplaces.

4. We call upon Ontario Health to co-create and fund mandatory anti-Indigenous racism training and to include anti-Indigenous racism training in orientation packages for all new employees. This will include:

    - Regular communications and demonstration from leadership on the importance of Indigenous specific cultural competency and anti-racism learning;
    - Schedule and assign training as mandatory professional development for all health personnel within the system; and
    - Ensure that this training is included in the orientation of new employees.

RECOMMENDATION 5:

Humility

Accountability

Strategic Purpose:

Underscore that eliminating anti-Indigenous racism and discrimination is complex, does not promise immediate results, and requires continuous improvement, time and vigilance.

Action:

1. We call upon Ontario Health to provide resources to:
    - Train or hire advocates and Indigenous navigators in hospitals and other non-Indigenous health institutions to ensure equitable access to health resources, language services and respectful, equitable care;
2. We call upon Ontario Health to:
    - Train or hire personnel (e.g., ombudsperson) to report and analyze the effectiveness of new anti-Indigenous racism and discrimination measures on an annual basis;
3. We call upon Ontario Health to:
    - Require institutional leaders and supervisors to receive and assess information related to anti-Indigenous racism and discrimination initiatives relevant to their sectors and assigned employees, with regular cycles for evaluation, ensuring awareness of:
        - Any and all new systems and sources of data that may be used as part of performance feedback;
        - Individual and organizational value of any new standards; and
        - Range of potential consequences for individual or unit violations of new standards.
    - Require institutional leaders and supervisors to incorporate into their evaluation discussions with assigned employees any complaints and/or compliments related to anti-Indigenous racism and discrimination on an ongoing basis;
    - Require institutional leaders and supervisors to discuss and create opportunities for individual learning plans as needed, as a follow-up to training.

RECOMMENDATION 6:

Honesty

Oversight

Strategic Purpose:

Reinforce that transparency, communication and external feedback from Indigenous communities and clients is highly valued in tackling systemic racism and anti-Indigenous racism and discrimination.

Action:

1. We call upon Ontario Health to engage with Indigenous health partners, clients and community members to seek regular feedback of health institutions' equity — both perceived and experienced;

2. We call upon Ontario Health to collaborate annually with Indigenous health partners, clients, and community members to identify progress, gaps, continuing problems or new challenges; and

3. We call upon Ontario Health to develop a robust, feedback-rich process to correct or eliminate identified problems.

RECOMMENDATION 7:

Wisdom

Continual Improvement and Renewal

Strategic Purpose:

Entrench the belief that eliminating anti-Indigenous racism and discrimination is not a short-term, one-time project, but an ongoing process that must be continually practiced.

Action:

1. We call upon Ontario Health to annually restate the system-wide goal of improved health care access for Indigenous peoples, better experiences in health care institutions, and better health outcomes;

2. We call upon Ontario Health to identify patterns of undue harm as identified in annual performance and accountability cycle; and

3. We call upon Ontario Health to commit to prioritization and corrective action in the entire health care system including identified “hot spot” areas.

Conclusion

Conclusion

The general field of medicine and health care, together with a range of associated services, are seen in Canada as the caring professions. When racism and discrimination are allowed within them it not only damages patient health, but it also presents as a violation of the very lofty codes of conduct promised for these professions. While ethical codes differ by specific profession, they all highlight virtues, principles, and values that support the delivery of safe, compassionate, competent care for patient well-being.[4] The Canadian Medical Association,[5] as one example, extols dignity, respect, and recognition of the "intrinsic worth of all persons."

The issues of systemic and anti-Indigenous racism are not artifacts of the past, they are real and a part of everyday interactions with these caring professions. The stories shared by Indigenous people about the racism and discrimination they experience at the hands of health care professionals adds to the burden of intergenerational trauma and history of losses experienced by Indigenous peoples in this country. Consequently, when Indigenous people seek medical care today, they are carrying the weight not just of their own personal experiences but the traumas of the past. Every action (and reaction) by health care professionals towards them is understood within that collective experience.

We know that ending racism against Indigenous peoples in health care is more than just not being racist. It requires us attending to a different story than the one we are currently telling ourselves through the unseeing eyes of privilege. It requires anti-racist action.

In contemplating a meaningful response to this SYS project, all parties across the Champlain region are challenged to reconsider the underlying, ethical principles that bind us together in our purpose to provide equitable care for all. We are challenged to recall and recommit to the inspirational vision of the man Canadians identified as the most important figure in the history of this country, Tommy Douglas, the founder of Medicare in Canada.

> We are all in this world together, and the only test of our character that matters is how we look after the least fortunate among us. How we look after each other, not how we look after ourselves. That's all that really matters.
>
> - Tommy Douglas, Founder of Medicare

Indigenous peoples have shared such concepts and philosophies in their worldviews since time immemorial. In the words of the Haudenosaunee Thanksgiving Address “Ohén:ton Karihwatéhkwen”,

Today we have gathered, and we see that the cycles of life continue.

We have been given the duty to live in balance and harmony with each other and all living things.

So now, we bring our minds together as one as we give greetings and thanks to each other as People.

- Native Self-Sufficiency Center, Tree of Peace Society

Like the Sturgeon, each one of us has the responsibility (response + ability) to be a messenger of renewal in health care for the First peoples of Ontario and across this country.

Anti-racism:

the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices, profiles and behaviours that perpetuate racism.

-In Plain Sight, page 7

References

1. Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future, 2015. https://nccdh.ca/resources/entry/honouring-the-truth-reconciling-for-the-future.

2. Truth and Reconciliation Commission of Canada: Calls to Action, 2015. http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf. The health specific calls to action are numbered 18-24.

3. Sarah de Leeuw, Nicole Marie Lindsey, Margo Greenwood, “Rethinking Determinants of Indigenous Peoples Health in Canada” Determinants of Indigenous Peoples Health in Canada: Beyond the Social. Greenwood, de Leeuw, Lindsay, & Charlotte Reading eds. (Toronto: Canada Scholar’s Press, 2015): xi-xxix. pp. xi-xiii.

4. Canadian Nursing Association, “Code of Ethics for Registered Nurses,” https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics.

5. Canadian Medical Association, “CMA Code of Ethics and Professionalism,” https://policybase.cma.ca/link/policy13937#_ga=2.152126653.52257258.1652106029-1841940136.1652106029.

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