



Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada

ANTI-INDIGENOUS SYSTEMIC RACISM IN CANADIAN HEALTH CARE SYSTEMS

Policy Brief

POSITION

Anti-Indigenous systemic racism is a manifestation of Canada's colonial legacy and is intricately interwoven into Canada's social and political fabric. In the summer of 2020, the Prime Minister of Canada publicly stated that systemic racism exists in Canada and in all its institutions. Acknowledgement is not enough. Urgent action is required. This action must properly account for the needs of Indigenous women, who carry a higher burden of disease than Indigenous men. Indigenous women also interact more extensively and regularly with the health care system than Indigenous men, most particularly for needs related to reproductive health.¹ The Native Women's Association of Canada (NWAC) asserts the rights of First Nations, Inuit, and Métis women, girls, Two-Spirit, and gender-diverse people to equitable health care, which is guaranteed by all constitutional and international law.





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EXECUTIVE SUMMARY

Indigenous women, girls, Two-Spirit, and gender-diverse people face unique forms of oppressive discrimination and gender-based violence in Canada's health care systems. The 2019 National Inquiry Into Missing and Murdered Indigenous Women and Girls (MMIWG) explained that the fundamental assumptions that shape how the health of Indigenous People is valued in Canada are racist, sexist, homophobic, and transphobicⁱⁱ Furthermore, the knowledge and wisdom held by Indigenous women and girls themselves as to what they need to support their mental health and well-being are ignored, minimized, or dismissed by those to whom they have reached out to help.ⁱⁱⁱ This devaluation of Indigenous women's dignity plays out in health care settings, where racism is so rampant that many Indigenous people report avoiding health care in order to avoid being retraumatized.^{iv}

The recent report *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care* found extensive profiling and widespread stereotyping of Indigenous patients. They were described as being less capable, less worthy; as drug-seekers or alcoholics; as people who are non-compliant, are bad parents, and "get stuff for free."^v The report reveals that an additional layer of discrimination against Indigenous women exists in health care settings,^{vi} where Indigenous women, girls, Two-Spirit, and gender-diverse people are subject to misogynistic stereotyping, child apprehensions, and forced sterilization.

Anti-Indigenous systemic racism and the resulting health inequities in Canada received international attention in September 2020 following the tragic death of an Atikamekw woman, Joyce Echaquan, who endured abhorrent incidents of racism, misogyny, and neglect while in a Quebec hospital. This event caused anguish across the country and demonstrated the severity of outcomes that result from racism in health care settings, including the preventable deaths of Indigenous people.



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NWAC'S ROLE

NWAC is actively working with its Provincial and Territorial Member Associations and Elders to ensure the voices of Indigenous women, girls, and gender-diverse people are front and centre in the Government of Canada's response to addressing anti-Indigenous racism.

As a member of Indigenous Services Canada's Indigenous Women's Wellness Advisory Committee, NWAC raises awareness of Indigenous women, girls, and gender-diverse people's health priorities and advocates for their needs.

On October 16, 2020, NWAC participated in an emergency ministerial meeting on racism experienced by Indigenous people in Canada's health care system. NWAC President Lorraine Whitman encouraged the government to ensure that the voices of Indigenous women's organizations are central in these discussions.

On January 27-28, 2021, NWAC participated in the Government of Canada's meeting to address anti-Indigenous racism in Canada's health care systems. Here, federal, provincial, and territorial governments, First Nations, Inuit, Métis Nation, and health system partners gathered to discuss and confirm actions planned and

under way to address anti-Indigenous racism in Canada's health care systems. NWAC President Lorraine Whitman urged participants to support the implementation of Joyce's Principle.

GOVERNMENT OF CANADA'S ROLE

The Government of Canada must uphold its commitments to Indigenous People. There are several domestic and international human rights instruments that protect the right to health for Indigenous People. Canada is a signatory to the International Convention on the Elimination of All Forms of Racial Discrimination (1965), which prohibits racial discrimination in public health, medical care, social security, and social services.^{vii} Canada is also a signatory to the International Convention on Economic, Social and Cultural Rights (1966), which outlines a guarantee of well-being that includes mental and social well-being, not merely the absence of disease or infirmity.^{viii}

In 1996, the Royal Commission on Aboriginal Peoples recommended that all levels of government acknowledge the



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fundamental importance of equity in health care for Indigenous People.^{ix} In 2015, the Truth and Reconciliation Commission (TRC) called upon all levels of government to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian policies, and to recognize the health care rights of Indigenous People, which are identified in constitutional law, international law, and the treaties.^x In 2019, the National Inquiry Into MMIWG found that in many instances, the experiences of the families of the missing and murdered illustrated what is widely recognized as significant health disparities between Indigenous and non-Indigenous populations in Canada.^{xi}

The 2007 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by Canada in 2016. At the time, the Minister of Indigenous and Northern Affairs indicated that UNDRIP would be adopted and implemented in Canada. This process commenced with the royal assent of Bill C-15,

an Act Respecting the United Nations Declaration on the Rights of Indigenous Peoples, on Indigenous Peoples Day 2021.

Although Bill C-15 does not make UNDRIP's articles binding under Canadian law, it does require the Government of Canada to develop an action plan to achieve UNDRIP's objectives, and to take "all measures necessary" to ensure that Canadian laws are consistent with it. UNDRIP requires Canada to ensure that Indigenous People fully realize their right to equal enjoyment of the highest attainable standard of physical and mental health.





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RECOMMENDATIONS

1. The Government of Canada must act upon Call to Action #18 of the TRC to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian policies, and to recognize the health care rights of Indigenous People as identified in constitutional law, international law, and the treaties.
2. We urge all governments to ensure that Indigenous women, Two-Spirit, and gender-diverse people have access to culturally safe, good quality health care close to home regardless of status or geographic location, as a matter of policy.
3. We urge all governments and health care institutions to adopt and fully implement Jordan's Principle and Joyce's Principle, and include all First Nations, Métis, and Inuit in equitable access to health and social services without discrimination.
4. We urge all governments and health care institutions to reflect and act upon the Calls for Justice of the National Inquiry Into MMIWG and adopt the recommendations of the In Plain Sight report.
5. Persons involved in the provision of health services must receive ongoing training, education, and awareness on the history of colonial oppression and genocide of Inuit, Métis, and First Nations people, as well as anti-bias and anti-racism awareness training, and training in local language, culture, and healing practices. NWAC urges governments and health care providers to recruit, encourage, support, and equitably fund Indigenous people to train and work in their institutions.
6. Indigenous People need safe and easily accessible processes for resolving complaints that incorporate Indigenous processes and methods. All governments should establish a position of an Indigenous health officer to identify systemic failings and correct them.
7. We urge all governments to develop systems across Canada to collect quality data and to measure the scope of the problem of Indigenous-specific racism as well as any progress made toward eliminating it.

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- i. B.C. Ministry of Health. (2020). In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care, pp. 74-75.
- ii. National Inquiry Into Missing and Murdered Indigenous Women and Girls. (2019) Reclaiming Power and Place: The Final Report on the National Inquiry Into Missing and Murdered Indigenous Women and Girls Vol. 1, p. 414.
- iii Ibid., p. 469.
- iv MMIWG report; In Plain Sight report.
- v B.C. Ministry of Health. (2020). In Plain Sight, p. 26.
- vi Ibid., p. 37.
- vii OHCHR. <https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx>.
- viii <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuWIAVCINkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL>.
- ix Government of Canada. (1996). Report of the Royal Commission on Aboriginal Peoples Vol. 3, p. 631.
- x Truth and Reconciliation Commission of Canada. (2015). Canada's Residential Schools: The Final Report of the Truth and Reconciliation Commission of Canada. Recommendation 18.
- xi National Inquiry Into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming Power and Place Vol. 1, p. 421.