Addressing Indigenous-Specific Racism in Healthcare as Part of Reconciliation: A Nurses Responsibility to Mitigate Racism in Healthcare

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Abstract

Background: Reports of racism and discrimination, particularly Indigenous-specific racism within the Canadian health care system, has become common in the news. The November 2020 report entitled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B. C. Health Care* and the September 2020 death of Joyce Echaquan clearly indicate immediate action is required by all nurses to address current practice and to be accountable for delivering safe, competent, and ethical care to Indigenous peoples (First Nations, Métis, and Inuit).
As a registered nurse and a white settler mother of two Indigenous sons, I cannot ignore Indigenous-specific racism. In alignment with the Truth and Reconciliation recommendations, I recognize the necessity to address the truth - the history of colonization in Canada and how it has affected and continues to affect Indigenous health and wellness. There are numerous publications that have described the legacy of both residential schools and the Indian hospitals, along with numerous anecdotal stories of the deplorable care provided to the First Peoples of Canada. This historical relationship has resulted in Indigenous peoples feeling deep mistrust towards the healthcare system. This sociopolitical history directly affects my Indigenous sons and their personal wellness as they navigate growing up in an environment of racism.
Purpose: The purpose of this paper is to share with healthcare professionals the effects Indigenous-specific racism has on Canadian Indigenous people with the hope of fostering more authentic conversations to guide policy change and create an environment for safe, competent, compassionate, and ethical healthcare delivery.
Implications: It is necessary for all health care providers to engage in safe, compassionate, competent, and ethical care for all patients. Practicing cultural safety an important first step when engaging with Indigenous peoples. This colonial history impacts my sons' wellness and I have prepared a letter to share with them and my nursing colleagues. My hope is twofold: 1) that they will keep this letter and read it as they face unnecessary challenges simply because they are Indigenous; and secondly, the nursing profession will address and eliminate Indigenous-specific racism in healthcare.
Keywords*:* cultural safety, mistrust, Indigenous-specific racism, healthcare, reconciliation

Background

This paper was written as a student paper in first person perspective, with coauthor assistance and contribution. The content discusses recognized inconsistencies in practice between provinces as noted through graduate nursing education at the University of Saskatchewan versus Ontario where I live and work.

Recent events in both the United States and in Canada have sparked conversations about racism. Racially driven movements like *Black Lives Matter* in 2020 and *Justice for Joyce* (Page, 2020) bring to light an area where society as a whole continues to move forward with current practices despite ongoing pleas for justice and equality. A Knowledge Keeper within the In Plain Site Report uses the term, "willful ignorance" to describe the root cause of addressing racism (Turpel-Lafond, 2020a, p. 4). In this paper, the authors argue for the urgent need for healthcare professionals to build on their primary practice competencies through the provision of cultural safety to ensure safe, compassionate, competent, and ethical care (Aboriginal Nurses Association of Canada et al., 2009; CNA, 2017; 2018) and as well obtain antiracist education (Truth and Reconciliation Commission (TRC), 2015a) and become anti-racist (Turpel-Lafond, 2020b). As part of this process, all healthcare professionals require an accurate account of the colonial history of Canada. This Canadian history is the foundation for one of the greatest challenges Indigenous peoples face when they seek health care – mistrust in the system. This colonial history impacts my children and is the impetus for me to write this paper.

Letter: To My Boys

Dear Boys,

Through the years I have watched you both grow up to be loving, kind, and caring. As your mother, I hope and pray your lives will be filled with love, joy, and happiness. As a mother and as a nurse, I am concerned about how others may treat you, especially in health care, justice, and even in the education system. As a parent, my job is to prepare, support, and help you with all of life's challenges. With your Indigenous ancestry, you are likely to face additional challenges that other Canadians may not face on a daily basis. I want you to remember it has nothing to do with you personally, and you haven't done anything to deserve this racialized treatment. Remember, all people are born free and have the right to be treated equally and with dignity (United Nations, 1948).

First, let me start by saying how much I love you. I want above all else for you to feel loved and safe throughout your lives. I want you to know that you are both intelligent boys who can do whatever you want in your life. Be proud of who you are as young Indigenous men and know you are unique and special. It is important for you both to understand your Indigenous history so that you are better prepared to deal with the ignorance and sometimes hatred you may face. As you get older, you may start to notice that some people may treat you differently and make assumptions about you based on how you look. This is not acceptable. Remember that there is another side to the history you have inherited, "…do not forget to claim your generational strengths. Your ancestors gave you more than just wounds" (Dagba, 2021). Continuing to learn more about your culture from your family will show you how you are connected to all of creation, and that you are not alone. As your mom, I promise to be here to support you both and to do everything I can to keep you safe. Although colonization has disrupted, and in some cases destroyed Indigenous culture, always remember I will always support you both in learning and practicing your Indigenous culture.

Love you more, Mom

Discussion of Mistrust

This colonial history that has created a pathway for Indigenous-specific racism in healthcare has its roots with colonization - residential schools, Indian hospitals, the 60s Scoop, and is perpetuated via intergenerational and ongoing trauma that includes experiences within healthcare. All nurses need to have a basic knowledge of the following government policies and their intergenerational impact today.

Residential Schools

Under the guise of educating Indigenous children to participate in Canadian society, the Federal government, with the help of Christian institutions, forcibly took Indigenous children from their homes and placed them in residential schools (Turpel-Lafond, 2020b). The physical, sexual, and emotional abuse suffered by these children has been well documented: *The Survivors Speak: A Report of the Truth and Reconciliation Commission of Canada* (TRC, 2015a). The last federally supported residential school remained operational until the late 1990s (Marsh et al., 2015). In 2015/2016, 18% of First Nations youth aged 12-17 had at least one parent who had attended a residential school, and 65% had at least one grandparent who attended a residential school (Statistics Canada, 2017). As students left these institutions, they returned to their home communities bereft of knowledge of their own Indigenous culture, and without the knowledge, skills, or tools to cope in either world. The impact of residential schools continues to be felt by survivors and subsequent generations.

Indian Hospitals

Indian hospitals were initially established to treat the tuberculosis epidemic within Indigenous communities and provide a place for pregnant Indigenous women to deliver their children outside their homes (National Collaborating Centre for Aboriginal Health [NCCAH], 2019). In the book *Separate Beds: A history of Indian Hospitals in Canada, 1920s-1980s* (Lux, 2016), patients and physicians recount how Indigenous patients were often treated as 'guinea pigs' to test treatments for white settlers. Lux (2018) described surgical procedures being performed with only local anesthetic because it was more cost-effective; subjecting patients intentionally to the effects of malnourishment, to facilitate greater understanding for military use; and subjecting infants born in Indian hospitals to Bacille Calmette-Guérin (BCG) vaccines to test their effectiveness on tuberculosis contractibility. Despite the heinous and unethical conditions, Indigenous patients were unable to refuse treatment. The *Indian Act*, until its amendment in 1953, removed the ability for Indigenous people to make decisions about their healthcare by criminalizing ill health, leading to possible apprehension by the Royal Canadian Mounted Police with a return to the hospital for forced treatment or jail (Lux, 2018).

The Sixties Scoop

The term Sixties Scoop refers to the mass removal of Indigenous children from their families into the child welfare system, in most cases without the consent of their families or bands. It was not until the 1980s that the *Child, Family, and Community Services Act* required the child's band council to be notified of apprehension or removal from the community (Hanson, n.d.). Many children floated from foster home to foster home or lived in institutionalized care. Physical and sexual abuse was not uncommon, but it was usually covered up and rendered invisible by the lack of social services and support. Even in caring, well-intentioned homes, Anglo-Canadian foster parents were not culturally equipped to create an environment in which a positive Indigenous self-image could develop. Children growing up in conditions of suppressed identity and/or abuse will likely experience psychological and emotional problems (Atkinson et.,

2014). The residual effects resonate within today's generation, often referred to as generational trauma (Atkinson et., 2014).

Intergenerational Trauma

Indigenous peoples have endured historical, intergenerational, and ongoing trauma both personally and collectively with colonization (Mussell, 2005; Wesley-Esquimaux & Smolewski, 2004). The impact of childhood trauma has been explored by physician researchers (Perry & Szalavitz, 2006; Robert Scaaer, 2001) and one of the most notable longitudinal studies has captured the negative impact of *Adverse Childhood Experiences* (Felitti et al., 1998) on an individual's physical, emotional, and mental health. The *ACEs* study has demonstrated how detrimental ACEs are to an individual's overall health. As many First Nation children were forcibly removed from their homes and placed in residential schools where they endured physical, mental, emotional, sexual, and spiritual abuse it seems reasonable to acknowledge that their experiences in these residential schools may lead to similar outcomes as described by the *Adverse Childhood Experiences (ACEs)* study. Indigenous children had no one to provide them with comfort when they experienced or witnessed physical, emotional, mental, and spiritual abuse. In addition to these *ACEs*, racism adds another layer of unnecessary trauma for Indigenous peoples (Turpel-Lafond, 2020a).

Relevance of Personal Mistrust

Canada's colonial history continues to impact relationships between Indigenous and non-Indigenous peoples. This history is also significant for my children. Their father was surrendered to social services by a young mother who was already part of the foster care system. He was adopted into a non-Indigenous family and raised without a cultural identity. Until he connected with his family of origin, he felt lost and disconnected.

My children's Indigenous relatives have experienced multiple incidents of unsafe medical care. Some found that healthcare providers assumed they were drunk or on drugs when they went to the Emergency Department, resulting in delays or refusal of care. I witnessed one registered nurse assume my Indigenous husband was seeking drugs when in fact, he had a necrotic gallbladder that required emergency surgery. This was only discovered when we went to a second hospital. Recently, his cousin was denied care at a hospital due to them not having a bed. She was advised to go to the next hospital to deliver, so her family had to transport her to the next hospital which was approximately one hour away. Up to this point, it had been an uncomplicated pregnancy yet resulted in a stillborn delivery. To this day, the family feels the death of her baby was directly related to the primary hospital's denial of care. His uncle died due to untreated pneumonia; he wasn't even examined in the emergency department as he was sent home where he passed away. Another family member struggling with ongoing addiction and mental health concerns and was unable to obtain a referral to treatment until I accompanied them to see their family physician. Another family member had an ectopic pregnancy and when she awoke after surgery, she was informed that she wouldn't be able to have children. The physician had removed her healthy fallopian as well during the operation without her consent. These stories provided by my children's family not only concern me as a registered nurse but give me reason to fear for the wellbeing of my children.

Relevance to Nursing

Racism is recognized as a key social determinant of health and driver of health inequities (CNA, 2020; Turpel-Lafond, 2020b). Indigenous-specific systemic racism is reflected in health, education, justice, and child welfare systems (Turpel-Lafond, 2020b). In the *In Plain Sight*

Summary, a lack of consistent cultural safety training provided by employers and academic institutions is discussed (Turpel-Lafond, 2020a). However, it is important to know that cultural safety is being taught within most nursing curriculums (Hunt, 2013). Cultural safety is an important first step in delivering safe, competent, compassionate, and ethical care. Recently the CNA (2020) has identified that both anti-racist and anti-oppressive interventions be integrated into all routine nursing practice. This can be overwhelming for recent nursing graduates and for many registered nurses, as their undergraduate education may not have prepared them to integrate anti-racist and anti-oppressive nursing care. Downey (2020) shared how her nursing education "ill-prepared me to understand the complexity and inequalities pervasive among Indigenous populations in Canada" (p. 103). This response is likely shared among nursing students and nurses alike (Hunt, 2013).

When presented with my children's family's healthcare stories, I am embarrassed about my profession's lack of compassion and professionalism. Fortunately, as a white nurse with privilege, I can speak up and encourage others to join me in addressing Indigenous-specific racism in health care. Healthcare providers are the only ones who can change this situation, as Indigenous peoples who come into our care are in a vulnerable condition and highly unlikely to be able to advocate for themselves.

Moving Forward

Reconciliation must remain an ongoing and long-term commitment to all healthcare providers (Regan & Craft, 2020; Turpel-Lafond, 2020a). All undergraduate and graduate nursing programs must incorporate Indigenous knowledge systems into the curriculum, as stated in TRC's (2015b) *Calls to Action:* #10 iii "Developing culturally appropriate curricula" (p. 2). At this time there are rare exceptions in Canada where required and elective Indigenous health courses are offered in nursing programs that would address the TRC (2015b) *Calls to Action #24:*

> 24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United* Nations *Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. (TRC, 2015b, p. 3)

The CNA (2017) *Code of Ethics for Registered Nurses* outlined clearly that nurses are not to:

> Discriminate on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute. (p.15)

Educational institutions need to ensure cultural safety is embedded in the nursing curriculum (Curtis et al., 2019). Teachings need to include ways to address privilege while facilitating ongoing introspection, acknowledgments of stereotypes, and self-reflection to provide equitable care (Curtis et al., 2019; Wylie & McConkey, 2019). By doing so, nurses will build a greater understanding of maintaining patient and community safety (Turpel-Lafond, 2020b). Recognizing personal power and how it can support others is vital to effective nursing practice. Nursing is a professional practice with regulatory requirements to ensure safe, competent, and ethical care to everyone (CNA, 2018). This also includes "protecting and advocating for everyone in their care regardless of race" (CNA, 2017, p. 15).

Health care institutions must also make cultural competency training a priority. This training would address TRC's (2015b) *Call to Action* #23 iii, "We call on all levels of government…to provide cultural competency training for all healthcare professionals" (p. 3). Caution is recommended with institutional goals for cultural competency, as the implication is that an endpoint can be created (Curtis et al., 2019). In actuality, an ongoing process is required to achieve cultural safety. In Saskatchewan, the Saskatchewan Health Authority includes cultural safety in their orientation for new staff. However, cultural safety training is still not a requirement for practice. Another recommendation is for healthcare facilities to expand their cultural safety standards beyond training into policies to ensure the elimination of systemic racism. Without this formal support, individual attempts to provide equitable care will fall short (Curtis et al., 2019).

The College of Nurses of Ontario (2018) recently revised their *Entry to Practice Guidelines* to include new graduate's preparedness to "advocate for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders" (p. 7) consistent with the TRC (2015a) *Calls to Action* #24. Working together with Elders to build appropriate knowledge content through academic and healthcare institutions will help build a better understanding of our similarities and differences from a cultural safety perspective. Despite the intentions of the CNO to implement guidelines, it is challenging to identify direct actions taken by nursing programs in Ontario.

In addition, more work is required of academic institutions to investigate nurses' roles in contributing to colonialism (Symenuk et al., 2020). Despite courses being offered in nursing programs to address racism, intergenerational trauma, and social justice, there appears to be a gap in consistently integrating this knowledge into nursing practice. The ongoing dismissal of racism and the privilege of whiteness in academics reinforces inequality (Schick & St. Denis, 2005).

There is an abundance of literature to support connecting Indigenous patients with their culture to enhance their health outcomes (Graham & Martin, 2016; Hart, 2002; McCormick, 1995, 1997 & 2009). The culture within Indigenous communities provides strength and connection through traditional ceremonies and traditional values. Some of these values include sharing, reciprocity, and respect for elders, furthering a collective identity (Canadian Institute of Child Health [CICH], 2020). The goal of healthcare is to create space that is safe for all races, ethnicities, and languages, which contributes to better health outcomes (Bonini & Matias, 2021).

Through the collaborative action of the Canadian Association of Schools of Nursing (CASN) and CINA, a framework has been developed to align nursing education with the TRC (2015b) *Calls to Action* (CASN, 2020). Despite the CNA, CASN, and CNO provincial guidelines to respond to the TRC (2015b) *Calls to Action*, there remains a gap in assessing accountability and a process to ensure each practicing nurse in Canada is aligning their nursing practice consistent with the TRC Calls to Action.

Non-Indigenous peoples must engage in decolonial processes, understanding that they are responsible for their own reconciliation and that it is not the responsibility of Indigenous communities to reconcile their past alone (Regan & Craft, 2020). Before engaging in decolonization, it is necessary to intimately understand colonization. Decolonization means creating systems that are just and equitable, addressing inequality through education, dialogue, communication, and action.

As a white mother of Indigenous children, I have studied Canada's colonial history and I continue to learn and integrate humility in all aspects of my nursing care. As promised, I have included the letter to a) show my support for my sons, b) share the pain Indigenous-specific racism has caused my family, c) inspire my colleagues to learn about colonization in Canada, and d) inspire my colleagues to intervene when they witness racism in healthcare.

Conclusion

Racism and discrimination exist in every sector of our Canadian society. The provision of healthcare to Indigenous peoples comes with a long history of unacceptable standards of care, which has resulted in mistrust. It is essential for all healthcare providers to understand this history, and be accountable for providing safe, competent, compassionate, and ethical care for all patients. Nurses have the collective power to create this change and to advocate and support those who are at a disadvantage and unable to advocate for themselves.

As my children begin to navigate the world, they will undoubtedly encounter racism. My role as their mother is to prepare and arm them with cultural strength and pride so they may move forward when encountered by others' ignorance, hurtful words, and actions. As a nurse, I have tremendous hope for change. We are the largest group of healthcare providers and are best positioned to mitigate racism within healthcare.

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