



Indigenous Health in Ontario

An introductory guide for medical students

Sarah Park^{Editor}, Justin Boyle, Patricia Hoyeck, Sanasi

Jayawardena, Alexandra Kilian, Mirriam

Mikhail, Swapna Mylabathula, and Mariam Naguib

Land Acknowledgement



We wish to acknowledge this sacred land on which the University of Toronto operates. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the New Credit. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, Toronto is still home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

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Introduction



This document is meant to provide a very brief introduction to the historical and current context of Indigenous people in Canada, with a focus on communities in Ontario; portions of this work has been adapted from Dalhousie University Faculty of Medicine’s *An Introduction to Indigenous Health in Mi’kma’ki*. This knowledge is important to help understand and contextualize the health challenges that many Indigenous communities face, but also to appreciate their resilience, and fortitude despite centuries of systemic discrimination. Building one’s knowledge of these topics is a necessary first step to being able to provide culturally competent and culturally safe care.

We hope the information in this document will be informative and, at times, challenging. We encourage the reader to go beyond this guide to further educate themselves on Indigenous Peoples in Canada by exploring the resources and references included in this document, by discussing with peers and colleagues, and by reaching out to Indigenous organizations in your area.



Did you know?

- Universal healthcare has Indigenous roots. In 1876, Indigenous elders negotiated with the Crown to protect their traditional health care; they also negotiated to have this care supplemented with modern European innovations in medicine. Today, Indigenous knowledge holds that the “Medicine Chest” clause of Treaty 6 served as an inspiration for Tommy Douglas in his pursuit for Medicare.¹
- The Indigenous population is the youngest and fastest growing demographic in Canada; the Indigenous demographic has a median age of 28 years. This is 15 years younger than the median age in the general Canadian population.² Twenty percent of Indigenous Peoples in Canada reside in Ontario.³
- From 1781 to 1930 many treaties were signed between Indigenous Peoples and the British Crown (government), including treaties within what is now Ontario.⁴

Terminology

“Indigenous” is currently the most widely accepted umbrella term utilized to refer to the “First Peoples” of Canada – namely, the First Nations, Métis, and Inuit.⁵ It is also frequently used in an international context and is the term that will be used throughout this document.

“Aboriginal” is also frequently used and accepted, but some consider it to be less inclusive as not all Indigenous communities identify with this terminology.⁵

“Native” is sometimes used colloquially by Indigenous people, but may carry negative connotations for some and is typically considered out-dated in its use.⁵ In Canada, “Indigenous” or “Aboriginal” are the preferred terms.

“Indian” is a legal term referring to individuals with First Nations Status under the Indian Act (see page __).⁵ Outside of this context it is often considered offensive with historically negative connotations and should not be used.

“Peoples” is used to describe a number of different Indigenous populations (e.g. First Nations, Metis, and Inuit), whereas “people” may refer to one particular group or each individual person.⁵

When familiar with an individual’s ancestry or when referencing a specific community or nation, it may be best to use a term that more specifically denotes the people you are referring to, or simply use the terms that they utilize to describe themselves. The Indigenous groups of Canada and the Indigenous communities of Ontario will be discussed in the following section.

Indigenous Peoples of Canada



Under section 35 of the 1982 Canadian Constitution, three Indigenous groups are recognized: First Nations, Métis, and Inuit.⁶ Although Indigenous Peoples were the primary inhabitants of Canada they are not a homogenous population, but rather a diverse set of groups living across the country. Each group has a separate history and a unique set of spiritual and cultural beliefs.

According to the 2011 National Household Survey, the Indigenous population was described as the fastest growing and the youngest population in Canada, with nearly half of individuals being under the age of 25.³ In 2011, Indigenous people accounted for 4.3% of the total Canadian population, with First Nations people comprising 2.6% of the total population, Metis 1.4%, and Inuit 0.2%.³ In 2011, Ontario held the largest number of residents who identified as Indigenous, followed by British Columbia, Alberta, Manitoba, and Saskatchewan.³ In Nunavut and the Northwest Territories, Indigenous people comprised the majority of the total population.³

First Nations

South of the Arctic, First Nations Peoples predominantly make up the Indigenous population. There are currently 634 First Nations in Canada, with over 60 spoken languages.³ The largest population of First Nations people live in Ontario (23.6%), followed by British Columbia, and Alberta.³ Additionally, First Nations individuals make up the largest proportion of the total population of the Northwest Territories and Yukon.³ Approximately one half of First Nations people registered as Status Indians live on reserves or settlements, although this proportion varies across the nation.³

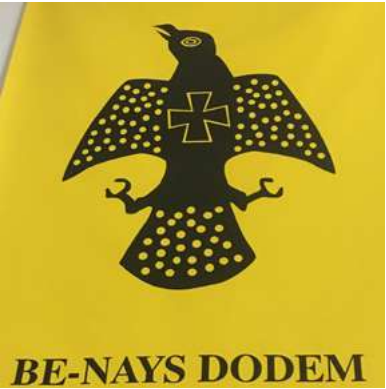
Métis

The majority of people who identify as Métis reside in Alberta and Ontario.³ Historically, Métis were defined as the descendants of First Nations people (specifically the Cree, Ojibwe, Algonquin, Saulteaux, Menominee, Mi'kmaq and Maliseet Peoples) and European settlers following initial European contact in the 16th-19th centuries.³ Michif is the language of the Métis, derived from Cree and French, which is a reflection of their unique cultural origin.⁷

Inuit

The Indigenous population of Alaska and the Canadian Arctic is predominantly made up of Inuit, who are descendants of the Thule culture from Alaska.⁸ While the Inuit are primarily associated with the Far North, there are large populations in major urban centres like Toronto.³ Approximately three quarters of Inuit people in Canada reside in Inuit Nunangat, which spans the north from Labrador to the Northwest territories, and is comprised of four regions: Inuvialuit (Northwest Territories and Yukon), Nunavut, Nunavik (Northern Quebec) and Nunatsiavut (Labrador).³ The traditional language spoken is Inuktitut, with several dialects varying by location.

Indigenous Peoples of Ontario



The word "Ontario" comes from a Haudenosaunee word meaning beautiful lake; "Toronto" is likely derived from Tkaronto, translating to "where the trees are standing in the water."⁹ The six nations comprising the Haudenosaunee (commonly referred to as "Iroquois") are the Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.¹⁰

Along with the Haudenosaunee (commonly referred to as "Iroquois" or "Six Nations"), the original inhabitants of the land that is now called Ontario include the Algonquin, Cree, Huron, Mississauga, Nipissing, Ojibwe, Oji-Cree, Ottawa, Saulteaux, Neutral, and Petun nations.^{11,12} In the present day, Ontario has the largest number of Indigenous residents of any province in Canada.⁹ Approximately 61% of Indigenous people in Ontario reside in cities, with the majority of those living in Toronto.³ The Chiefs of Ontario recognize 133 First Nations communities (often referred to as reserves) within Ontario.¹³ Of the 127 First Nations communities in Ontario officially recognized by the federal government, 95 are in rural or remote areas, or accessible by air only.¹⁴



The Chiefs of Ontario map is a great resource for viewing Indigenous communities in any region of the province that you may find yourself working as a student or physician

Indigenous Identity

The complexity of personal identity is often further convoluted for many Indigenous people in Canada. A history of legislation that attempts to define identity, as well as the traumatic legacies of the past that continue to manifest in the present, infringe upon one’s sense of self and how that individual may wish to be viewed and addressed by the world.

It is important to recognize that not all those who identify as Indigenous are legally considered a Registered/Status Indian as defined by the Indian Act (see page __).^{15, 16, 17} Individuals who identify as Indigenous may have never obtained Indian Status for numerous reasons, while others may have had their Indian Status revoked through complex, and often discriminatory legislation.¹⁷ For example, obtaining an education, or a woman marrying a partner without Indian Status were reasons by which the Canadian government used to forcibly remove status.¹⁷ Further ways in which the government altered identity and culture were by renaming Indigenous individuals with European names, and making it illegal to speak traditional languages, practice traditional religions, or participate in cultural ceremonies.¹⁸ It is critical to recognize that this system of regulation of “Indian identity” by the Canadian state was a tool of colonial control that destabilized community traditions.¹⁷

Indigenous identity is not a homogenous concept, and ones broader identity may intersect with their connection to a specific Nation, language, group/band, or community.^{15, 16, 17} Moreover, how this identity manifests varies with generation, gender and geography, including rural versus urban areas.^{15, 16, 17} Each person will also have multiple positions within the family, community, and society, which often translates into multiple identities.^{15, 16, 17} It is important to explore and respect the intersection of these identities both within and outside of a health care context.

Two-Spirited Identity

Two-spirited is a specific Indigenous identity that refers to a multi-gendered existence.^{19, 20} This was an often respected and honoured identity, as a multi-gendered existence was thought to provide additional insight, wisdom and perspective.^{19, 20} As such, these individuals historically held unique roles in Indigenous communities, including healers and mediators.^{19,20}

Unfortunately, European colonization has had significant negative impact on the two-spirited identity, through oppression and alienation. Indigenous Queer and/or Two-Spirited communities continue to experience unique challenges, which may manifest as negative determinants of health.^{19, 20} Prominent thought leaders within the Two-Spirited community, Sandra Laframboise and Michael Anhorn, write: “We face homophobia and sexism from our own people, racism from lesbians and gays, and racism, homophobia, and sexism from the dominant society, not to mention the classism.”²⁰

In 1990 in Winnipeg, at a meeting of the members of the 2-Spirit Nation of Ontario, the Canadian Aboriginal AIDS network and Gay Native affiliates, the term “two-spirited people” was officially adopted to refer to all Canadian Indigenous gender-variant people. “Two-spirit traditions” incorporates sexual orientation and sexual identity.²⁰

The Indian Act

The Indian Act is a Canadian federal law first enacted in 1876 that has had significant impact on Indigenous identity and life in Canada.²¹ The act is still in use today, with some amendments to the original. This section serves only as a primer to help guide understanding of the impact that this legal document has had on Canadian Indigenous populations and its continued relevance in social and political experiences of Indigenous people.

The Indian Act was originally a consolidation of several pieces of colonial legislation, the Gradual Civilization Act and the Gradual Enfranchisement Act of 1857, and a way by which the Canadian government inserted its authority into the lives and culture of Indigenous Peoples.²¹ The act imposed governing structures on Indigenous communities in the form of band councils.²¹ By creating reserves, the Indian Act allowed the Canadian government to geographically restrict where Indigenous people may live.²¹ The Indian Act also defines Indigenous identity through the concept of status and restricted the rights of Indigenous people to practice their culture and traditions.²¹ This inhibited the transmission of cultural practices, history and tradition from generation to generation, resulting in significant cultural loss.²¹ The Assembly of First Nations describes the Act as a as a form of apartheid.²² Amnesty International, the United Nations, and the Canadian Human Rights Commission have continually criticized the Indian Act as a human rights abuse, given that it gave and continues to give the Canadian government the right to control and potentially extinguish Indigenous rights through enfranchisement and the control of Indian Status.²¹

To read the Indian Act in full, visit:
<http://laws-lois.justice.gc.ca/eng/acts/i-5/>

Amending the Act

Canada’s commitment to the United Nations’ Universal Declaration of Human Rights, as well as a broader understanding of human rights following WWII led to the revision of the Indian Act in 1951.²¹ Following this date it was no longer illegal to demonstrate Indigenous culture or practice traditional customs, among other oppressive restrictions that were repealed.²¹

In 1969, the “White Paper Policy” proposed the abolishment of the Indian Act and the Department of Indian Affairs. The goal of this policy was to achieve equality through assimilation of Indigenous people into mainstream Canadian society; however, this attempt of further assimilation and extinction of culture was rejected by Indigenous Peoples.²¹ Legal distinction was, and continues to be, important to many Indigenous people in Canada. Moreover, the Indian Act acknowledges that the federal government has a unique relationship with, and obligation to, First Nations due to the atrocities they were historically subjected to at the hand of the state.²¹ This conflict of the content of the original Indian Act, and its imperfect amendments and attempts to right prior wrongs, has caused the Act to be considered highly controversial.

Resiliency Despite Oppression

Since the first pieces of oppressive legislation were passed, Indigenous people have demonstrated resiliency, fostering culture in spite of the threat of persecution and preserving traditions across generations, as well as successfully petitioning to change such legislation.²¹ The Assembly of First Nations that Canada has acknowledged the need to move away from Indian Act; in a statement released in 2012, the assembly wrote:

Moving beyond the Indian Act is about ending unilateral approaches by government and supporting and empowering First Nation governments to drive solutions in ways that respect and implement their rights, responsibilities, and decision-making. This work must be done on First Nations’ terms.^{21, 23}

The Indian Residential School System

The first Indian Residential Schools were established in Canada during the 1870s, with the last school remaining open until 1996.²⁴ These schools were government-funded, church-operated institutions designed to forcibly assimilate Indigenous children, such that community and parental involvement in the cultural, intellectual, and spiritual development of Indigenous children was abolished.^{24, 25} As Deputy Minister of Indian Affairs, Duncan Campbell Scott outlined in 1920, the purpose of the residential school system was to ensure that “there is not a single Indian in Canada that has not been absorbed into the body politic.”²⁶ Sir John A. MacDonald, first Prime Minister of Canada, illustrates this sentiment in the quote:

When the school is on the reserve, the child lives with its parents, who are savages, and though he may learn to read and write, his habits and training mode of thought are Indian. He is simply a savage who can read and write. It has been strongly impressed upon myself, as head of the Department, that Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men.²⁷

Although the first residential schools are officially considered to be established during the 1870s, they are based on facilities developed in New France by Catholic missionaries to provide “care and schooling” to Indigenous Peoples during the initial colonialization of Canada.²⁵ These early attempts at assimilation failed, but the colonial mindset of “educating and civilizing” Indigenous Peoples endured and supported the assimilative policies that the Canadian government directed at Indigenous Peoples from the 1870s onward.^{25, 26}

During the schools approximately 120-year history, there were over 130 residential schools throughout Canada, with more than 150,000 Indigenous children interned in these schools.²⁵ While some students enrolled in residential schools left with positive memories, the vast majority of residential school students had very negative experiences. After being forcibly removed from their communities to be integrated into European culture, students enrolled in residential schools were isolated, their cultures disparaged.^{25, 28} As a result, many children were subjected to repeated emotional, physical, sexual, and psychological abuse.^{25,}²⁶ Moreover, death rates in residential schools were shockingly high. According to the Truth and Reconciliation Commission, at least 3200 Indigenous children died in overcrowded residential

schools, with the death rates as high as 69% in some schools.^{25,}²⁸ This was due to the malnourishment and poor conditions in which the children were forced to live, leading to frequent disease outbreaks.^{25, 28} Research by food historian Ian Mosby, revealed that children at some residential schools were subjected to nutritional experiments endorsed by the federal government, where access to essential nutrients and dental care was restricted without parental consent.²⁹

The impact of residential schools transcends those who attended and did not end with the closure of the last residential school. Rather, the damage has been inflicted on generations of families and contributes to the socioeconomic, psychological, emotional,



The Indian Residential School System

in Mi'kma'ki Primer created by medical students from the Faculty of Medicine at Dalhousie University:

A concrete (if simplistic) example would be to think of a child – let's call her Sarah. One day, when Sarah is 4-years old, there is a knock on her front door. Officials have arrived to take her to an Indian Residential School. It does not matter whether she – or her parents or community – wants her to go. In residential school, Sarah is emotionally, physically and sexually abused. She is not able to visit her family, and is punished if she speaks her language or practices any of the customs taught to her back home. When she is released from the school as a young adult, it's a difficult adjustment. There are few supports available to her: other community members are also dealing with the impacts on themselves and their families, and the government has not yet recognized the damage of these schools. Sarah is not able to find work, in part because residential school students did not receive the same education as the general population in the public school system.²⁹ We know that unemployment often co-exists with poverty and substance abuse, and Sarah struggles with both. She turns to alcohol as she tries to cope with the years of trauma she experienced. While she was at school, Sarah did not have access to the positive, loving role models from her community. This adds another challenge when she becomes a new parent, and she finds it hard to provide a secure environment for her kids.

Poverty, abuse, trauma, cultural discontinuity: her kids will be living the effects of Indian Residential School.²⁴

This story highlights traumas that occurred on a large-scale as a result of the cultural genocide (as termed by the Truth and Reconciliation Commission) executed by the Canadian government through the residential school system, while omitting many of the disturbing details of the treatment that children faced in residential schools. Indigenous Peoples have demonstrated resiliency in the face of adversity, many examples of which may be found in the Truth and Reconciliation Commission findings, which declares that the effects of the residential school system can be felt in every Indigenous community throughout Canada and highlights specific calls to action to begin to rectify the horrors of the past.³¹

and adverse health effects that continue to exist today.^{30, 31} For students, the loss of language, culture, and internalized racism left them feeling uncomfortable in both their own communities and mainstream society.³¹ These problems of self-esteem and identity were only further complicated by the effects of the repeated emotional, physical, sexual, and psychological abuse the students experienced.³¹ Furthermore, the widespread removal of children from their homes had deeply painful effects on the parents and communities left behind. As familial and community bonds were disrupted, some researchers contend that parents and Indigenous communities were burdened by feelings of guilt, shame, and powerlessness over their inability to protect their children from being taken.³¹ Moreover, the traumas experienced by children, families, and communities from the residential school system have an intergenerational effect, or intergenerational trauma. This means that many descendants of residential school survivors share the same emotional and psychological burdens as their ancestors, despite not attending the schools themselves. Fundamentally, the intergenerational effects of residential schools have been directly and indirectly associated with the poor health, violence, and poverty that Indigenous communities are experiencing today.

Approximately one-third of First Nations youth have at least one parent who attended a residential school, with many adults reporting that their parents' attendance at residential schools significantly and negatively impacted the quality of parenting they received as children.³¹ Additionally, these adults also indicated that having grandparents who attended residential schools negatively affected the type of parenting that their parents had received.³¹ First Nations adults who have a parent that attended residential schools have higher documented incidences of suicidal ideation, depressive symptoms, increased likelihood of adverse childhood experiences, and adult traumas in comparison to First Nations adults with parents who did not attend residential schools.³¹ Therefore, this demonstrates a legacy of physical, socioeconomic, emotional, and psychological inequities that exist and persist across generations.

Intergenerational trauma may be demonstrated by an excerpt taken from An Introduction to Indigenous Health

The Sixties Scoop



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Kenojuak Ashevak, cc
Cape Dorset, Nunavut (1927-2013)
Autumn Spirits, 2001

Reproduction. Etching and aquatint
on paper. Ottawa, Ontario.



The Sixties Scoop refers to the mass removal of Indigenous children from their families and communities, often without consent, and their placement into the child welfare system throughout the 1960s and into the 1980s. As the government began phasing out residential schools in the 1950s, the “scooping” of children from their homes embodied a shift and extension of the paternalistic policies in Canada that endeavoured to assimilate Indigenous cultures and communities.^{32, 33} During the Sixties Scoop, approximately 20,000 Indigenous children were fostered or adopted into predominately Caucasian or non-Indigenous, middle-class families through the child welfare system, with some children being sent to other countries.³²

Although the practice of removing Indigenous children existed prior to the Sixties Scoop through the residential school system, the profound overrepresentation of Indigenous children in the child welfare system accelerated in the 1960s; in 1964, 1466 children were in provincial care in British Columbia, which was over 50 times more than there had been in 1951 (29 children).^{32, 33} Despite Indigenous children making up only 1% of children in protective services

in the 1950s across Canada, by the 1970s, they comprised one-third.^{32, 33}

The legacy and long-term impacts of the Sixties Scoop on the adult adoptees are significant. They range from a loss of cultural identity and low self-esteem, to feelings of loneliness, confusion, and shame.³³ Furthermore, many adoptees suffered emotional, sexual, and physical abuse within the child welfare system and the homes in which they were fostered.^{32, 33} Many of the adoptees were unable to learn about their heritage until later in life, as birth records could not be opened without consent from both child and parent, which only intensified the emotional and psychological distress caused by a loss of cultural identity.³³ Although some adoptees were placed in loving and supportive homes, they could not provide culturally specific experiences that are essential to the development of a healthy Indigenous identity. Therefore, these diverse experiences faced by the adoptees have led to long-term challenges with their health and livelihood. In many families and communities, the negative impact of the Sixties Scoop is compounded by the legacy of the residential school system.^{32, 33}

Through child welfare advocacy performed by Indigenous groups, beginning in the 1980s, child welfare policy has since changed. However, the presence of Indigenous children in the Canadian welfare system remains a concern, as they are still overrepresented. According to data from Statistics Canada, approximately half of all Indigenous children younger than the age of 14 are in foster care today.^{33, 34} This is evidenced in Alberta, where 69% of Aboriginal youth comprise the welfare/child protective system, although they only represent 9% of children in the province.³³

As a result, class action lawsuits against provincial governments, beginning in the 1990s, have been pursued in Ontario, Saskatchewan, Manitoba, and Alberta, and are still before the courts. February 1, 2017, after an eight-year court battle, an Ontario Superior Court judge has found that the federal government failed to prevent children from losing their Indigenous identity after and during the Sixties Scoop imposing significant harm on 16,000 Indigenous children in Ontario.^{33, 35}

Missing & Murdered Indigenous Women



*This crisis must be addressed effectively in order to begin to reverse the cycle of violence against our sisters. We have only one chance to get this right – and we must remain vigilant.*³⁶

– Dawn Lavell-Harvard,
Native Women’s Association of Canada

Research completed by the Native Women’s Association of Canada (NWAC) found that between the years of 2000 and 2008, Indigenous women represented 10% of all female homicide cases in Canada, while making up just 3% of the female population.³⁶ Often cited as a Western Canada problem, less attention has been paid to Eastern provinces, however, Ontario has had a large number of cases demonstrating that this violence is very much happening in our province.³⁷

Indigenous women are three times more likely to be killed by a stranger than non-Indigenous women.³⁶ Amnesty International has found that cases of death of Indigenous women are often not properly investigated, suggesting that the number of missing and murdered Indigenous women is likely higher than predicted.³⁸ Women and girls of all ages have been targeted. A great number of these targeted women were mothers; what happened to the children following the loss of their mother is largely undocumented, perpetuating intergenerational trauma. These increased rates of violence

against Indigenous women lead to the deterioration of the community. Furthermore, negative social determinants of health amplify this violence by placing women and girls in vulnerable situations.³⁹

After years of mobilization, activism, and dedicated work, and international pressure by Indigenous people and non-governmental organizations, the Federal government launched an independent national inquiry into missing and murdered Indigenous women and girls. Though the results of this inquiry are not yet complete, the mandate is to explore the systemic causes behind this violence.⁴⁰

Health Disparities of Indigenous Peoples



As a population, the Indigenous people of Canada are faced with significant health disparities associated with poor environmental conditions such as unsafe water supplies on many reserves, poverty, food insecurity, and infectious diseases. These conditions are also compounded with the intergenerational effects of colonialization, manifesting in adverse psychosocial impacts.⁴¹ The sum of these conditions lead to shorter life expectancies than non-Indigenous individuals through the incurrence of a myriad of diseases.

These disparities may be described as proximal, intermediate, and distal social determinants of health. Proximal

Health Disparities of Indigenous Peoples

determinants include direct influences on health behaviours, intermediate determinants describe systemic influences such as community resources, and distal determinants are described as the historical oppression and marginalization in social and economic contexts.⁴² The combination of these three factors help to explain the underlying causality of many Indigenous health disparities, and addressing the relevant social determinants may aid in improving health outcomes in Indigenous communities. For example, strategies around youth and community empowerment have been shown to be beneficial and improve well-being in Indigenous communities.⁴³

Specific diseases that occur at increased rates in Indigenous people in Canada include:

Type 2 Diabetes Mellitus

Though genetic susceptibility and environmental factors both play a role in elevated rates of diabetes, studies have demonstrated that social determinants have a strong relation to Type 2 Diabetes development.^{44, 45, 46} Due to lower income and lower success in a Western job market, Indigenous people may not have sufficient income to afford a healthy diet. Furthermore, reserves may often not have access to affordable and nutritious foods. Up to 40% of Indigenous people living on reserve have diabetes.⁴⁷ This likely also explains the higher than average obesity rates seen in Indigenous people in Canada.^{44, 47}

Cardiovascular disease

Increased rates of cardiovascular disease may be linked to a lack of access to nutritious food and/or low income.^{44, 47} Smoking is an additional risk factor for cardiovascular disease; smoking rates are often higher in Indigenous populations than non-Indigenous populations.⁴⁷ Research has found that First Nations and Inuit Peoples often have heart attacks earlier in life than non-Indigenous Canadians.⁴⁴

Cancer

Incidence of cancer (breast, prostate, lung, and colorectal) is increasing in Indigenous populations.⁴⁴ Furthermore, survival rates are significantly lower for Indigenous people when

compared to the national average for all cancers combined, for prostate cancer in Indigenous men, and for breast cancer in Indigenous women.⁴⁴

Infectious Diseases

High rates of HIV/AIDS, respiratory disease, otitis media, and tuberculosis are seen in Indigenous people in Canada. Socioeconomic factors, including overcrowded housing, inaccessible treatment and education on these illnesses, play a large role in their spread.⁴⁷

Mental Illness

As a result of the history of colonization, marginalization, and trauma suffered by Indigenous people, and the current hardships faced due to a lack of equitable health care, mental illness has been found to be quite high in some, but not all Indigenous communities.⁴² This includes elevated rates of major depressive disorder, post-traumatic stress disorder, and alcohol and substance abuse.⁴²

While many Indigenous individuals will have none of the medical conditions listed above it may be prudent to screen for these diseases if clinically relevant, due to increased risk factors in the population overall.



Traditional Medicines and Health

When supporting patients who self-identify as Indigenous, it may be relevant to consider the use of their respective traditional medicines and perspectives of health. These medicines vary considerably, but tobacco, sage, cedar, and sweet grass examples of traditional medicines commonly used by Indigenous communities in Ontario.⁴⁸ For some, the medicine wheel is used to represent the connectedness of all things within life and focuses on many aspects of health and well-being.



The white section of the medicine wheel, the Northern Doorway, represents the importance of rest in order to renew life and prosper, and is reflective of the long nights and cool winds of the north.⁴⁸ The Northern Doorway is associated with the gift of cedar, as well as spiritual health.⁴⁸

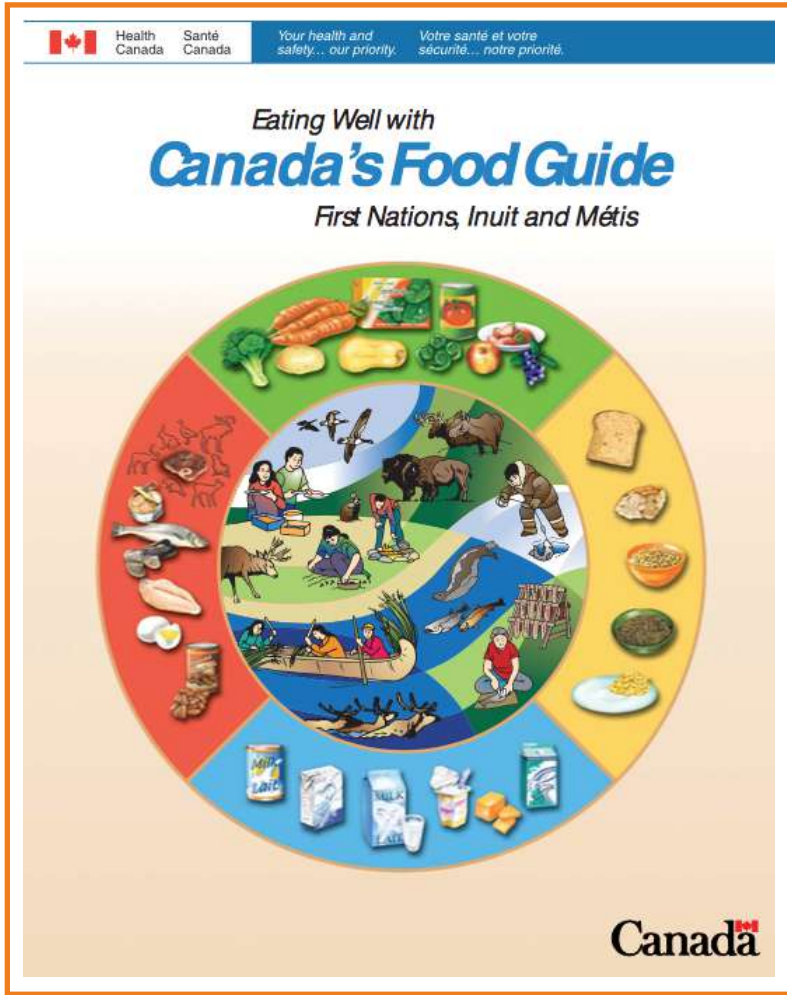
The Eastern Doorway, represented by yellow, is a reminder of the importance of new beginnings, as the east is where the sun rises and the new day begins. In the spirit of new beginnings, the Eastern Doorway is associated with tobacco, the first medicinal gift to the Anishinaabe people, along with the season of Spring and mental health.⁴⁸

The Western Doorway, shown in blue or black, represents change.⁴⁸ The sun sets in the West, which is when the day dies. This doorway serves as a reminder to respect change and death, and is associated with the medicinal gift of sage, which is used to clear the mind and inner selves.⁴⁸ This doorway is associated with the season of Autumn, in which

the leaves change colour. In acknowledgement that change can be challenging, this doorway promotes the importance of emotional health and well-being.⁴⁸

The red Southern Doorway represents growth and nurturance.⁴⁸ This doorway is a reminder to be kind and to nurture all living things, and is associated with the medicinal gift of sweet grass and Summer, the time when all things grow and prosper.⁴⁸ Summer is traditionally also the time for physical endurance while hunting and labouring - this doorway is a reminder of the importance of physical health.⁴⁸

Indigenous individuals and communities may also have unique food traditions. Eating Well with Canada's Food Guide may be a useful tool that has been tailored nationally to reflect First Nations, Inuit, and Métis foods. This guide has been translated into Cree, Ojibwe, and Inuktitut.



Cultural Safety



“Culture” can be defined as shared behaviours, ideals, values and beliefs of a group. Over the years medicine has experienced an evolution in approach to culture transitioning from cultural awareness, to cultural sensitivity, cultural competency, and cultural safety.

Cultural competence can be described as “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.”²⁴ This need not refer to Indigenous people, but may refer to any person’s notion of identity and the ways in which they feel respected as a result of an understanding of their expectations, needs and rights. Cultural competence focuses on skills, knowledge and attitudes with the acknowledgement that we all bring our own cultures to any encounter. This self awareness is key to understanding the power dynamics in a therapeutic encounter.⁴⁹

Cultural safety means the practitioner can communicate competently and sensitively with a patient in that patient’s social, political, linguistic, economic, and spiritual realm.²⁴ Culturally unsafe practices include actions that may demean or disempower the cultural identity and well-being of an individual.²⁴ Gaining an understanding of a culture is a useful tool in ensuring cultural safety; however, it is recognized that not everyone will be knowledgeable of all cultures and this may be partially remedied by demonstrating a willingness to

learn and allowing the patient space to explain their unique needs and expectations.

In order to practice culturally safe care, it is important to frequently challenge our inherent biases. While most Canadians would not describe themselves as having any prejudices and often cite equitable access to health care as a value, research has shown that people have subconscious, implicit biases that lead them to different behaviours depending on an individual’s appearance. Dr. Janet Smylie, the lead author of the study, First Peoples, Second Class Treatment, says “...There is strong scientific evidence showing that we all look at people and decide if they look like us or not, and that as health-care providers, we tend to treat those who look like us better.”⁵⁰ A concrete example of how implicit biases may lead to detrimental circumstances may be seen in the case of Robert Sinclair. Mr. Sinclair was a 45-year old Indigenous man, who presented to an emergency department in 2008 with a treatable infection, exhibiting vomiting and eventually fell unconscious; Mr. Sinclair was ignored by hospital staff as he was assumed to be intoxicated and/or homeless, and subsequently passed away.⁵¹ This tragedy is an extreme example of how damaging stereotypes may be, and highlights the importance of recognizing our own biases so that we may purposefully challenge them and provide appropriate care to all.

Cultural safety is the outcome of culturally competent care and regularly challenging implicit biases.^{24,51} This is necessary as Indigenous people have had historically had negative and traumatic encounters with the health care system, of which we are still seeing examples today. These experiences may lead to a distrust or fear of such institutions, and it is our duty to utilize culturally safe practices to foster positive relationships with our patients.

Cultural Protocols



Cultural protocols describe behavioural practices that regulate social life and are adhered to in order to demonstrate respect.⁵² There is no set list of Indigenous protocols as cultural practices can vastly vary from one nation or clan to another; however, as a general rule, asking questions respectfully and avoiding making assumptions will prevent breakdowns in communication, and allow for trusting and supportive relationships to develop.⁵² Fostering respect and an open dialogue is exceedingly important in a health care setting as there is an inherent power differential between physician and patient, and institutional betrayal and systemic racism may create mistrust of the health care system. Below is a description of a few of the many cultural practices and protocols seen in Ontario.

Communication

Respect is a value shared by many Indigenous groups in Ontario, which may be demonstrated in ways that differ from Western customs. For example, a lack of eye contact is often considered to convey disinterest or dishonesty, however, in certain Indigenous cultures the same body language is used as a sign of respect.⁵³ Similarly, respect may be evidenced by a soft tone of voice and low volume, speaking slowly and deliberately, or utilizing stories to answer a question.⁵³ Often Indigenous Peoples prefer a holistic model of health and wellbeing, and place importance on treating the whole person – physically, mentally, emotionally, and spiritually – rather than just one particular ailment.⁵³

Decision-Making

Decision-making may not be done by the patient alone, but rather as a family or wider community, with equal status given to all those involved.⁵³ For example, the tradition of the talking circle is comprised of community members coming together and collectively voicing opinions by permitting each person to speak in turn, without interruption, often signified by the holding of a symbolic object such as a talking feather.⁵³

Death

Another unique aspect of certain Indigenous cultures is addressing the death of a loved one. In Haudenosaunee and Anishnaabe cultures the practice is to refrain from using the name and/or image of the deceased person; however, it is important to also not utilize terms such as “the body”.⁵⁴ In these instances the person is often referred to by their relationship to family members, such as “your father,” “your sister,” etc.⁵⁴ Families may also wish to have the deceased return home as soon as possible for ceremonies and may prefer to not undergo autopsy.⁵⁴

The Role of Elders

It is common for immense respect to be given to elders within Indigenous communities. They are considered to hold great wisdom and guidance gained over a lifetime’s collection of history and cultural teachings.⁵⁵ Elders are key knowledge-keepers within a community.⁵⁵ Each community may have different protocols for approaching elders and seeking their

Cultural Protocols

advice/teachings, therefore it is important that one inquires about appropriate customs. For many First Nations it is customary to offer tobacco in the form of a tie or pouch.⁵⁵

Tobacco Ties

Tobacco is considered a sacred medicine and is offered when making a request of an elder or community member.⁵⁵ It may be presented in the form of a tie (wrapped in a small cloth) or pouch; to make your request, place the tobacco tie in your left hand held in front of your body, clearly state what it is that you are requesting, and acceptance of the gift signifies agreement to fulfill your request.⁵⁵

Smudging

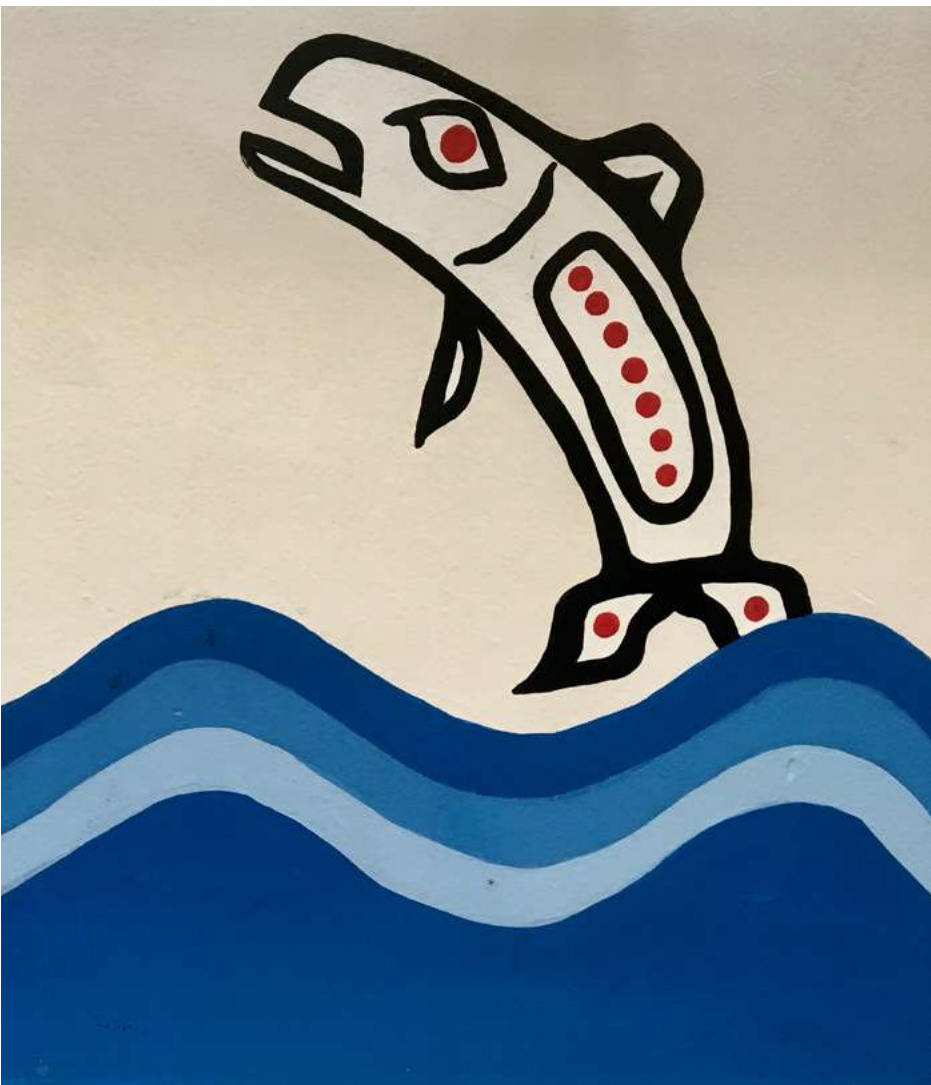
Smudging is used to purify a person or space, to clear negative energy.⁵⁶ The herbs are placed in an abalone shell or clay bowl – typically sage, tobacco, cedar, sweetgrass, or a combination thereof – and lit with a match.⁵⁶ The flame is gently blown out to allow the herbs to smolder. This smoke is then used to metaphorically wash oneself by wafting it over the hands, eyes, ears, and heart.⁵⁶ Smudging is a fairly common practice and it may be useful to have a designated smudging area for patients and their families to utilize.

Sweat Lodge

A sweat lodge is a dome-shaped lodge, constructed of natural materials, with heated rocks that contribute to this purification ceremony led by elders for prayer and healing.⁵³ Notably, CAMH is the first hospital in Ontario to open a sweat lodge for their patients.⁵⁷

Potlatch Ceremony

A potlatch ceremony is a gift-giving feast that may involve spiritual singing and dance, spanning up to several days; such festivities may be held to celebrate births, weddings, or to mourn a death.⁵⁸



Research in Indigenous Communities

Historically, research in or about Indigenous people has been conducted in large part by non-Indigenous researchers using methods that may not reflect or align with the values of First Nations, Métis, or Inuit Peoples. A significant concept that is common among these Indigenous communities is reciprocity, and that, in particular, has not typically been a central component of research conducted in these communities.⁵⁹ To improve upon this, the CIHR Guidelines for Health Research Involving Aboriginal People recommends learning about ethical guidelines in place within Indigenous communities and working to collaborate with community members.⁵⁹ As well, these CIHR Guidelines encourage researchers to consider that building reciprocal relationships that foster trust between the researcher and the Indigenous community can take time, before research is conducted, and that this is an integral step in the process of research with Indigenous communities.⁵⁹

Part of the ethical considerations in research conducted on topics relating to Indigenous communities can include respecting the surrounding environment including plant and animal life, and may be part of the community’s ethics guidelines for research.⁵⁹ Ownership and access to research materials and findings are also important to consider in this context.⁵⁹

There are “4 R’s” to keep in mind when conducting research in Indigenous communities: Respect, Reciprocity, Responsibility, and Relevance.⁶⁰ In considering respect, Kirkness and Barnhardt note that it is important to respect the context in which one is conducting research, and that the Indigenous community’s context can be very different from the impersonal approach that may be characterized by many typical research methods.⁶⁰ Relevance refers to understanding the perspectives and lived experiences of the community in which research is being conducted, and taking steps to include these perspectives throughout the research process.⁶⁰ Reciprocity describes the nature of the relationship between the researcher and the Indigenous community, wherein the researcher is cognizant of the time and resources provided to them by the Indigenous community and reciprocates, making the research endeavour a collaborative project.⁶⁰ Responsibility refers to the idea that the researcher should engage in conversation about participation in research and the responsibility to learn about the community with whom they are working.⁶⁰ Keeping these concepts in mind throughout the research process would contribute to a better research experience for both the researcher and the Indigenous community.

Truth and Reconciliation

The Truth and Reconciliation Commission

The implementation of the Indian Residential Schools Settlement Agreement, the largest class-action settlement in Canadian history, began in 2007.⁶¹ The Settlement Agreement represents the consensus reached between legal counsel for former students of residential schools and legal counsel for the Churches, the Assembly of First Nations, other Aboriginal organizations and the Government of Canada.⁶¹ The Settlement Agreement includes several elements to address the legacy of residential schools, including compensation and support for survivors.⁶¹ This settlement also led to the establishment of a Truth and Reconciliation Commission (TRC).⁶¹ The goals of the TRC, among others, included a) to promote reconciliation through public education of Canadians about residential schools and their impacts, b) support residential school survivors and their families through reconciliation and healing, c) identify sources and create as complete a historical record as possible of the residential school system and legacy, and d) produce a report with recommendations to the Government of Canada.⁶²



The final report, Honouring the Truth, Reconciling for the Future, was released in 2015; it is a comprehensive documentation of one of the darkest periods in Canadian history. The report also sets out 94 recommendations (“Calls to Action”) directed towards Canadian governments and institutions, including educational institutions such as universities that may help facilitate reconciliation between Indigenous people and mainstream Canadian society.⁶³

Reconciling History

“Without truth, justice, and healing, there can be no genuine reconciliation.”⁶⁴

The mandate of the TRC describes reconciliation as “an ongoing individual and collective process, and will require commitment from all those affected.”⁶⁵ It is a process of establishing and maintaining respectful relationships, a critical component of which involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change, including breaking down racist attitudes and making better public policy decisions.⁶⁴ Reconciliation is a process of healing and growth.⁶⁴ Despite the traumatic nature of colonial legacies, the Indigenous population has demonstrated incredible resilience and is in the process of rediscovering and reclaiming its cultures, law and traditions.⁶⁴ As such, reconciliation also includes the recognition of this resilience and support for the revitalization of Indigenous law and legal traditions.⁶⁴

The role of health professionals in reconciliation

Call to Action 24 calls on “medical and nursing schools 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 [the “UN Declaration”], 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.”⁶⁵

Truth and Reconciliation

In response, the Faculty of Medicine at the University of Toronto has integrated Indigenous content into the core curriculum across all four years of the MD Program. Students will complete the equivalent of one full course-worth of content focused on Indigenous health, including those topics identified by the TRC. Students also participate in workshops related to power, equity, and anti-oppressive practices in health care.⁶⁶ More broadly, the University of Toronto struck a university-wide steering committee in response to the federal Truth and Reconciliation Commission’s challenge to Canadians to engage in an ongoing process of reconciliation (AK7).⁶⁷ The steering committee released their report, Answering the call, in January of 2017. The report is centered around TRC Calls to Action and a commitment to build new relationships with Indigenous communities (AK7).⁶⁷

In the spirit of reconciliation, health professionals must also acknowledge that the current state of Indigenous health is a direct result of previous government policies, and recognize and address distinct health needs of Metis, Inuit and First Nations Peoples. Moreover, in recognizing the value of Indigenous healing practices and increasing Indigenous representation among health professionals, the health professions have the potential to help close the gap in health status and quality of life between Indigenous and non-Indigenous people.^{64, 67}

Reconciliation is a multi-generational process which is in the best interest of all of Canadians. It is necessary to resolve ongoing conflicts between Indigenous Peoples and institutions of the country. Reconciliation is multifaceted, involving learning, healing, as well as apologies and tangible initiatives to drive change. Health professionals and trainees have the potential to contribute meaningfully to this process, by striving to provide culturally competent care.

Historical Events

- **1537:** Indigenous people are deemed to truly be human by Pope Paul III and they should therefore receive Roman Catholic faith.⁶⁸
- **1670s-Early 1700s:** Agreements including the Silver Covenant Chain, the treaty of Great Peace and the treaty of Albany were made between the Haudenosaunee (Iroquois Confederacy) and the French and British to secure allies as well as land to hunt and fish.⁶⁹
- **1763:** The Royal Proclamation set rules to govern British dealings with Indigenous Peoples in “Indian Country”, whereby Indigenous people were not to be “molested or disturbed” on their own lands, and said lands were to be only acquired via treaties or mutual agreements, and purchased by the Crown.⁷⁰
- **1812:** First Nations Peoples aided British and Canadian colonists in the War of 1812 against American invasion in what is now Southern Ontario.⁶⁹
- **1831:** The first residential school is opened in Brantford, Ontario.⁶⁸
- **1867:** The British North America Act makes the federal government responsible for Indigenous Peoples and their lands.⁶⁹
- **1876:** The Indian Act is adopted; the Act included sections on the use of reserve lands, who is “Indian”, loss of Indian Status upcoming becoming a doctor, lawyer, priest or obtaining a university degree (clause removed in 1951), the establishment of Chief and Councils and elections, and residential schools.²⁴
- **1895:** Section added to the Indian Act making it a legal offence to participate in traditional Indigenous festival, dance or other ceremony (removed in 1951).²⁴
- **1920s-1930s:** Missionary and Catholic residential schools for First Nations were established with forced attendance, and language and culture restrictions.²⁴
- **1926:** Section added to the Indian Act making it illegal for any lawyer to receive payment or the promise of payment to represent an Indian Band in any type of legal claim (removed in 1951).²⁴
- **1956:** Indigenous Peoples are recognized as Canadian citizens.²⁴
- **1960:** Indigenous Peoples gain the right to vote in federal elections; the Sixties Scoop is initiated.⁶⁸
- **1969:** The Assimilation Policy (“The White Paper”) is issued by the Federal Government.²⁴
- **1996:** The last residential school operated by the Canadian Government is closed.⁶⁸
- **2008:** Canadian government offers a formal apology for Residential Schools.⁶⁸
- **2015:** The Truth and Reconciliation Commission of Canada publishes its Calls to Action. Later that year the National Inquiry into Missing and Murdered Indigenous Women was initiated.⁶⁸

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Indigenous Health in Ontario

An introductory guide for medical students

Sarah Park^{Editor}, Justin Boyle, Patricia Hoyeck, Sanasi
Jayawardena, Alexandra Kilian, Mirriam
Mikhail, Swapna Mylabathula, and Mariam Naguib

Typography:
Univers 57, Adrian Frutiger, 1957, and
Zapf Renaissance Antiqua, by Hermann Zapf, 1984-86

Graphic Design by: Bryn A. Ludlow, brynludlow.com