



# In Plain Sight:

## Addressing Indigenous-specific Racism and Discrimination in BC Health Care

*Independent Review of Indigenous-specific Racism in B.C. Health Care*

**Prepared for: BC Health Coalition**

**Date: November 9th, 2021**



Ministry of  
Health

"I want people to understand that even those who support doing away with racism - those who believe that racism is bad - are themselves caught up in a system that almost forces them to continue to adhere to policies and beliefs that they don't understand. It comes from a history of racism, and until we address that and learn from it, we can't even begin to fix it."

~ Senator Murray Sinclair,  
Truth and Reconciliation Commissioner

National Centre for Truth and Reconciliation

[www.nctr.ca](http://www.nctr.ca)



Ministry of  
Health

# Key Terms & Concepts

## Issues

- Racism
- Indigenous-specific racism / anti-Indigenous racism
- Systemic racism
- Prejudice
- Profiling
- Discrimination
- Privilege

## Mindsets, practices, and tools

- Anti-racism
- Cultural humility

## Desired outcomes

- Substantive equality
- Cultural safety
- Indigenous human rights

“After the third time, we gave up and I just started taking the kids to every appointment because I am a white male and got better service. Sad, but reality.”

~ Non-Indigenous man whose family gets better treatment when he accompanies them to health care instead of his wife, who is First Nations

## Article 24, UN Declaration on the Rights of Indigenous People

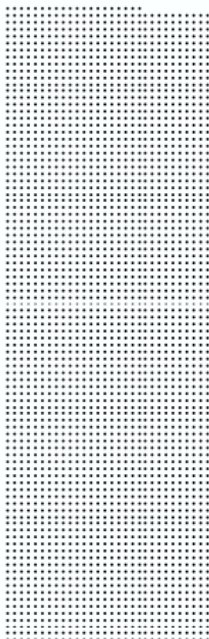
States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

# Engagement

## WE HEARD FROM ALMOST 9,000 PEOPLE

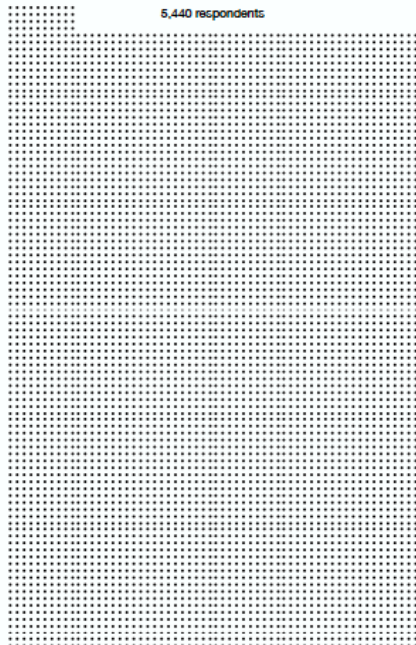
### INDIGENOUS PEOPLES' SURVEY

2,780 respondents



### HEALTH WORKERS' SURVEY

5,440 respondents



### DIRECT EMAIL AND 1-800-NUMBER

600 respondents



### KEY INFORMANT INTERVIEWS

150



## WE ANALYZED HEALTH SECTOR DATA

185,000

Health utilization  
and health  
outcomes of First  
Nations and Métis  
individuals.

12,335

Indigenous respondents to the  
COVID-19 Speak survey.

3,026

Adults in the First Nations Regional Health  
Survey data.

1,246

Indigenous respondents to a Patient Reported  
Experiences Measurement Survey of emergency  
departments.

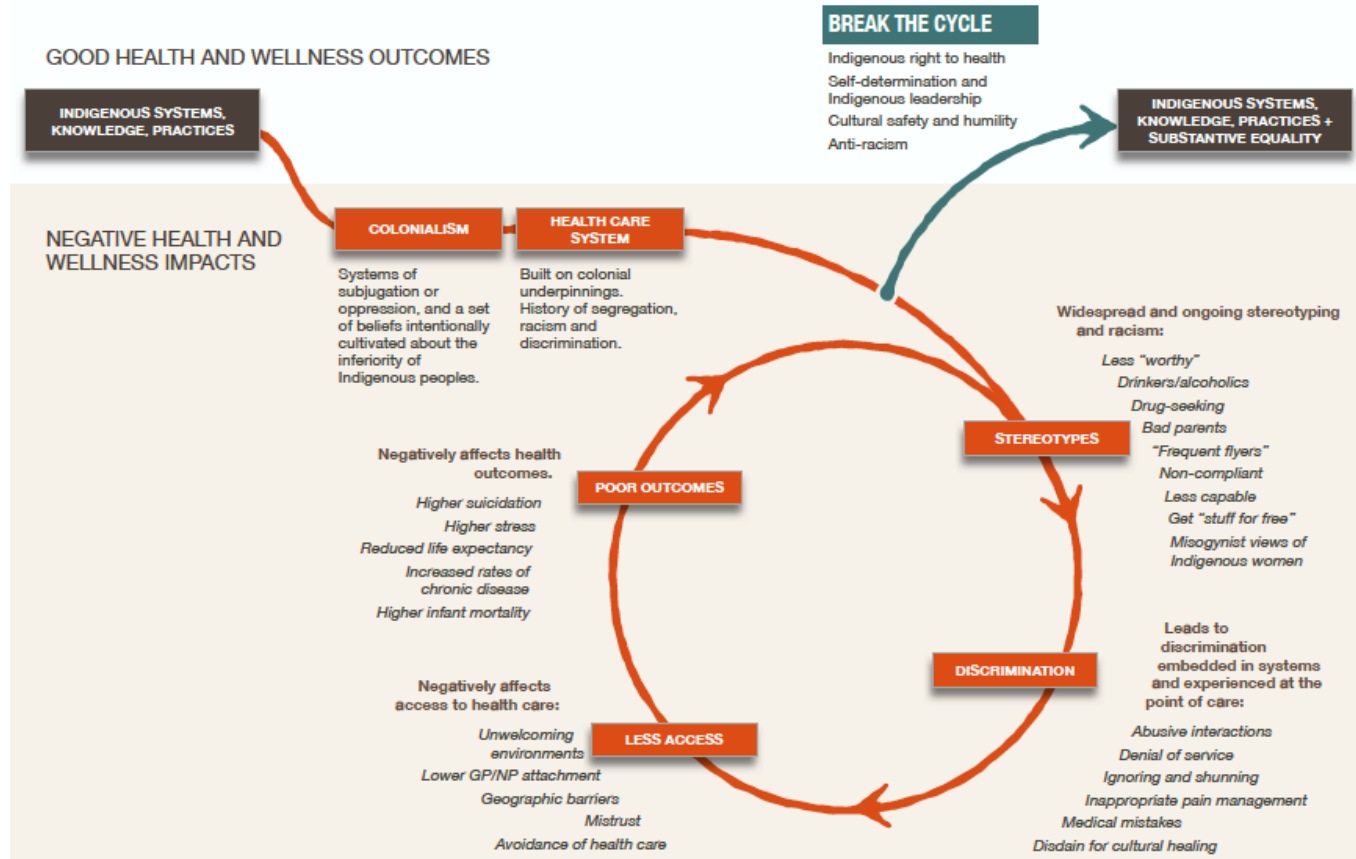
430

Complaints from Patient Care Quality Offices, Colleges  
and the First Nations Health Authority.

### LITERATURE REVIEW

Submissions from health sector and Indigenous organizations  
Detailed investigation of specific ER allegations  
Investigation of other select cases  
Extensive literature review of previous investigations, inquiries,  
and academic or historic findings  
Dialogue with experts in Indigenous rights, Indigenous health/  
wellness, UNDRIP  
Review of existing anti-racism/cultural safety initiatives already  
underway

# What We Found



# Findings

## The “Problem”

1. There is widespread stereotyping, racism and profiling of Indigenous people.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in B.C.
3. Indigenous women and girls are seriously disproportionately impacted.
4. Public health emergencies are magnifying racism and disproportionately impacting Indigenous peoples.
5. Indigenous health care workers and students face significant racism and discrimination in their work and study environments.

## Examining the “Solution”

6. Current education and training programs are inadequate.
7. Complaints processes do not work for Indigenous peoples.
8. Indigenous health practices and knowledge are not integrated.
9. There is insufficient “hard-wiring” of Indigenous cultural safety.
10. Indigenous structures and roles in health decision-making need to be strengthened.
11. There is no accountability for eliminating Indigenous-specific racism, including system-wide data and monitoring of progress.

# Key Observations: *In Plain Sight* Data Report



Ministry of  
Health

- **Indigenous people are receiving services in a health care environment which is skewed away from primary preventative care and towards secondary and tertiary care and treatment.**
- **The ED is the locus for much of First Nations' health care, with adult user rates are two times or more greater than Other Residents.**
- **Indigenous women are shouldering the greatest burden.**
  - First Nations women have lower access to health services from the prenatal period through to care of young children
  - Indigenous men were 83 per cent more likely than Indigenous women to feel "*completely safe*" when visiting the ED
  - In the one specialty women's hospital, First Nations women in 2017/18 left the hospital against medical advice at a rate 11 times greater than other residents

# Recommendations



Ministry of  
Health

<b>1. Formal health system apologies</b>	<b>2. Policy and legislative change</b>	<b>3. B.C. Indigenous Health Officer</b>	<b>4. Indigenous Health Representative &amp; Advocate</b>	<b>5. Patient complaint processes</b>	<b>6. First Nations health plans &amp; agreements</b>
<b>7. MoH/MNBC Health Table &amp; Regional Partnerships</b>	<b>8. Accreditation Standard</b>	<b>9. Measurement Framework and Indigenous data governance</b>	<b>10. Hospital &amp; health facilities</b>	<b>11. “Speak up” culture</b>	<b>12. Role of B.C. Ombudsperson</b>
<b>13. Associate DM for Indigenous Health</b>	<b>14. System leadership in health and post-secondary</b>	<b>15. COVID-19 planning and response</b>	<b>16. Indigenous women and girls</b>	<b>17. Mental health &amp; wellness and substance use</b>	<b>18. Post-secondary recruitment &amp; environments</b>
<b>19. Knowledge translation hub</b>	<b>20. Anti-racism training for health workers</b>	<b>21. Anti-racism training for post-secondary institutions</b>	<b>22. Public school system and education</b>	<b>23. Indigenous Medicine and Nursing joint degrees</b>	<b>24. Task Team and public reporting</b>



# The shifting health care system

- All HA have Two Indigenous Board Members
- VPs Indigenous Health
- Colleges of Physicians and Surgeons integration of antiracism and cultural safety and humility Practices Standards
- Cultural Safety and Humility Accreditation

# The shifting health care system



Ministry of  
Health

- Health Professionals Act
- National Collaborating Center on Indigenous Health NCCIH Cultural Safety portal
- Complaints

# What does this mean for you?

As we acknowledge systemic racism, advancing cultural safety through antiracism and humility starts with us. **What is your personal commitment to action out of the findings in the *In Plain Sight* report?**

How can you infuse Dr. Makokis' words into your work, what ways **can you infuse love into our practice and into the health care system?**

## Web finds

- Dr. Carron with Peter Mansbridge
- Hard Rock Medical, APTN
- [The Truth and Reconciliation: Calls to Action](#)
- [Reclaiming Power and Places: Calls to Justice](#)
- [National Collaborating Centre on Indigenous Health](#)
- National Collaborating Centre for the Determinants of Health:
  - [Let's Talk Whiteness and Health Equity](#)
  - [Let's Talk Racism and Health Equity](#)

## Books

- Medicine Unbundle: A journey through the minefields of Indigenous Health Care (2017)
- Written as I Remember it: Teachings (ʔəms təʔaw) from the Life of a Sliammon Elder (2014)
- Unsettling Canada: A National Wake-Up Call (2015)
- The Reconciliation Manifesto: Recovering the Land, Rebuilding the Economy (2017)
- [Unsettling the Settler within: Indian Residential Schools, Truth Telling, and Reconciliation](#) (2010)
- White Fragility – Why it's so hard for white people to talk about racism (2018)
- Nishga, Jordan Abel (2021)

# Practice of Humility

- Be intentional
- Reflect on one's own privilege
- Listen without judgement
- Be open to learning and connecting with individuals, families and communities
- Educate self – courses, webinars, videos, readings, relationships, journaling, community gatherings and ceremonies
- Educate others –talk about cultural safety & humility, run exercises within teams and networks
- Support & encourage others
- Participate in change efforts
- Personal pledge & accountability
- Reflect on workplace culture
- Reflect on practice
- Maintain hope

# For Further Information

- Summary report, long report, and data report available at <https://engage.gov.bc.ca/addressingracism/>
- Nicole Cross – ED – [Nicole.Cross@gov.bc.ca](mailto:Nicole.Cross@gov.bc.ca)
- Dawn Thomas [Dawn.Thomas@gov.bc.ca](mailto:Dawn.Thomas@gov.bc.ca)

