



Upholding the Truth and Reconciliation Recommendations

April 2021

Background

Indigenous Health is a key priority for NNPBC. As such, we continue to develop policy around topics such as Indigenous nursing leadership, improving health outcomes for Indigenous people in BC, and improving health care for rural and remote communities. In June 2015, the Truth and Reconciliation Commission of Canada released the document [Honouring the Truth, Reconciling for the Future](#) which provided a summary of the Truth and Reconciliation Commission's final report. Among this report was a 'call to action' which set out [94 recommendations](#) directed to the various institutions and government to work towards healing. The Truth and Reconciliation Commission outlined seven health care-specific recommendations:

- 1) We call upon the federal, provincial, territorial, and Indigenous governments to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Indigenous people as identified in international law, constitutional law, and under the Treaties.
- 2) We call upon the federal government, in consultation with Indigenous peoples, to establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
- 3) In order to address the jurisdictional disputes concerning Indigenous people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Indigenous peoples.
- 4) We call upon the federal government to provide sustainable funding for existing and new Indigenous healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
- 5) We call upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients.
- 6) We call upon all levels of government to:
 - a. Increase the number of Indigenous professionals working in the health-care field.
 - b. Ensure the retention of Indigenous health-care providers in Indigenous communities.
 - c. Provide cultural competency training for all health-care professionals.
- 7) We call upon medical and nursing schools in Canada to require all students to take a course dealing with Indigenous health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Indigenous rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

In June 2020, Minister of Health Adrian Dix appointed Dr Mary Ellen Turpel-Lafond to investigate allegations of racism and discrimination against Indigenous people in the BC health care system. In December 2020, Dr Turpel-Lafond's report [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) was published and outlined her findings. Dr Turpel-Lafond reported that widespread racism and



discrimination exists in the BC health care system, and there are several areas that can be reviewed and revised to make the health care system safer for Indigenous people.ⁱⁱ She presented a series of 24 recommendations to be implemented so that the BC government and health care system including regulators, educational institutions, professionals associations and health planners can work to rectify the Indigenous-specific racism that continues to exist. This report established that since the Truth and Reconciliation Commission published their recommendations in 2015, there have been insufficient advances in terms of making BC's health care system more appropriate for BC's Indigenous populations.

The dual public health emergencies in BC have also disproportionately impacted Indigenous people and their communities. Historically, international regulations used to control and prevent the spread of illnesses have heavily favoured white North American and European trade interests.ⁱⁱⁱ Since the onset of the COVID-19 pandemic in early 2020, Indigenous, Black, Asian, and other people of colour have been victims of increasing racism and acts of aggression around the world.^{iv} In fact, Crown-Indigenous Relations Minister Carolyn Bennett declared that the COVID-19 pandemic has further 'magnified the effects of systemic discrimination against Indigenous [people].'^v In January 2021, [North Cowichan Mayor Al Siebring and Provincial Health Officer Dr Bonnie Henry denounced racism](#) perpetrated against Indigenous people in Vancouver Island communities. As of early March, the rate of reported COVID-19 cases for Indigenous people living on reserve lands was 183% higher than the rate of the general Canadian population.^{vi} At the same time, [Indigenous people are incommensurately affected by BC's overdose crisis](#). While Indigenous people make up approximately 3.3% of the BC population, they accounted for 16% of overdose deaths from January to March 2020, up 93% from the same time the year before.^{vii} As the authors of the Lancet stated in [Racism and Discrimination in COVID-19 Responses](#), 'the strength of a health system is inseparable from broader social systems that surround it.'^{viii}

These findings reflect that there is much work to be done in successfully and consistently implementing the recommendations of the Truth and Reconciliation Commission, and ultimately working to eliminate systemic racism and discrimination against Indigenous people in Canada. Cultural safety and humility training, the inclusion of Indigenous healing practices, and an increase in program development for rural and remote care are essential to reframing the health care system for Indigenous people in BC.

NNPBC acknowledges that the current health care system in BC fails to meet the needs of Indigenous people and has routinely prevented many Indigenous people from receiving appropriate care. NNPBC continues to work on policy and program development around Indigenous health. To support this, NNPBC utilizes the strength of our Indigenous Board Director (as established by our bylaws) and Indigenous Councillors in addition to the NNPBC Indigenous Policy Table. The Association has ensured that a [Commitment to Indigenous health](#) is front and centre in order to focus our work on working to enact the recommendations of the Truth and Reconciliation Commission. Nurses are often the most frequent point of contact into the health care system for Indigenous people and are sometimes the only health professional in a small community and as such are an integral part in ensuring that these recommendations are upheld. Working collaboratively with all nursing designations, NNPBC will continue to advocate for the expedient implementation of these recommendations and ensure that eliminating racism and reducing inequities for Indigenous people remains a priority on the political agenda of nursing and government.

Key Messages

- The Truth and Reconciliation Commission has allowed Canadians to gain understanding into how the health of Canada's Indigenous people has been compromised due to many years of disenfranchisement and abuse stemming from colonial systems and processes.
- The Truth and Reconciliation Commission outlined seven health-care specific recommendations toward healing the relationship between Canadian health systems and Indigenous people.
- Dr Mary Ellen Turpel-Lafond published the *In Plain Sight* report in December 2020, detailing further recommendations for how the BC government and others can work to rectify the racism and discrimination evident in BC's health care system.



- BC's dual health emergencies, the COVID-19 pandemic and the overdose crisis, have disproportionately affected Indigenous people.
- Further work needs to be done to fully realize the original recommendations laid out by the Truth and Reconciliation Commission.
- Nurses are often the most frequent point of contact into the health care system for Indigenous people and are sometimes the only health professional in a small community and as such are an integral part in ensuring that these recommendations are upheld.
- NNPBC believes nurses are well positioned to ensure that these recommendations are upheld, and that they remain on the political agenda of nursing and government.
- Government and stakeholders must respect the findings of the Commission and take appropriate action to respond in a proactive, solutions-oriented way to the seven health recommendations.
- Reducing inequities for Indigenous health and eliminating racism and discrimination must be a health system priority.

Further Reading/Resources

- [NNPBC Commitment to Indigenous Health](#)
- [NNPBC Re: International Day for the Elimination of Racial Discrimination](#)
- [NNPBC – COVID-19 and Racism Against Indigenous People](#)
- [NNPBC - Impact of the Overdose Crisis on Indigenous People in BC](#)
- [Truth and Reconciliation Commission of Canada: Calls to Action](#)
- [Truth and Reconciliation Commission of Canada](#)
- [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)
- [Department of Justice Canada – Implementing the United Nations Declaration on the Rights of Indigenous Peoples in Canada](#)
- [CINA – Cultural Competence and Cultural Safety in Nursing Education](#)
- [NCCIH – Maintaining the health and well-being of First Nations, Inuit and Metis children and teens during COVID-19](#)
- [Health Canada – Jordan's Principle](#)
- [CINA – Aboriginal Health Nursing and Aboriginal Health: Charting Policy Direction for Nursing in Canada](#)
- [BC Declaration on the Rights of Indigenous Peoples Act \(DRIPA\)](#)
- [United Nations Declaration on the Rights of Indigenous People \(UNDRIP\)](#)
- [San'yas Indigenous Cultural Safety Training](#)

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ⁱ TRC Canada. [Truth and Reconciliation Commission of Canada: Calls to Action](#). 2-3.

ⁱⁱ Turpel-Lafond ME. [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health](#)



[Care](#). 2020 Dec.

ⁱⁱⁱ White A. [Historical linkages: epidemic threat, economic risk and xenophobia](#). The Lancet, 2020 Mar; 395(10232)1250-1251. doi.org/10.1016/S0140-6736(20)30737-6.

^{iv} White A. [Historical linkages: epidemic threat, economic risk and xenophobia](#). The Lancet, 2020 Mar; 395(10232)1250-1251. doi.org/10.1016/S0140-6736(20)30737-6.

^v Alhmidi M. [Systemic discrimination against Indigenous women magnified during COVID-19, Bennett says](#). Canadian Press. 2021 Mar.

^{vi} Health Canada. [Confirmed cases of COVID-19](#). Canada.ca. 2021 Mar.

^{vii} FNHA. [COVID-19 Pandemic Sparks Surge in Overdose Deaths this Year](#). 2020 July.

^{viii} Devakumar D, Shannon G, Bhopal SS, Abubakar I. [Racism and discrimination in COVID-19 responses](#). The Lancet, 2020 Apr; 395(10231)1194. doi.org/10.1016/S0140-6736(20)3079203.