

# CONTEXTUALIZING THE CONVERSATION: WHY ARE WE WHERE WE ARE IN TERMS OF INDIGENOUS HEALTH IN CANADA?

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Acknowledgement of the  
territory

Situating yourself



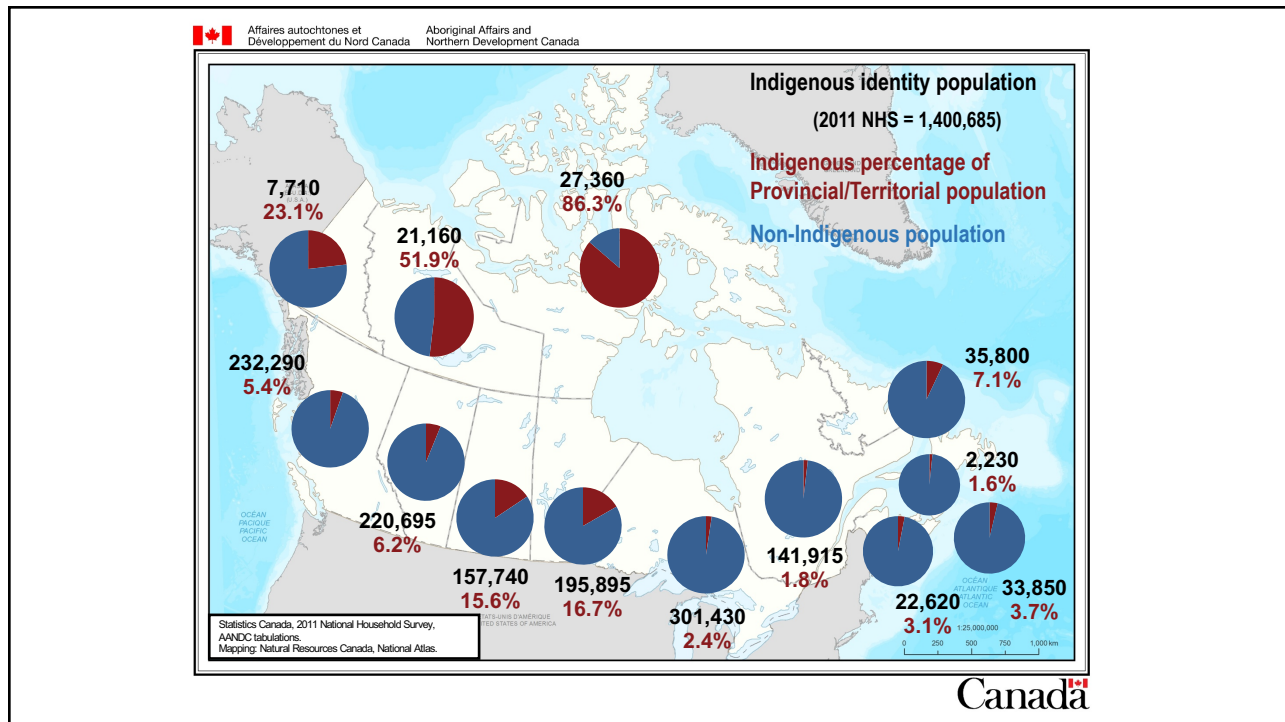
## Today's Expectations

The stated goal of today's dialog is to identify key issues facing Canadians and researchers across in the country and to illustrate how we can begin to move the conversation and research agenda away from a problem-based discourse towards solution-oriented research.

Fellows will walk away from this event with an increased awareness of the promising practices that are making a difference in these communities. *\*tall order, but let's get started.*

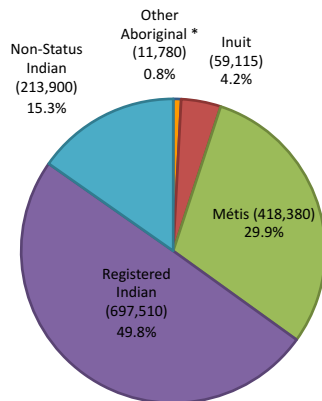
It's a renewed way of seeing Indigenous peoples' potential for improved health and wellbeing presented through the political lens of the federal government and the work of the Truth and Reconciliation Commission.

Fellows will reflect on how their research might contribute to improving the health and wellbeing of Indigenous peoples, particularly future generations of Indigenous children and youth.



## Demographics

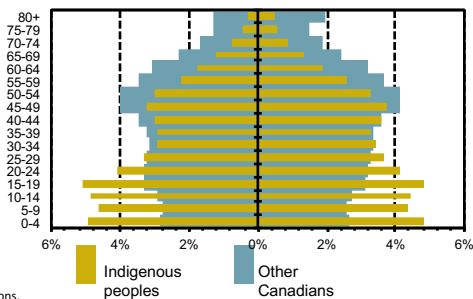
In 2011, there were 1,400,685 Indigenous peoples in Canada. This was 4.3% of the total population.



Statistics Canada, 2011 National Household Survey, AANDC tabulations.

The age structure of the Indigenous population is much younger than the rest of the Canadian population.

46% of First Nations, Inuit and Métis are under age 25 (versus 29% for the rest of the Canadian population).

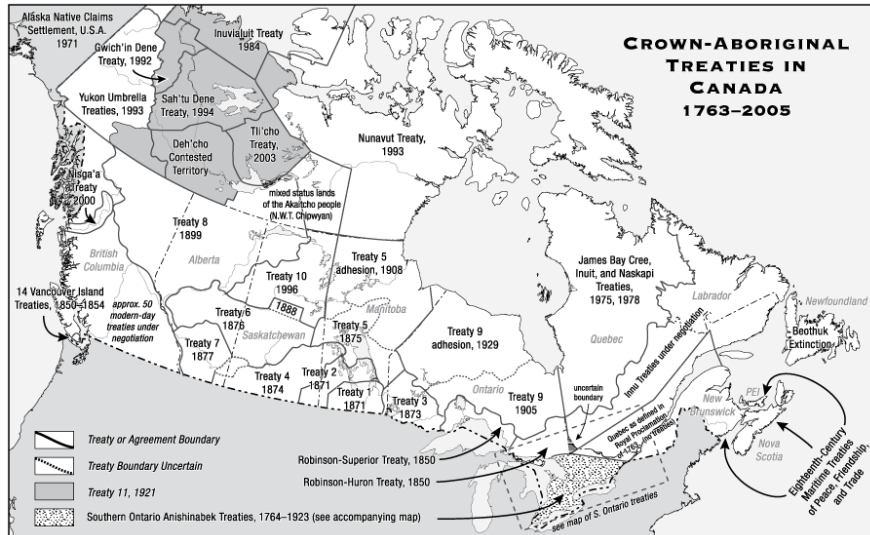


## Truth and Reconciliation Commission Calls to Action (2015): #18 re: Health

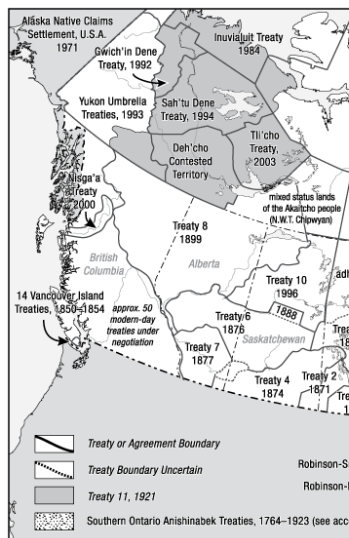
We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

## Colonization - Treaties

## Pre-and post-confederation treaties



## Pre-confederation treaties



### Haudenosaunee People



- **Guswenta** - Two Row Wampum belt: 1613
  - Made of white and purple trade beads.
  - One purple row = a sailboat, representing the Europeans.
  - Other purple row = a canoe, representing the Native Americans.
  - 3 rows of white beads:
    - 1<sup>st</sup> row = peace.
    - 2<sup>nd</sup> row = friendship.
    - 3<sup>rd</sup> row = forever.

*"We shall travel down the road of life, parallel to each other and never merging with each other."*

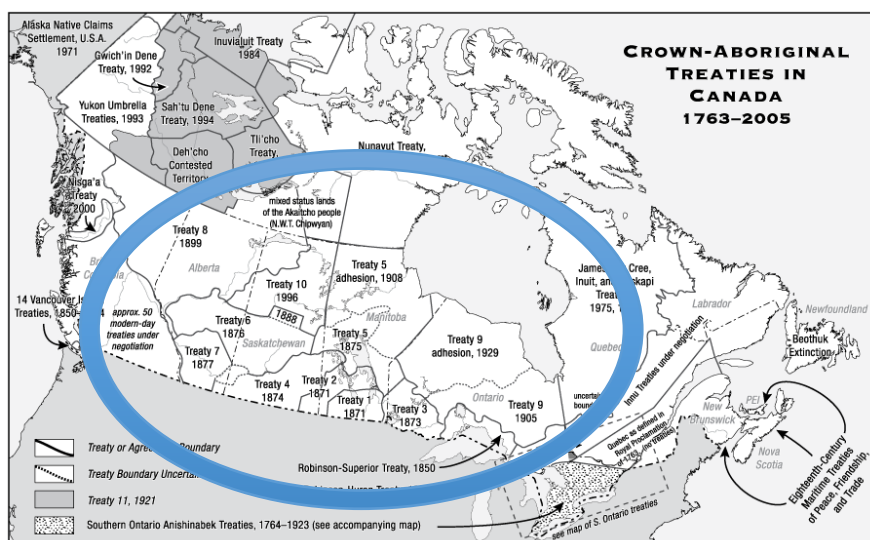
Venables, R.W. *The 1613 treaty*.

## Pre-confederation treaties



Kirmayer, L.J. et al. (2011). Rethinking Resilience From Indigenous Perspectives. *Can J Psychiatry* 56 (2):84-91.

## The Numbered Treaties





**Thomas King, *The Inconvenient Indian: A Curious Account of Native People in North America* (2012)**

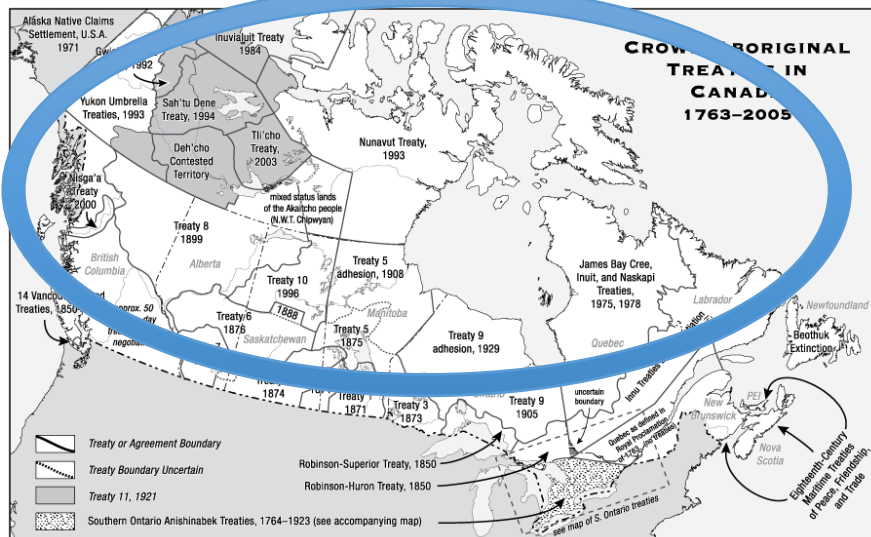
“A great many people in North America believe that Canada and the United States, in a moment of inexplicable generosity, gave treaty rights to Native people as a gift. Of course, anyone familiar with the history of Indians in North America knows that Native people paid for every treaty right, and in some cases, paid more than once. The idea that either country gave First Nations something for free is horseshit.”



**Got Land? Thank an Indian.**



## Northern land-claims treaties



Aboriginal Affairs and Northern Development Canada. (2010). *[now INAC] About British Columbia First Nations*. Accessed at <https://www.aadnc-aandc.gc.ca/eng/1100100021009/1314809450456> on 20 February 2014.

### Thomas King, *The Inconvenient Indian: A Curious Account of Native People in North America* (2012)

#### **What do Indians want?**

Great question. The problem is, it's the wrong question to ask.

#### **What do Whites want?**

No it's not a trick question. And I'm not being sarcastic.

The Lakota didn't want Europeans in the Black Hills, but Whites wanted the gold that was there. The Cherokee didn't want to move from Georgia to Indian Territory (Oklahoma), but Whites wanted the land. The Cree of Quebec weren't all that keen on vacating their homes to make way for the Great Whale project, but there's excellent money in hydroelectric power.

What do Whites want? The answer is quite simple, and it's been in plain sight all along. Land.

**Whites want land.**



# Forced removal of children

## Canada's Residential Schools (1876-1996)



The Truth and Reconciliation Commission of Canada. Accessed at [www.trc.ca](http://www.trc.ca).

## Canada's Residential Schools: 1870-1996

For more than 100 years, Canada's residential schools systematically undermined Indigenous cultures and disrupted generations of families and consequently contributed to a general loss of language and culture in subsequent generations.

From 1870 until the closing of the last residential school in 1996, 150,000 Indigenous children, including Status Indian, Métis, and Inuit, were placed in residential schools across Canada.

Today, more than 80,000 residential school survivors remain in Indigenous communities.

For the first time in decades, survivors are sharing the impact of their experiences with their families, their communities, and with other Canadians (*Truth and Reconciliation Commission of Canada*).

### Thomas King, *The Inconvenient Indian: A Curious Account of Native People in North America* (2012)

"Instead of trying to kill the Indian to save the child, North America might have gone into partnership with the various nations, and, together, they could have come up with an education plan that would have complemented native cultures and, perhaps, even enriched White culture at the same time.

Instead, North America decided that Native education had to be narrowly focused on White values, decided that Native values, ceremonies, and languages were inferior and had no value or place in a contemporary curriculum. This was the first abuse of the residential school system."

## First Nations Children in Care (1960s to present)

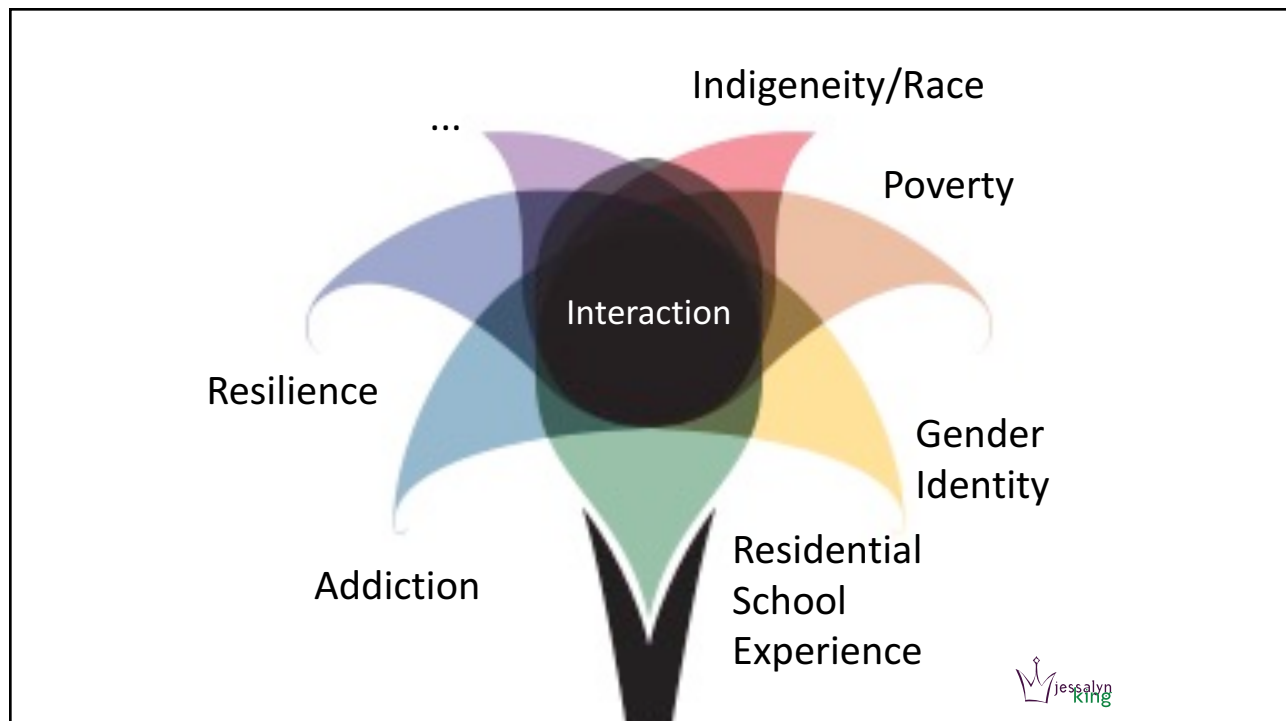
- Starting in the 1960s, under funding transfer agreements, First Nations children were increasingly placed in foster care under provincial jurisdiction.
- Most children were taken from their home communities, and raised away from their cultures, their languages and their extended families.
- This is known as the *60s scoop*; many never re-connected.
- The traumas of disconnection bear many similarities to those of the residential schools.

Royal Commission on Aboriginal Peoples, 1996 [3].

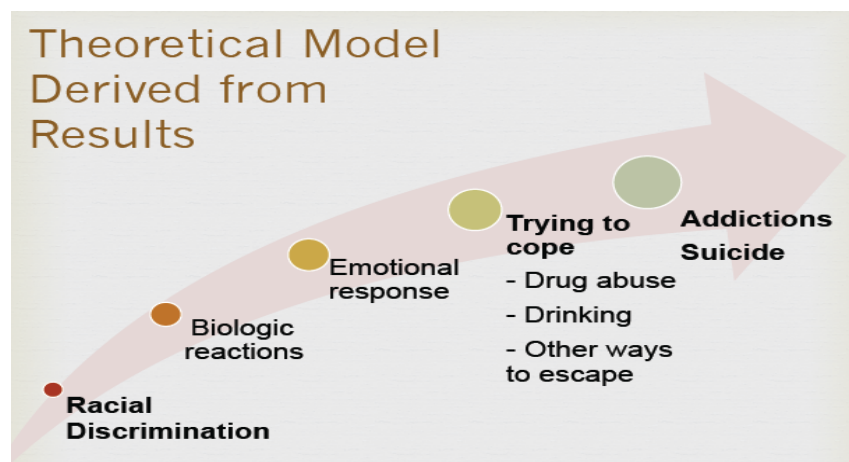
## First Nations Children in Care (1960s to present)

- The problem is ongoing ...
- In 2011, 14,225 (3.6%) of Indigenous children were foster children, compared with 0.3% of non-Indigenous children.
- Roughly half of the 30,000 or so children (aged 14 and under) who are in foster care are Indigenous.
- Most are placed away from their communities, even today.

Statistics Canada. Ottawa. (2013). 2011 National Household Survey: Aboriginal Peoples in Canada: First Nations People, Métis and Inuit,

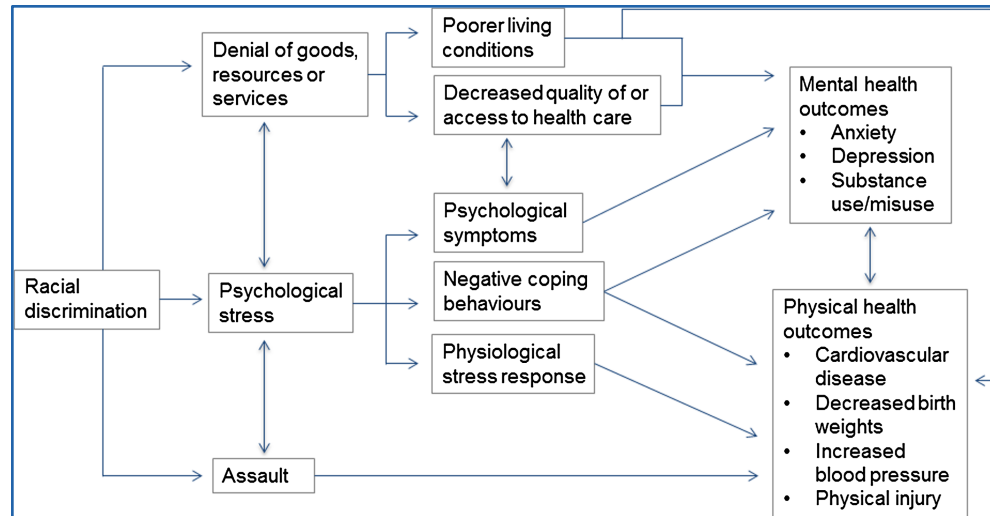


## Currie: University students' experiences with racism



Currie, CL *et al.* (2012). Racism experienced by Aboriginal university students in Canada. *Can J Psychiatry* 57(10):617-625.

## Paradies: Meta-analysis model



Yin Paradies *et al.* Racism as a determinant of health: a protocol for conducting a systematic review and meta-analysis. *Systematic Reviews* 2013, 2: 85.

## Indigenous Determinants of Health

- Conventional DoH:
  - Income
  - Education
  - Employment
  - Social status
  - Poverty
  - Societal stratification
  - Social support networks
  - Genetics
- Indigenous DoH:
  - Indigenous-specific:
    - Colonization
    - Connectivity to land / country (operationalized as land claim/title)
    - Self-determination
  - Other DoH with Indigenous-specific impact:
    - Globalization
    - Racism
    - Gender
    - Worldview

King, M. *et al.* (2009). Indigenous health part 2: the underlying causes of the health gap. *Lancet* 374: 76–85.

## Indigenous Worldviews

- Critical bond to land, nature
- Territory and natural environment reflected in our knowledge systems, social arrangements
- Part of and interconnected with our landscape
- Knowledge is experiential, observational, wholistic, ecological, systems-based
- Extensive kinship, including the spirit realm
- Time is cyclical and synchronical

## Indigeneity as a Health Determinant

*Positive identity, identity based on deficits, and negative identity are all seen within Indigenous populations*

- |  |   |
|--|---|
| • Dispossession, alienation, subjugation | • Oldest cultures in the world – strong, vibrant, adaptable, resilient, sustainable |
| • Forced and learned dependency          | • Culture, language, tradition  |
| • Essentialized, static                  | • Self-determination, self-governance, non-interference, tolerance                  |

*Durie – the challenge is to facilitate the development of healthy identities based on cultural strengths, not on disadvantage, disease burden and discrimination.*



## The Royal Commission on Aboriginal Peoples (1996)

RCAP's third volume, *Gathering Strength*, probes social conditions among Aboriginal people. The picture it presents is unacceptable. Aboriginal people's living standards have improved in the past 50 years, but they do not come close to those of non-Aboriginal people:

- Life expectancy is lower. Illness is more common. Human problems, from family violence to alcohol abuse, are more common too.
- Fewer children graduate from high school. Far fewer go on to colleges and universities.
- The homes of Aboriginal people are more often flimsy, leaky and overcrowded. Water and sanitation systems in Aboriginal communities are more often inadequate.
- Fewer Aboriginal people have jobs. More spend time in jails and prisons.

## The Royal Commission on Aboriginal Peoples (*cont'd*)

Aboriginal people do not want pity or handouts. They want recognition that these problems are largely the result of loss of their lands and resources, destruction of their economies and social institutions, and denial of their nationhood.

They seek a range of remedies for these injustices, but most of all, they seek control of their lives.

<http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>

see also King, Smith & Gracey, Lancet 2009.

## TRC Calls to Action – December 2015



## Justin Trudeau – December 2015

“And we will, in partnership with Indigenous communities, the provinces, territories, and other vital partners, fully implement the Calls to Action of the Truth and Reconciliation Commission, starting with the implementation of the United Nations Declaration on the Rights of Indigenous Peoples.”

## UN Declaration on the Rights of Indigenous Peoples

### **Article 24:**

- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
- **Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps, with a view to achieving progressively the full realization of this right.**

## Truth and Reconciliation Commission 94 Calls to Action – Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the healthcare rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal 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.

## Truth and Reconciliation Commission 94 Calls to Action

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
- i. Increase the number of Aboriginal professionals working in the health-care field.
  - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
  - iii. Provide cultural competency training for all health-care professionals.

## Truth and Reconciliation Commission 94 Calls to Action

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.

## Reconciliation and Indigenous Health Equity

The inequities in the health of First Nations, Inuit and Métis are well-known and long-standing. They are built on Canada's colonial past, and fed by the on-going resistance to reconcile with the injustices of the past and the present.

Reconciliation as a pathway to Indigenous health equity requires relationship building between Indigenous and non-Indigenous people, as well as fostering better understanding of each other's worldviews and ways of knowing.

### **Strategic Goal #1: First Nations, Inuit, and Métis Peoples and communities driving First Nations, Inuit, and Métis health research and knowledge translation**

- ***Mentor and train*** the next generation of First Nations, Inuit, and Métis researchers for academia, government, the public sector, and community
- ***Include Indigenous Ways of Knowing*** as a requirement in ***all*** IAPH funding opportunities and other CIHR Signature Initiatives
- Advocate for the ***inclusion of wellness*** across CIHR initiatives
- Support First Nations, Inuit, and Métis NGOs and communities in ***knowledge translation*** to ***accelerate implementation and scaling up*** of knowledge application
- ***Promote collaborative networks*** of health researchers, social scientists, and physical scientists to leverage new, dynamic, and ***innovative Indigenous health research***

## Strategic Goal #2: Transforming First Nations, Inuit, and Métis health through Indigenous Ways of Knowing and Two-Eyed Seeing

- Design research funding opportunities that will require researchers to have engagement plans to facilitate the **full participation** of First Nations, Inuit, and Métis Peoples and communities in **all stages of research**
- Infuse **Indigenous Ways of Knowing** and **Two-Eyed Seeing** into the **entire research process**:
  - As means of setting research priorities
  - To best determine the appropriateness of interventions
  - To develop relevant implementation strategies at the community level

## Strategic Goal #3: Wellness, strength, and resilience of First Nations, Inuit, and Métis Peoples: Moving Beyond Health Equity

- Collaborate with First Nations, Inuit, and Métis Peoples and communities to **advance concepts of wellness & Indigenous Ways of Knowing** as the **new norm** for Indigenous health
- Foster **meaningful integration of wellness in research** and knowledge translation through collaboration with international bodies, as well as researchers and communities
- Work with researchers and policy makers to **identify indicators to measure and monitor wellness** at the individual and population levels
- Fund researchers in their **development of new tools and methods that better incorporate the concept of wellness** in the research design



## Two-eyed Seeing: *Etuaptmumk*

The perspective of “two-eyed seeing”, as put forward by Mi’kmaq Elder Albert Marshall

To see from one  
eye with the  
strengths of  
Indigenous ways of  
knowing

And to see from  
the other eye with  
the strengths of  
Western ways of  
knowing

and to use both of  
these eyes together.



Marsden, D. An Indigenous view of urbanisation and its effect on Indigenous health practices. In King M. 2009. *Indigenous health part 2: The underlying causes of the health gap*. The Lancet 374: 76–85.