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Health Justice Tuesdays

**Working With Indigenous People:
Respect, Relationship, Responsibility,
Resources, Reconciliation, Reflection**

June 18, 2019

Emily Hill, Melissa Stevenson, and Fatima Uddin



Health Justice Tuesdays – Supported by:

Legal Aid Ontario (Program Funding)

St. Michael's Family Health Team and Hospital

(In Kind Support)

AFHTO Bright Lights Award

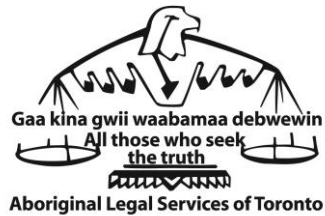
Nasmith Award (DFCM)

Organized by Education Subcommittee:

Gary Bloch, Emily Hill, J. Stone, R. Shoucri



HEALTH JUSTICE PROGRAM



St. Michael's
Inspired Care.
Inspiring Science.

Academic Family
Health Team



Presenters

Emily Hill
Interim Legal Advocacy
Director
Aboriginal Legal Services

Melissa Stevenson
Waash-keshuu-yaan
Coordinator
Anishnawbe Health
Toronto

Dr. Fatima Uddin
Staff Physician
Anishnawbe Health
Toronto, Sioux Lookout
Meno Ya Win Health
Centre

Presenter Disclosure

Faculty: Emily Hill

Relationships with commercial interests:

- **Grants/Research Support:**
XX
- **Speakers Bureau/Honoraria:**
XX
- **Consulting Fees:**
XX
- **Other:** Employee of Aboriginal Legal Services, which receives funding from Legal Aid Ontario

Faculty: Melissa Stevenson, RN

Relationships with commercial interests:

- **Grants/Research Support:**
XX
- **Speakers Bureau/Honoraria:**
XX
- **Consulting Fees:**
XX
- **Other:** Employee of Anishnawbe Health Toronto

Faculty: Dr. Fatima Uddin

Relationships with commercial interests:

- **Grants/Research Support:**
XX
- **Speakers Bureau/Honoraria:**
XX
- **Consulting Fees:** Indivior Canada, Opioid Use Disorder Advisory Board
- **Other:** Employee of Anishnawbe Health Toronto



Disclosing Commercial Support

This program has not received financial support nor in-kind support from any commercial interests

Potential for conflict(s) of interest:

- *None*



Mitigating Potential Bias

- *Not applicable*



Agenda & Objectives

- **Objective 1:** *That members of the FHT can identify the health care system as being inherently and foundationally anti-Indigenous racist.*
- **Objective 2:** *That members of the FHT understand that they have a responsibility to ameliorate this by checking their own assumptions and doing what is necessary to protect their patients from the health harming consequences of such racist systems (health, legal and others).*
- **Objective 3:** *That the FHT members leave the workshop with an increased knowledge of Indigenous ways of knowing and resources available to their Indigenous patients.*

Aboriginal Legal Services



- *Poverty law services*
- *Aboriginal court workers*
- *Youth and Adult diversion programs*
- *Gladue reports and aftercare*
- *Victim advocacy program*
- *Giiwedin Anang child welfare program*
- *Inquests*
- *Interventions at the Supreme Court, Court of Appeal, courts of first instance*



Anishnawbe Health Toronto

A CHC that serves the Indigenous community in the GTA and Ontario.

Our mission: to improve, support and promote the health, well-being and healing of Indigenous people in spirit, mind, emotion and body within a multidisciplinary health care model

Variety of Services available to address all aspects of self:

- *Primary care*
- *Diabetes Prevention & Education*
- *Psychology, psychiatry, mental health nurse/worker, circle of care workers*
- *Traditional counsellors, Chayuuweytim, Oshkii Okitchiidak youth program*
- *Youth outreach program*
- *Housing program*
- *Community health worker program*
- *Traditional Services*



Context - Pre-colonial Indigenous Society

- *Archeological evidence puts human beings in southern Ontario at least 7,000 – 11,000 years ago, pretty much right after end of ice age.*
- *Use the most conservative estimate of people in Ontario: 7,000 years and convert the period between 7,000 years ago and present day to 24 hours*
- *If we say first contact was about 500 years ago, the entirety of European presence in North America = 1 hour + 40 mins. Europeans got here at 10:20pm. “Canada’s 150” = about 30 minutes*
- *Rich, living cultures with complex, complete systems for education, health, child welfare, political life and law*



Context - Colonialism in Canada

- *Process of colonialism has many elements, but from initial European contact, the goal was the elimination of Indigenous people, families, community, culture and society*
- *Policies to reach this goal include:*
 - loss of land
 - *Indian Act*
 - residential schools
 - removal of children through child welfare (“60s Scoop”)
 - ongoing unequal access to services, funding, resources
- *First Nation peoples lost some 98% of their original lands through various legal means such as treaties and the Indian Act. Métis Nation peoples lost some 83% of their Red River lots through the Scrip program. The long-term result of such massive dispossession is institutionalized inequality*
- *Colonialism, in all its varied forms, challenged Indigenous worldviews that led to a devaluation of the role of Indigenous political and spiritual leaders and corresponding Indigenous values and traditions*



Context - Colonialism in Canada

“I think it’s key to talk about the kind of colonialism that emerged here and that is settler colonialism. And in settler colonialism colonizers come to stay and they claim sovereignty – or we claim sovereignty over Indigenous lands and this is why settler colonialism is often described as a structure and not an event – not a historical event in the past, but that - as a structure that’s ongoing. And as a structure, settler colonialism requires not only the claim to sovereignty, but state systems like law, education, and public health that seek to control and manage and ultimately assimilate Indigenous people into settler’s society or mainstream society.”

Dr. Carmela Murdocca



Context – Colonial Legal Policy

- *Infringement of civil liberties and outlawed cultural practices*
- *Criminalized protecting children from residential school*
- *Enfranchisement meant giving up Status and no right to vote until 1960 (vs 1921 for most other women)*
- *In 2016/17 Indigenous adult men accounted for 28% of admissions to adult custody; Indigenous women made up 43%; girls accounting for 60%*
- *48% of the 30,000 children and youth in care across Canada are Indigenous*
- *Indigenous people make up just 4.1% of the Canadian adult population*




Context – Colonial Health Policy

- *Health impacts of contact*
- *Indian Agent controlled access to healthcare*
- *Outlawed traditional health practices*
- *Deaths of children in residential school*
- *Indian hospitals*
- *Forced sterilization*
- *Disputes between Federal and Provincial authorities*

Example: Brian Sinclair





Can you identify an example of how the health care system perpetuated discrimination either directly or indirectly?



TRC Health Justice Calls to Action

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 health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.



Legacies of Colonization

Racism is a legacy of colonization. **Racism that targets Indigenous people is distinctly different.** The reality of this perspective lies in the strength of colonial history: **the only remaining race-based legislation in the world - the Canadian Indian Act**; the far reaching consequences of **legislated interference to Indigenous identity** ("Status Indians"); the Reserve system, Indian residential schools, and Indian Hospitals; the violence of everyday and **systemic racism** (Missing and Murdered Aboriginal Women); and the legacy of **statistical disparities** that exist between Indigenous people and all other Canadians. These disparities are the consequences to being considered **"not fully human"** and the host of other narratives that erupt from colonial history.

Provincial Health Services Authority, BC (Indigenous Cultural Competency Curriculum)



Legacies of Colonization

- **Intergenerational trauma**, or transgenerational trauma, is what happens when untreated trauma-related stress experienced by survivors is passed on to second and subsequent generations
- There is evidence of the impact of **intergenerational trauma** on the health and social disparities facing Indigenous peoples in Canada and other countries.
- The trauma inflicted by residential schools (and other policies) was significant, and the scope of the damage these events wrought wouldn't be truly understood until years later



Legacies of Colonization

“When you talk about things like addiction and family abuse, elder abuse, sexual abuse, suicide and all the different forms of abuse we seem to be experiencing, it’s all based on the original violence....churches and governments made us believe that the way we are today is the Dene way. It isn’t. That is not the Dene culture.”

Roy Fabian, Hay River NWT



Connecting Health and Justice – Case 1, DD

- ID: 48 y/o woman, identifies as Cree
- Chief Complaint: ODSP application declined last year, feels her previous MD did not do a good job completing it.
- Physical health issues: Type II Diabetes, Chronic Pain
- After several visits and establishment of a relationship, patient discloses a history of childhood trauma, an early life spent in foster homes and the ongoing effect on mental/emotional/physical/spiritual health
- Diagnosed with PTSD and awaiting appointment with counsellor/psychiatry
- Together, DD and physician complete a written narrative and resubmit ODSP application, which is approved!



TRC Health Justice Calls to Action

34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:

- i. Providing increased community resources and powers for courts to ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD.
- ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.
- iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.
- iv. Adopting appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety.



Connecting Health and Justice – Case 2, JS

- ID: 54 y/o man, identifies as Ojibway
- Physical health issues: Severe Alcohol Dependence, Hepatitis C, Ascites, Congestive Heart Failure
- SDOH: Homeless
- Challenge: Unable to attend appointments, comes in when completely decompensated and is sent to ER
- Often leaves ER AMA, or is discharged and unable to follow up



Connecting Health and Justice – Case 2, JS

- Justice system involvement: Multiple charges for minor altercations
- Health justice intervention: Advocacy for assessment of FASD, patient diagnosed, and is connected to FASD case manager through Aboriginal Legal Services Toronto
- Outcomes: Diversion away from criminal justice system, connected to healthcare and housing with the help of case manager who attends appointments with patient (in addition to other supports), patient's health improves significantly



TRC Health Justice Calls to Action

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:

i. Monitoring and assessing neglect investigations.

ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.

iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.

iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.

v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.



Connecting Health and Justice – Case 3, SN

- ID: 23 y/o woman, law student, identifies as Saukteaux
- Presents to the ER with her 13 month-old daughter who is experiencing diarrhea, dehydration
- Child is treated adequately, and mom advised to administer oral fluids
- After several hours, mom feels child is faring better and that she can continue fluid administration at home
- Advised by resident physician that “we may have to get CAS involved”



Connecting Health and Justice – Case 3, SN

- Negative outcome: SN comes back to GP with whom she has a good relationship and says “I am never going back to that hospital again. In fact, it would take a lot for me to go to any ER at this point.”
- Positive outcome: GP is able to help SN register her experience with the hospital’s Office of Patient and Family Experience, which helps SN to feel more empowered to effect change



Connecting Health and Justice

- What culturally-anchored assumptions do healthcare professions share in common with the dominant culture(s) in Canada?
- Do you think these characteristics may reflect the assumptions of the European settlers who came to this land years ago?
- If so, can you imagine the potential for difficulty when the health services delivered to Indigenous people are rooted in the values of those who colonized them?



Connecting Health and Justice

- Can you identify aspects of the healthcare culture that may be at odds with the cultures of patients?
- Some examples include:
 - Emphasis on office efficiency vs. creating connection with client
 - Emphasis on scheduled and time-limited appointments vs. using time as needed
 - Expectations for revealing private information vs. respect for personal privacy
 - Importance of legal documents vs. spoken agreements
 - Different definitions of family, who that includes, what the roles are




Connecting Health and Justice

- With respect to Indigenous peoples, health care providers' responsibility is unique
- This responsibility can be carried out only when we acknowledge what each of us needs to unlearn
- It involves a recognition that there are good reasons why Indigenous people may be distrustful of health and legal systems and practitioners
- We must recognize that health decisions may have consequences in other systems which harm Indigenous people and communities, e.g. criminal and child welfare
- Part of the responsibility for the power and privilege we have as lawyers, physicians, nurses etc. is to address barriers, advocate. This could be as much as 10 extra minutes spent in a day, building relationship.



Connecting Health and Justice

- Case 1 – Taking time to build relationship, and help patient share narrative to get appropriate resources.
- Cases 2 – Considering possible effects of trauma/colonization of patient's life (e.g. FASD) and advocating for appropriate assessment and accommodation.
- Case 3 – Helping patient to seek justice and register experience of racism with appropriate bodies.




An important first step to doing this work is knowing how to identify your patient as Indigenous.

- *Here are some ways to do that: Do you identify as Indigenous? Are you First Nation, Metis or Inuit? Where are you from?*

“The reason why I am asking is that I want to make sure I am connecting you to the right resources. I am interested to learn more about your experiences.”

- *Recognize that these questions may be difficult and bring up experiences of separation, trauma, guilt, shame*



Can you think of an example where the care you provided was informed by the patient's experiences as an Indigenous person?



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Health Justice Tuesdays

Application

Indigenous Lens

- *Basis with the application of an Indigenous lens*
 - *Respect*
 - *Relationship*
 - *Reciprocity*
- *Using traditional tools within care*
 - *Medicine wheel assessments for overall health*





Because of the systems imposed on Indigenous people, some of the processes are unique.

For example:

- *Non-Insured Health Benefits*
- *Indian Act*
- *Gladue principles*
- *Child Welfare legislation*



Because of the resilience and leadership of the Indigenous community, there are unique resources like:

Health:

- *Anishnawbe Health Toronto*
- *Seventh Generations Midwives Toronto*

Legal:

- *Aboriginal Legal Services*

Community Supports:

- *Native Canadian Centre of Toronto*
- *Council Fire*
- *Toronto Aboriginal Support Services Council (TASSC)*
- *Toronto Indigenous Health Strategy*



What is something you learned in this session that is applicable to your practice? How might that look?



Questions?



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Health Justice Tuesdays

Feb. 12, 2019	Health and Housing Law - Dr. Andrew Bond and Benjamin Ries
March 19, 2019	Health and Family Law - Dr. Kathleen Doukas and Ishbel Ogilvie
April 9, 2019	Health and Income Security Law - Dr. Gary Bloch and Anu Bakshi
May 14, 2019	Health and Immigration Law - Dr. Vanessa Redditt and Jennifer Stone
May 28, 2019	Legal Issues affecting people living w HIV/AIDS - Dr. Gordon Arbess and Ryan Peck
June 18, 2019	Health, Law and Indigenous Peoples - Melissa Stevenson , Dr. Fatima Uddin and Emily Hill
Sept. 10, 2019*	Health and Capacity, Decision-Making, and Advanced Care planning - Dr. Bill Sullivan and Mercedes Perez
Sept. 24, 2019	Health and Employment Law - Dr. Andrew Pinto and Nabila Qureshi
Oct. 8, 2019	Health and Criminal Justice System - Flora Matheson and Promise Holmes Skinner
Nov. 19, 2019	Health and Human Rights Law - Dr. Laurie Green and Kerri Joffe



Contact

Jennifer Stone, Onsite Lawyer

Health Centre at 80 Bond, Room 1-102

Toronto, ON M5B 1X2

Tel: 416-864-3005

stonej@lao.on.ca