



Faculty of Health Sciences Indigenization Committee Response to In Plain Sight: Addressing Indigenous Specific Racism and Discrimination In BC Health Care

We acknowledge with gratitude and respect that we work, learn, and teach on the land of the Stó:lō People.

We, as members of the Faculty of Health Sciences Indigenization committee, acknowledge the assiduous work of Dr. Turpel-Lafond in listening to the deplorable, and painful experiences and truths of Indigenous people. We recognize the strength and bravery of the 600 plus Indigenous people who shared their stories, and we acknowledge the insurmountable trauma of those who had stories that could not be told during the investigation into Indigenous-specific racism in British Columbia's (BC) health care system.

As health-related educators and professionals in BC, Dr. Turpel-Lafond's report resonated strongly with our faculty and students. It was difficult reading the many racist experiences of Indigenous people within the BC health care system, a system that exists to first and foremost meet the principles of the Canada Health Act. However, the lack of equal access and Indigenous Peoples' right to competent and culturally safe health care is obviously lacking.

As educators we recognize the truths told and clearly identify our collective and individual responsibilities in actualizing changes to the way we educate our students who will likely be a part of the BC health care system.

We accept Jody Wilson-Raybould's words in the report, "...The problem of on-going racism in Canada towards Indigenous peoples in the health care system is an example of the on-going systemic racism that continues to inflict our country more generally..." (In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, p. 179).

Our acknowledgements to this report reflect an understanding of the relevance of the findings to all programs within the Faculty of Health Sciences: The School of Kinesiology and the School of Health Studies (Dental Assistant, Health Care Aide, Practical Nursing, and the BSN Nursing programs). The Faculty of Health Sciences Indigenization committee includes representation from all programs and, as such, we recognize that the responsibility lies within us as individuals, within our disciplines, and within our institutions to work towards decolonization and reconciliation.

As per the report, we acknowledge that it is the work and responsibility of non-Indigenous individuals to effect change, to monitor progress, and to create accountability under the guidance of and in relationship with our Indigenous leaders and community members.

As we educate and prepare future graduates from the School of Kinesiology and the School of Health Studies, we are committed to our responsibility of ensuring all graduates enter the workforce with an accurate and detailed understanding of the Indigenous-specific racism and discrimination that exists. We accept it is our responsibility to ensure graduates from our programs leave fully equipped with the tools, knowledge, and attitudes they need to enact the changes necessary to provide equitable access to health services for Indigenous peoples, and practice in a culturally safe way to end systemic racism.

We regret not doing more sooner to embed lessons of decolonization and indigenization within our curriculums. We are ashamed that for many years we did not address racism and in particular, Indigenous-specific racism, in deliberate and comprehensive ways in our programs. We acknowledge that our schools have contributed to the systemic racism experienced by Indigenous peoples because the findings of the report suggest that these incidents are so widespread that it is possible that one or more of our graduates either participated in or were witness to some of these grievous acts. We also apologize for not attending to the crucial need of investing in the professional development of faculty and staff in areas of cultural safety, decolonization, and indigenization, until recently.

As members of the Faculty of Health Sciences Indigenization committee and educators of students in the Faculty of Health Sciences, we denounce all forms of Indigenous-specific racism and discrimination. We commit to our responsibility to become catalysts for change by learning more from Indigenous Peoples, engaging in personal reflection to reveal unconscious bias, and working toward decolonizing and indigenizing education in our programs.

For us to be part of the solution, we are aware that we must move from learning and understanding to praxis and informed action. We respond to the Recommendations that emerged from the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination In BC Health Care report with our own unique plans for action:

Recommendation 1: *“setting the tone for similar apologies throughout the health care system, and affirm [our] responsibility to direct and implement a comprehensive, system-wide approach to addressing the problem”*

- With sincerity we wish to atone for our misguided wrong doings as a Faculty of Health Sciences. We accept that within our programs we failed to address decolonization, indigenization, and anti-indigenous racism sufficiently. Moving forward, and with the following Recommendations to act as our Call to Action, we will be deliberate and comprehensive in our approach to address the problems raised in the report.

Recommendation 6: *“That the parties to the bilateral and tripartite First Nations health plans and agreements work in co-operation with BC First Nations to establish expectations for addressing commitments in those agreements through renewed structures and agreements that are consistent with the implementation of DRIPA”*

- More specifically to our nursing programs, we will enhance the depth of our lessons about the history of the bilateral and tripartite First Nations health plans and agreements. We will devote adequate time and care to ensure our students better understand the importance of these agreements.

- We will educate our students on the resources available for Indigenous people of BC related to health and wellness.
- We will promote Indigenous clinical and experiential learning opportunities in our programs.

Recommendation 8: *“That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples.”*

- We will ensure all faculty and staff are provided opportunity and the expectation to engage meaningfully in professional development that addresses cultural safety (e.g., San’yas), and decolonization (e.g., Educators Journey Towards Reconciliation and Weaving Knowledge Systems)

Recommendation 11: *“That the B.C. government continue efforts to strengthen employee speak up culture throughout the entire health care system so employees can identify and disclose information relating to Indigenous-specific racism or any other matter, by applying the Public Interest Disclosure Act (PIDA) to employees throughout the health care sector without further delay.”*

- Our Committee, the Faculty of Health Sciences Indigenization Committee, commits to being a place to listen to and promote a speak-up culture. We remain a safe and understanding place to disclose, share, discuss, and address instances of anti-Indigenous racism.
- Our Committee commits to creating a culturally safe space for students to identify, and equip them with the skills and ability to speak up. Further that all graduates will easily identify Indigenous-specific racism, ensure that this is not a part of their practice, and have the skills and ability to speak up.

Recommendation 14: *“That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.”*

- Our Committee commits to ongoing advocacy for the recruitment of additional Indigenous scholars and leaders throughout our Faculty and institution.
- We commit to supporting these Indigenous individuals by amplifying their voices and teachings.
- We commit as faculty members to encourage and advocate within our own professional health and education bodies for meaningful Indigenous inclusion.

Recommendation 18: *“That the B.C. government require all university and college degree and diploma programs for health professionals in B.C. to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students.”*

- We commit to adding and strengthening strategies to identify, recruit, and retain Indigenous students across our programs.
- We commit to increasing the safety of the learning environment by:
 - Increasing the knowledge of our faculty and staff on issues of decolonization, indigenization, and cultural safety through optional and expected development (courses such as San'yas and Educators Journey Towards Reconciliation and Weaving Knowledge Systems)
 - Ensuring that the educational content and materials related to Indigenous Peoples being presented in class is accurate and is discussed in ways that are cognizant of the real trauma experienced by Indigenous students and their family members and avoid at all junctures the possibility of re-traumatizing Indigenous learners and their families.
 - Deepening our Faculty's relationships with our University Elders, the Indigenous Student Centre, and the Indigenous Affairs Office.
 - Incorporating more opportunities to learn and experience Indigenous Worldviews within our teaching, clinical, and experiential learning settings.

Recommendation 20: *“That a refreshed approach to anti-racism, cultural humility, and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training.”*

- All faculty and staff will be expected to engage in professional development that addresses cultural safety (e.g., San'yas), and decolonization (e.g., Educators Journey Towards Reconciliation and Weaving Knowledge Systems).
- We will ensure that students, prior to entering clinical or experiential learning settings, are prepared with their own cultural safety knowledge.

Recommendation 21: *“That all BC university and college degree and diploma programs for health practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of indigenous specific racism, colonialism, trauma-informed practice, Indigenous health and wellness, and the requirement to provide service that meets and exceeds the minimum standards in the UN Declaration.”*

- We will ensure that students in our programs receive education on:
 - Racism, unconscious bias, privilege, and equity
 - The History of Indigenous peoples of Canada
 - The United Nations Declaration on the Rights of Indigenous Peoples as it pertains to health care
 - Decolonization, cultural humility, trauma-informed practice, and reconciliation
 - The History of Indigenous people's relationship to healthcare, dentistry, sport, leisure, fitness, and physical education

- Indigenous knowledge, traditional healers and Indigenous approaches to health and wellness.

Recommendation 23: *“That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous physicians, experts, and the University of British Columbia or other institutions as appropriate, establish a Joint Degree in Medicine and Indigenous Medicine. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous nurse, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions”.*

- We will support the process of creating an education program that supports Western and Indigenous Medicine.
- We will continue to support students to explore opportunities to access knowledge on Indigenous medicine, health, and wellness.

Furthermore, we will ensure authentic engagement with our local Indigenous communities, the Stó:lō people, in order to hear and learn from their truths with regard to their experiences with healthcare, and in other health and wellness related areas.

In conclusion, we acknowledge the findings and recommendations of the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care report and we commit to actions to address them. We will develop and implement mechanisms to monitor and evaluate our progress towards decolonization, indigenization, and Indigenous-specific anti-racism.



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