

Tanisi Nitotemtihk ekwa niwakomakantihk (Hello friends and relatives).

I will be speaking to you today about the effect of racism and discrimination on Indigenous Peoples' in Canada, especially while accessing health care and asserting our Treaty Rights to health care, hunting, fishing, and gathering medicines and also about participation in decision making processes. I am a Family Physician and work in a rural remote Cree Nation and also have an urban practice in Edmonton, Alberta, Canada.

I am from the *Nehiyawak* Nation, commonly known as "Plains Cree." In our language we call ourselves the People of the Four Directions. We also are called *ayisiyiniwak* – original human beings to Great Turtle Island, presently known as North America. Our Creation teachings tell us that we have been here since the beginning of time and that we came from *Ayisiniwatinaw* – translated roughly into "first person hill" located near Cypress Hills in what is now known as the Province of Alberta, Canada. There is a large natural human face created in this land formation at this site. This is the heart of our Nation. 110

At this sacred site there exists an oil well and is situated on private land in which we do not have access to any longer. What this feels like is having an intravenous line placed directly into your heart, but instead of it bringing you *pimatisiwin*, life, it brings about a slow and sure death as nothing can survive on oil alone. This illustrates the direction that the successor State Canada has taken in its dealings with our Peoples – privatization of our Lands and natural resource exploitation thereafter. This site should be a UNESCO world heritage site.

As sovereign nations we have always entered into Treaty agreements with one another and this is what we extended to our European relations on their arrival. We never agreed to give up our Land for it is the women who are the Land owners in our own governance structures and it is the men who agreed to Treaties. Men enter into Peace and Friendship Treaties, so our governance structures tell us we never ceded or surrendered our Lands. *Nehiyawak* entered into Treaty Number Six in 1876 with the Crown of England and as part of our Treaty Promise our ancestors asked for there to be a Medicine Chest to be left in the house of the Indian Agent and for there to be assistance during times of "pestilence and famine." This has been interpreted for there to be health care and Western medicines available to us for "as long as the Sun shines, grass grows, waters flow" and the often-forgotten latter part, "as long as there are Native Peoples." 2:54

While we acknowledged the importance of Western medicines to deal with Western illnesses or those which our Peoples had yet to experience, we never agreed to give up our access to own *Nehiyaw maskihkiya*, Cree medicines or our own Cree medical system. Indigenous medicines are the original medicines of Turtle Island. Our medical system was outlawed by the Canadian Federal government for over 100 years, and this is why our people are sick and over represented in morbidity and mortality. Imagine if there was no hospitals, medicines, doctors and nurses for over 100 years? What would this do to a people? What would this do to a Nation?

When the COVID-19 Global Pandemic was announced in March 2020, First Nations' Peoples' in Canada responded in various ways. Many responded by asserting their sovereignty and closing their borders immediately. They were familiar with the Government of Canada's response during the 2009 H1N1 pandemic when First Nations in Manitoba requested assistance and human body bags were sent instead. They recognized the devastation that could happen if the COVID-19 virus entered into their Nations where the broken Treaty agreements have caused social inequities to flourish in the forms of overcrowded housing, decreased sanitation, poverty and "lifestyle diseases" of colonization. In Treaty Six we watched in horror at what was happening to our Dinè (Navajo) relations in the United States where the COVID-19 infection rates quickly overwhelmed the local health system's capacity to cope and "Doctors without Borders" for the first time since the organization was created in 1971, responded to a health crisis within the borders of a Developed Nation, the United States of America. 450

It was also in March that the Federal Minister for Crown-Indigenous Relations reached out to me to ask for advice regarding local Indigenous responses to the pandemic. I advised her that a panel of Indigenous physicians who work in Indigenous Nations should be assembled and meet weekly to ensure our Peoples' needs were not lost in the complex bureaucracy of Health Canada. Never before has there existed such a committee and we have been able to advocate directly for the needs of our Peoples in a real time manner.

At the same time Indigenous Peoples' started to prepare to feed their families by asserting their Treaty right to hunt and gather natural foods. The Indigenous communities were shocked when two Indigenous men, aged 39 and 57 were murdered while they were out hunting on their territories in Alberta. Many people became afraid to hunt to be able to provide food for their families. In October 2020 the country watched as the Lobster feud erupted in the province of Nova Scotia between Mi'kmaq and non-Indigenous fisherman. A Mi'kmaq lobster fishery was burned to the ground while the Royal Canadian Mounted Police stood around amidst the violence. When my father, husband and I are out hunting for moose we are questioned by farmers who have agricultural leases on Crown Land why we are there. Similarly, we see signs from oil and gas corporations who have leases on Crown Land that hunting is prohibited. Our Treaties supersede corporate and agricultural leases. 635

As a physician, I was happy to see many Indigenous People take a renewed interest in our own Indigenous medicines. At times we have to cross the Canada-United States border to retrieve these. To this day, Indigenous Peoples continue to be harassed by Canada and United States border agents who have no training on Indigenous Peoples rights to cross borders freely, especially as it relates to our own Indigenous medicines and sacred items – this has to stop.

The primary health care systems in most First Nations across the country are non-existent since they were defunded in the 1980's with the introduction of the Canada Health Act which transferred health as a responsibility to provincial governments. For example, about 6/45 First Nations in Alberta would be classified as having regular health care by a primary care practitioner. In our Treaty agreements, 100% of First Nations are supposed to have access to regular, safe, health care. As a result, most First Nations have to seek care off of the reserve

and in the local municipalities where they commonly experience overt racism that will at best provide substandard care, and at worst cause their death. 804

I have had patients as young as 17 years old present to the Emergency Room in sepsis from a blood infection causing confusion and erratic behaviour only to be sent a security guard to ensure they do not cause trouble as they were assumed to be intoxicated, rather than a triage nurse or physician would have realized they were severely ill. This patient ultimately died at the hands of the health care system. No investigation was conducted, no adverse event was reported, no hospital procedures were changed, no one was held accountable, and in the end, he was just “another dead Indian.”

It is well known that Indigenous women continue to be forcibly sterilized in provincially funded hospitals in Canada and there is an awful history of such across the country. Recent reports out of Saskatoon, Saskatchewan have resulted in a class action law suit against the Saskatoon Health Region of more than 100 Indigenous women forcibly sterilized between 2000-2010. One component of Genocide is imposing measures to prevent births within a group, but the Truth and Reconciliation Commission which investigated Canada’s participation in the Residential School Era only classified what has happened here as “cultural genocide.” Are Indigenous women’s female reproductive organs so different that we must call this cultural vs naming it as it is, genocide? Indigenous People should not have to sue the government to be treated like human beings. 945

The COVID-19 vaccine is starting to be released in other parts of the world and will soon be released in Alberta. Many Indigenous people are weary of the vaccine and are reluctant to be what they refer to as “guinea pigs.” We must understand history to understand where this fear stems from. For example, at the Fort Qu’Appelle Indian Hospital in Saskatchewan, the BCG Tuberculosis vaccine was trialed and tested on Indigenous children without appropriate consent, resulting in deaths.

In light of the new vaccine that requires temperatures of -75C to be stored safely, we are assured by government officials our Nations will be supplied with the adequate equipment to store and then administer the vaccine. The refrigerators to store the vaccine have been said to cost in excess of \$15 000 per unit. As a physician I have requested life-saving equipment including crash carts to resuscitate patients as we wait for Emergency Medical Services to come – but was told by the same government officials in the past that these will not be covered as our Nation was not considered “remote enough.” It is this dichotomy of priorities that causes me to question why our People are prioritized to be at the front of the line now when we are not prioritized in non-pandemic times? 1125

Recently there have been two province wide investigations into systemic racism in the health care systems in Canada, in the provinces of British Columbia and Quebec. In spite of the Quebec commissioner’s findings during this public inquiry that state there is pervasive systemic racism in the health-care system, the Premier of Quebec will not confirm this.

In these circumstances where there are stark differences in opinions on the existence of systemic racism in the health system, the Federal government must hold the provincial governments accountable for providing safe and adequate health care to all Indigenous Peoples'. 1150

When Joyce Echaquan was killed at the hands of the Quebec health system in September 2020, our Indigenous physician group advocated for there to be an immediate meeting of the key players within the Canadian health system. Within two weeks, for the first time in the history of Canada all of the key players in the health system met to hear the stories of Indigenous health professionals who experience racism themselves or see it first hand through their patients, and they had to listen. As part of this work we undertook an environmental scan of all of the Medical Associations across the country to determine the number of Indigenous physicians who held physician dedicated board leadership positions, the number was a mere 3/185. How can there be any fundamental changes in Indigenous health, when Indigenous people are not at the tables that determine health priorities, especially in the field of Medicine? This is what systemic racism looks like.

In conclusion, it is clear that there is a foundation of mistrust, broken Treaty promises, and a health system that is inherently racist in Canada which has caused the life expectancy of Indigenous Peoples in Canada to continue to decline. There is room for improvement in all areas of the health sector as it relates to Indigenous health. The racism experienced by Indigenous Peoples starts as patients, and continues into the training programs Indigenous students undertake to become health professionals. Medical Schools have failed to adequately address the urgency of this situation as evidenced by the fact that few have any real curriculum in Indigenous health and that Indigenous medical students continue to struggle in these programs and are often forced to leave.

In times of pandemics, vaccination programs are critical. For there to be extensive uptake of vaccinations, trust is important. For decades colonial governments have allowed there to be a slow and insidious death of Indigenous Peoples through their policies, laws, and inaction to take necessary measures to improve the gaps in Indigenous health. This includes rebuilding Indigenous health systems with Elders, Traditional Medicine People, and Indigenous Knowledge Holders. This also includes building adequate health education institutions including Indigenous Medical Schools with Traditional Medicine people as Faculty. If the mainstream Western Universities will not undertake the significant shift required to turn the tide in educating anti-racist health professionals, then Indigenous post-secondary institutions should be provided the resources to do this themselves. The same effort and resources that went into dismantling the Indigenous health systems and institutions over centuries must likewise be utilized with equal rigor if we are to see a shift in Indigenous health outcomes. If we want Indigenous Peoples to be the first to take vaccines, then we must rebuild trust through action.

I ask the United Nations to utilize the World Health Organization as an independent body to conduct an independent analysis of systemic racism in the health care systems where

Indigenous Peoples request them to do so. Health is a human right and for many Indigenous Peoples, health is a treaty right.

Lastly, we must continue to think in the same way that our ancestors seven generations in the past thought about us to be here today, we must never give up as the next seven generations into the future are depending on us all, *ahkameyimok*.

Ekosi pitama.

15:00

References

<https://www.albertahealthservices.ca/info/page7634.aspx#:~:text=With%2020%2C700%20Albertans%20self%2Didentifying,Canada%3A%20the%20eight%20M%C3%A9tis%20settlements.>