

Celebrating Indigenous Physicians in BC: Cultural Safety
and Anti-Racism from Indigenous Physicians' Perspectives.

Indigenous Health & Wellness

Terminology, Practical Tips, & Resources...
for working with Indigenous Patients

November 3, 2022

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Hello!

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Indigenous Terminology

& why it is important to know - for both Patients & Learners

Indigenous = First Nations, Métis, & Inuit

- ◆ Indigenous is now the preferred “umbrella term” that includes all three recognized First Peoples of Canada above. It comes from UNDRIP (the United Nations Declaration on the Rights of Indigenous Peoples)
- ◆ Obviously “Indian” is out, except when it must be said referring to Indian Act, Indian Status, etc. Another term still used is “Aboriginal”, but this is less favoured by some because ab = not, original = normal, so it has negative connotations built into it. “Native” is still used, but does have a history of being used in derogatory ways so is sometimes less favoured for non-Indigenous people to use for us, unless it is in a name or title, such as “Native-owned” in a business description for example. *As in that case, always use whatever word is pre-identified for you in a title/name*

Indigenous = First Nations, Métis, & Inuit

- ◆ ** Of course each individual or Nation may have their own preferred terminology. If they address themselves as Native or Aboriginal or any other term rather than Indigenous, then use & respect their preferred terms (Except Indian! They may call each other that or use that term, but a someone from a Settler-identity never should!!)
- ◆ Writing Tip: "Indigenous Peoples", "First Nations", & all names should always be capitalized

First Nations = First Peoples

- ◆ First Nations is a term used to describe Indigenous Peoples in Canada who are NOT Métis or Inuit (whom are recognized as separate groups in their own right)
- ◆ First Nations People are known as the original inhabitants of the land that is now Canada, & were the first to encounter sustained European contact, settlement, & trade.
- ◆ They can be Status or Non-Status

What is Status?

- ◆ “Indian Status” is the specific legal identity of a person who is registered as an “Indian” under the Indian Act of Canada (yes, they still use “Indian” here...)
- ◆ Under this, they will have a Status ID Card with their unique “Registration Number” on it (this is the number needed to access Status-specific resources, such as medication & dental coverage, counselling, treatment programs, etc.)
- ◆ Status only applies to First Nations People, HOWEVER Indian Status is a complicated governmental process that has changed over the years, so it may not necessarily tell you the actual lineage/genetics/history of that person (in the past, one could lose or gain Status in many ways, one of which was marriage).

Metis = People of mixed Cree & European descent

- ◆ The “European descent” component is primarily French, but not exclusively
- ◆ Generally Metis People are from the three Prairie Provinces of Canada (Alberta, Saskatchewan, Manitoba)
- ◆ Metis have their own language & culture that is distinct from both lineages. Meaning, it is not just Cree + European = Metis. That mix is how they started, but they formed their own culture, language, & traditions over millennia. They are recognized as a distinct people.

Inuit = First Peoples of Arctic Regions

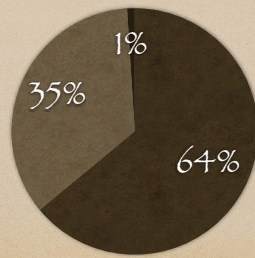
- ◆ Arctic Regions = Greenland, Alaska, & parts of Canada (Northwest Territories, Nunavut, Yukon, & the northern parts of several provinces)
- ◆ Used to be referred to as “Eskimo” but this was a term given to them by Settlers & is a derogatory term, never to be used now
- ◆ Inuit is plural (& also serves as an adjective), while Inuk is a singular person
- ◆ Inuit can be eligible for Non-Insured Health Benefits (NIHB) of Canada, just as Status First Nations are... if they are “an Inuk recognized by an Inuit land claim organization”

Indigenous Populations in BC

BC is home to 16% of Canada's Indigenous Population

Of those who identify as Indigenous:

- ◆ First Nations 65%
- ◆ Métis 35%
- ◆ Inuit <1%



(2016 BC Census)

**** First Nations are NOT a homogenous group... they are VERY diverse.**

- ◆ There are 198 distinct First Nations in BC, each with their own culture, traditions, & history
- ◆ There are more than 30 different First Nation languages & close to 60 dialects spoken in the province

Identifying Patient Indigeneity

Why ask??

1. It is important to identify Indigenous patients so that you can be aware they may have unique needs & considerations
2. They may also have access to resources/supports specific to them (for eg, Status)... which will be important to your care plans/management

When to ask about Identity?

- ◆ While you may want to put this under your “Identifying Data” in your report, do NOT ask this at the beginning of your interview (you likely have not established enough rapport to do so)
- ◆ I recommend that you ask this in your Personal/Social History section because by the end of the interview, you will have hopefully built up enough rapport to ask & it tends to fit with other information you will be gathering
- ◆ I usually start that section with:
 - “Where were you born?” (where someone is born is not necessarily where they are “from”)
 - “Is that where you’re from or are there other lands or places that you are connected to?”
 - “Is there a particular ancestry or ethnicity you identify with?”

How to ask about Indigeneity directly?

- ◆ “Do you happen to identify as Indigenous?” (followed immediately by WHY you are asking!) “I’ve made it my standard practice to ask all my patients if they identify as Indigenous because I’d like to be able to offer culturally safe resources & supports” (Again, if you are going to ask, say WHY you are asking... otherwise could induce suspicion/mistrust, leaving them wondering about your motives)
- ◆ IF YES, “Do you happen to have Status?” (again, followed by) “I know that different medications & health services can be covered by that program, so it’s helpful for me to know if we should be accessing those resources”

Ask EVERYBODY!

1. Because it is important to understand & respect all people's identities
2. Most importantly, there is NO way you are going to know ANYBODY's identity just by looking at them. If you are looking for a "typically Indigenous looking patient" for eg, then a) you are profiling & b) you are likely to miss a lot of people because we are a very diverse group

Document for Everybody

- ◆ Be sure to identify ALL of your patients' ethnicity/ancestry
- ◆ The biggest misstep I see is that BIPOC (Black, Indigenous, & People of Colour) are identified in ID, MSE, or in Social History, but European (or "white passing") people generally are not. The message you are giving with this, whether consciously or unconsciously, is that white is the default & we only need to identify "others"... which is inherently racist & contributes to profiling/discrimination.



Resources to Learn More

Available Online

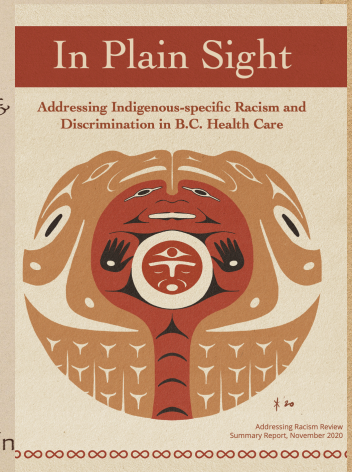
- ◆ *In Plain Sight: Addressing Indigenous Specific Racism and Discrimination in BC Healthcare*
- ◆ Truth and Reconciliation Commission of Canada: 94 Calls to Action
- ◆ Orange Shirt Society: Phyllis Webstad's story
- ◆ Cases to know: Joyce Eschequan, Brian Sinclair, among many others

In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



- ◆ Out of all these, I would absolutely recommend EVERYONE at least read the In Plain Sight Summary Report at <https://engage.gov.bc.ca/addressingracism/>
- ◆ As Physicians & health care Providers, it is imperative that you educate yourself in this. In fact, I would argue that it is our professional responsibility. No matter what your role in medicine is, always remember that you live, train, & work on Indigenous land, within a system that remains harmful to our People. As such, you have the inherent responsibility to be a part of changing the system. And the only way to move forward, is to acknowledge where we have been & where we are starting from.
- ◆ The entire report can be easily accessed for free online, with a quick Google search, or by using the blue link above. The Summary version that is not too long of a read, is organized well, & is absolutely full of critical information in beginning (or expanding) your understanding of Indigenous-specific Racism in our healthcare system... & what we can & must do to ensure equity in healthcare experiences, services, & outcomes for our Indigenous Populations.



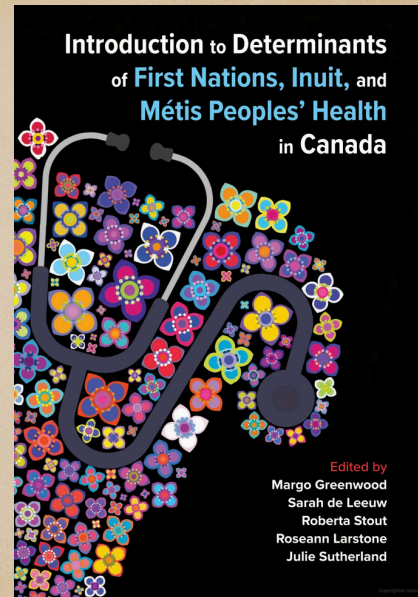
Books

that I personally recommend

Introduction to Determinants of First Nations, Inuit, & Métis Peoples' Health in Canada

Edited by Margo Greenwood, Sarah de Leeuw, et al.

- ◆ A comprehensive, but easy to read, introduction to the Determinants of Health impacting Indigenous Peoples in Canada
- ◆ Provides practical information for anyone in the medical world
- ◆ Just released in 2022, so very up to date

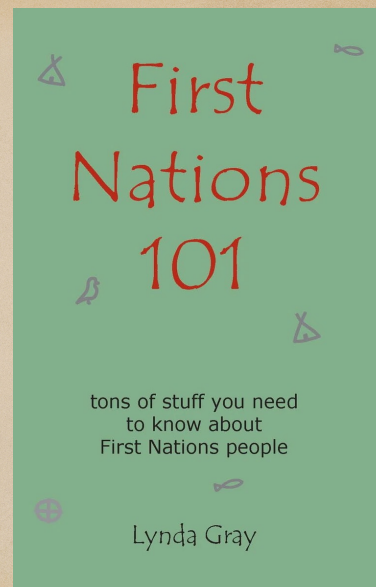


First Nations 101

by Lynda Gray

- ◆ A great basic, easy to read, starting point suitable for anybody
- ◆ Covers: Identity, Social Control, Community Issues, Fairness & Justice, Health & Wellness, Arts, & “The Road Forward: Forging a New Path”

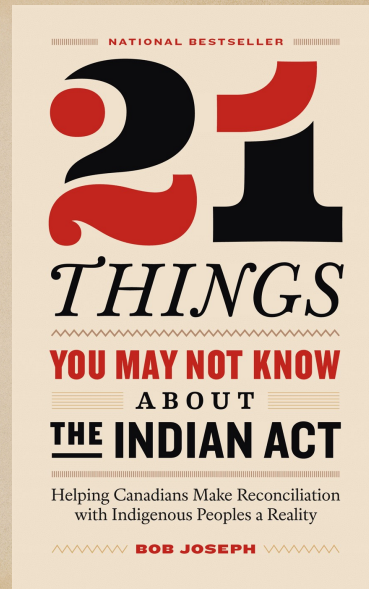
“Ignorance is not the same as being brainless or unintelligent; rather, to be ignorant is to have a lack of knowledge about something. To counteract it, we must educate.”



21 Things you may not know About the Indian Act

by Bob Joseph

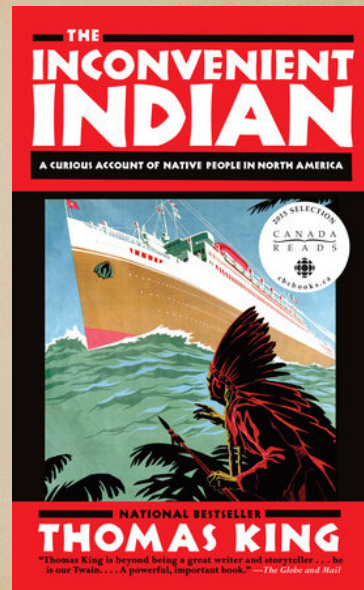
- ◆ A fairly short, easy to read book on understanding the Indian Act & its repercussions on generations of Indigenous Peoples
- ◆ History of how the Indian act came to be, how it has changed through history, what its impacts have been, & what we need to consider moving forward



The Inconvenient Indian

by Thomas King

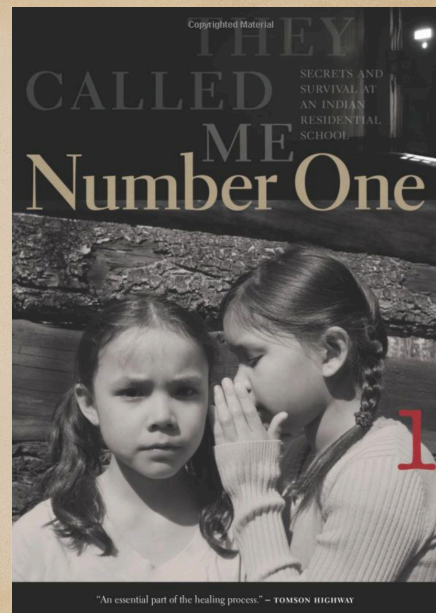
- ◆ "A curious account of Native People in North America"
- ◆ Uses humour & an easing reading, story-telling style to take you through the History of Colonization, from Columbus to present times



They Called Me Number One

by Bev Sellers

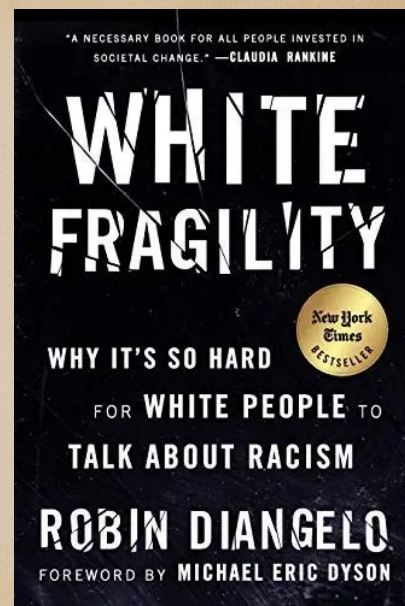
- ◆ “Like thousands of Indigenous children in Canada, ... Chief Bev Sellars spent part of her childhood as a student in a church-run residential school.”
- ◆ “In this frank and poignant memoir of her years at St. Joseph’s Mission, Sellars breaks her silence about the residential school’s lasting effects on her and her family—from substance abuse to suicide attempts—and eloquently articulates her own path to healing.”
- ◆ Helpful to get a first-person perspective of what children experienced attending Residential Schools & how they, their families, & communities can be impacted to this day.



White Fragility

by Robin Diangelo

- ◆ Written by an anti-racist educator who addresses the phenomenon of ‘white fragility’, “referring to the defensive moves that white people make when challenged racially, characterized by emotions such as anger, fear, and guilt and by behaviours including argumentation & silence”
- ◆ “brings language to the emotional structures that make true discussions about racial attitudes difficult.”
- ◆ Useful for ANYONE working towards & within Anti-Racism. A charged, but very good read



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“Thank you very much”



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