

Cultural Safety Mindfulness During a Pandemic

Indigenous Patient-Led CPD

ubccpd.ca/rural/indigenous-patient-led-cpd

During this time of global pandemic, there are some important principles to be mindful of when working with Indigenous Peoples and Communities. These principles take into consideration the results of the colonial history and current realities as well as looking to the teachings found in unique and rich cultural perspectives. We know that Indigenous Peoples and Communities, in general, deal at an escalated scale with vulnerabilities associated with poor health and with economic challenges. We cannot assume that measures put in place in the general Canadian community will be easily transferable to Indigenous settings. It is our hope that some of the principles and history shared here will be helpful for rural physicians, their teams and systems to work in culturally-safe ways.



Trauma Informed Care

Devastating and society-altering epidemics are not new to Indigenous Peoples. Starting in 1492, there has been wave after wave of new to this continent disease brought by contact with Europeans people that swept through all areas of North America. In fact, the time period in the 15th and 16th centuries is often called “The Great Dying”. During this time, up to 90% (approximately 50 million) of the Indigenous population of the Americas died, in most part due to these new diseases.



Even though the last epidemic to devastate Indigenous Peoples here in BC was the Spanish Influenza in 1918-19, there have been other oppressive systems that have resulted in large numbers of health-related deaths for Indigenous Peoples. The Truth and Reconciliation Commission (TRC) for Indian Residential Schools estimated that up to 6000 of the 150,000 children sent to these schools died mostly due to disease. After World War 2, the already present fear in Canadian society that Indigenous People would spread tuberculosis (TB) escalated, resulting in the establishment of a segregationist system of 29 Indian Hospitals across Canada. In the far north of Canada, the Inuit and other Indigenous Peoples were particularly mistreated in this system as many were sent to the Indian Hospitals in the south of Canada, never to be heard from again.

With deeply traumatic occurrences such as these, it is important to remember that Indigenous Peoples will carry these memories and psychological scars both as lived experiences and as patterns found in intergenerational, historical and even epigenetical trauma. Trauma Informed Care or Practice skills will be especially helpful in understanding that Indigenous patients’ and communities’ responses may be coming from a triggered place.

Connected to these past traumas (Indian Residential Schools and Indian Hospitals) is the lack of trust that health care providers may experience. In the past, even in time of national crisis, many Indigenous People and Communities were negatively affected. For example, during World War 2 when Indigenous People volunteered in high numbers, the government in many cases saw this as an opportunity to take away the status of Indigenous People. Many returning soldiers lost their status as Indigenous People and could not return to their reserves. In some cases, reserve land was taken and used for military training areas, never to be returned to reserve status. In the time of the Cold War era, many Indigenous Territories were used as radar locations or military training areas and were more often than not left contaminated with various harmful chemicals that some communities still live with to this day. Hopefully, this will not happen during this COVID-19 crisis but the point is that there remains a high level of distrust for government activities. Being aware of these sentiments is helpful and working in a way that builds trust is paramount in these times.

Cultural Safety and Humility

Now is the time to work in Culturally Safe ways rooted in Cultural Humility practice. One definition of Cultural Safety is “an environment that is spiritually, **socially and emotionally safe**, as well as **physically safe** for people; where there is no assault challenge or denial of their identity, of who they are and what they need.” (Williams, 1999) Understanding Indigenous Peoples and communities’ contexts, and working with them rather than only imposing western ways, is even more important during these times. Looking to Indigenous Peoples and their ways is essential not only for good relationships but also to learn from the genius and brilliance of long-established healthy practices. Practices such as the use of natural antiseptics such as the burning of sage, and the use of pine or western cedar are just a few examples of cultural practices many Indigenous Peoples may be using.

For many Indigenous Peoples, working in holistic ways is also essential to living a healthy life. Well-being, from an Indigenous perspective, is not only about maintaining good health - it is also about how to respond to stress and crisis in healthy ways. Working in holistic ways can often be described as taking the time to pay attention to Spiritual, Emotional, Physical and Intellectual needs.

