



RCCbc & The Truth and Reconciliation Commission of Canada (TRC)

November 22, 2019 Meeting

Prepared by: Erika Belanger

Site Visit Highlights: Indigenous Focuses

- Many Indigenous community members have been able to successfully advocate for their needs, but more recognition and awareness of historical trauma and historical treatment of First Nations is needed
- Some healthcare partners (e.g. municipality members, physicians, health administrators) have been able to demonstrate how they practice culturally safe care within the community. It has also been identified, that many individuals don't know what cultural safety is or how it is practiced. There remains a need for cultural safety to be taught and practiced within health care settings (i.e. clinics, hospitals, etc.).
- Lots of synergies exist between Indigenous community members and non-Indigenous rural community members. Both groups wish to utilize ground-up approaches with regards to health service delivery and would like to move away from top down approaches implemented by outsiders located in urban environments.
- The promotion of culture and alternative healing practices are being adopted within rural health service delivery

Examples of Advocacy from Indigenous leaders

"I'm proud of our female population. They are loud and they are strong. The female population will be the ones to make changes, the policy makers, the voice. They make things happen. If I needed something done I would always phone a [First Nations Band X] lady and it just gets done. They are strong."

"From my understanding this transition to FNHA was supposed to be put out there as a benefit, we're going to have First Nations looking after First Nations health, but there's been some bumps along the way for sure. It's another example of one of those decisions made up here and how do we see it on the ground, so my job as Chief is make sure there's some accountability that happens [and] to advocate on behalf of my community."

"If [Person X] were to come to me and tell me that 'this is the issue and I'm having difficulty moving it forward' it would be my job to go to those higher levels and bring forth those so we could address the issues. And have some accountability...we're able to hold the right people accountable instead of going through what seems to be a bureaucracy and moving away from that into something that's going to be understandable by our community members - that if they can't receive a service for whatever reason - whether it's lack of funds or criteria - that they be given and provided an answer right away that 'this is what's going on.'"

"For the most part any time I have any questions around health there's always staff within our own structure that are able to go to those higher levels and advocate. That's a help I utilize all the time to get some questions"

"[Person X] came struggling with addiction and his past historical trauma was never put into any consideration at all. He told me 'I went to the hospital and they told me that I was fine. The doctor didn't even listen to my chest' So I (FN health director) went back to the hospital with him and the difference he received in service was unbelievable."

Examples where Cultural Safety/Recognition is Needed

“We don’t have an opioid crisis, we have a loss of language and culture crisis.”

“[If things could be changed] I'd like to be able to see a meeting with doctors' offices that we can [host], with all the doctors involved. I know that that may not be possible so even if it was with one doctor and have a meeting with them even on a monthly basis. Let's start with that and bring forward our chronic people that we're concerned about in that month and discuss...as a multi-disciplinary team. I know it happens in other communities and it happens really well. I've been involved in those communities and it doesn't happen here...I think it's a lack of trust and it's a both way lack of trust.”

“You don't have a regular physician that you see any more. And more and more now you see - even instead of accessing the Emergency department in [community X] - people are choosing to bypass it and drive all the way to [community Y] because of how they are perceived and treated by the Emergency staff in [community X]. We see it, I see it, as a community member all the time.”

“The urban population hate to go to this hospital because they are so discriminated. It's heartbreaking. It has always been hard to go to the hospital as an Indigenous person. Ever since I've gone to the hospital we have been discriminated against.”

Examples where Cultural Safety is Being Practiced

“[As a rural paramedic] I just want to address my view on cultural safety. There's a relationship between this ambulance group particularly and the, it's a virgin fire department at [First Nations community X]. So, they turn up at a lot of our calls, a lot of ambulance calls out there and they provide something unusual for a first responder agency and it really has to do with cultural safety. It has to do with relationship between the people so, they're like intermediaries in a way that no other first responder agency quite does it. So, there's that and that's fairly innovative...so you turn up for whatever, acute medical or trauma, and there's a couple firefighters there who are community members that show up, and so they're also responders, but they're also part of the community. So, it's as simple as that and consequently [our] ambulance [crew] takes their lead, you know, there's a kind of a respect, right? We respect them. Like I would be far more deferring to the first responders in that case, unless of course there was something interventional to perform, which we do, but then every other part of an encounter would involve that connection, you know? They're far more integrated [with their community members] than, you know, in our society.”

“A lot of the support staff are [First Nation's] themselves (about 50%) which makes a big difference with helping people feel more comfortable.”

“Different rural communities have different ways of providing care for First Nations. We have always had one physician who is identified as the physician for the [community X reserve]. So that they basically all attach – not all, there's always a few others that will pick a different doctor in town, but over 90 percent, let's say, that that's their doctor. Which, you know, I think is actually a good way to do it because that way they identify right away who their doctor is and it gives them time to develop that trust that they need.”

[First Nations group X] has a longhouse program and [Health Authority X] puts probably 160 to 180 people in there twice a year to learn about culture and have a meal with the population, and learn their teachings...[This is offered] throughout [Region X] so for the whole Health Authority you can sign up and go. So we go there and they teach us. So there's a general cultural sensitivity but they've also put on a program for dealing with end-of-life issues so that you learn the traditions so you don't mess it up when you're in the hospital. I don't know if you ever have gone to those things but [it was] phenomenal.”

“We all got nice blankets but [our AED] got a full-size canoe paddle and all the stuff. And to get to that point – it was such a remarkable ceremony because it was a lot of cultural things that were in place that have not worked well together before. We had a parade of all the young children led us out and we opened a couple of family homes – they’ve got homes where people can move in with addictions with the whole family. We opened those that day and we all went together and we were led by drummers, and the roads were all closed off by the RCMP. And they saluted the procession as we went in. Now, that – to the people there – was huge. Right? There’s always been an animosity but the RCMP actually came and they respected that parade and closed off everything. That was a very big day. And, you know, years from now we’ll find out if it made a difference.”

“In the care homes, we’re starting to see more of the care aides and licensed practical nurses come in from our Indigenous communities and take on a role there and they’re establishing themselves within there – so that, I think that’s something we can really be proud of.”

The Promotion of Culture and Alternative Healing Practices

“My position has just recently changed. I was the maternal and child health coordinator but I’ve been changed to cultural and traditional resource worker so I’m actually a herbologist as well so we’re slowly incorporating herbs and teas and medicine making into our programs. Just fresh this year so I’m so excited to going out and getting medicine or making medicine.”

“Our strategic plan has language weaved throughout everything – a return to health is through [our] culture and language. Working on convincing [our] partners that this is what is going to help us. Means that [we] shouldn’t be questioned or scrutinized when [we] bring in traditional healers. It is [our] right to have [our] language and [our] culture in practice.”

“Part of our planning is to have holistic planning from conception to death as an Elder for instance and what kind of planning needs to be in place that every child’s journey is going to be unique to them. So as they’re moving ahead in their life, they’ll be able to access this service or this service along the way so they become healthy, contributing community members living the [First Nation’s X] way.”