

HEALTHCARE RIGHTS

INDIGENOUS HEALTHCARE EDUCATION AND PRACTICE:
A Community-Led and Community-Informed Collaborative Initiative



Please note:

This Companion Guide is a resource created to complement the online modules.

This online module was developed by the Office of Professional Development and Educational Scholarship (Queen's Health Sciences) and the Northern Ontario School of Medicine (N O S M) to address the Calls to Action set forth by the Truth and Reconciliation Commission. This project is made possible with funding by the Government of Ontario and through eCampusOntario's support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the [eCampus Ontario website](#) (*click to view*).



©2022. This work is licensed under a [CC BY-NC-ND 4.0 license](#).



MODULE 04 COMPANION GUIDE

HEALTHCARE RIGHTS

In this module, you will learn about the rights of Indigenous Peoples and how these rights pertain to healthcare. You will also learn strategies to address disparities and implement these rights in a healthcare context. This includes ensuring practices are informed by Indigenous Peoples and being open to receiving feedback on your ideas for implementation.

After completing this module, you will be able to:

- Describe the four key themes of the United Nations Declaration on the Rights of Indigenous Peoples (U N D R I P) and how they link to health outcomes.
- Recognize and implement the healthcare rights of Indigenous Peoples as identified in international law, constitutional law, and under the Treaties.
- Understand Indigenous Peoples' right to traditional medicines, health practices, and the right to access all social and health services without discrimination.

Introduction to Healthcare Rights

"Through the guidance of [t]raditional [h]ealers, as well as through the shared goals of communities and the First Nations health governing bodies, traditional wellness is an important part of a healthier future."² Although there have been varying degrees of interest in and support of Indigenous Peoples practicing their own forms of traditional medicine in Canada in recent years, to this date there has been no official strategy, enabling policy, or funding framework earmarked for this purpose.³ However, Indigenous Peoples do have the right to access traditional medicine and health practices under international law.

Healthcare Rights as Identified in International Law

The right to health encompasses several facets of health and well-being. According to the Committee on Economic, Social and Cultural Rights, the underlying determinants of health include:

- Safe drinking water and adequate sanitation
- Safe food
- Adequate nutrition and housing
- Healthy working and environmental conditions
- Health-related education and information
- Gender equality⁴

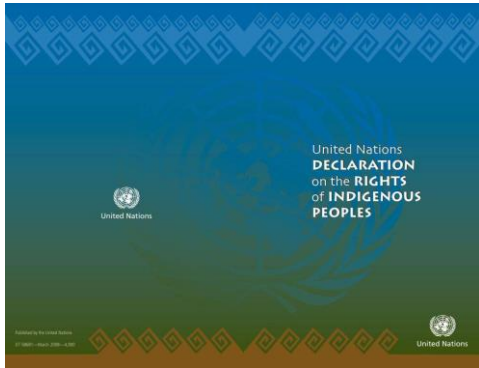
The right to health contains freedoms from mistreatment and punishment. This includes the freedom from non-consensual medical treatment, such as medical experiments and research or forced sterilization, and freedom from torture and other cruel, inhuman, or degrading treatments or punishments. Further, the right to health encompasses various entitlements.

Learn more about what the right to health encompasses.

System of Health



MODULE 04 COMPANION GUIDE



The U N D R I P affirms the rights of Indigenous Peoples around the world.⁶

Canada, along with the United States, Australia, and New Zealand, initially voted against the Declaration. These countries, who share similar colonial histories, have since reversed their opposition. Indigenous Peoples in Canada now use the Declaration to support the recognition of their international rights as Indigenous Peoples.⁵

The U N D R I P document consists of 46 different Articles and outlines and describes the internationally recognized rights of Indigenous Peoples.

For your interest, explore the U N D R I P document in its totality.

United Nations Declaration on the Rights of Indigenous Peoples (U N D R I P)

The rights of Indigenous Peoples can be summarized into four categories:

1. Right to self-determination
2. Right to cultural identity
3. Right to free, prior, and informed consent
4. Right to be free from discrimination

You will now learn more about each right.

1. Right to Self-Determination

The right to self-determination refers to one's ability to make choices and manage their own life.

Supporting U N D R I P Articles: 3, 13, 14, 18, 216

The supporting U N D R I P Articles state that Indigenous Peoples have the right to freely determine their political status; freely pursue their economic, social, and cultural development; as well as establish and control their educational systems without discrimination. These Articles also state that Indigenous Peoples have the right to participate in decision making in matters which would affect their rights, and to maintain and develop their own Indigenous decision making institutions. More specifically, Article 21 states that Indigenous Peoples have the right to improvement of their economic and social conditions



MODULE 04 COMPANION GUIDE

Peoples have the right to dignity and diversity of their cultures, traditions, histories, and aspirations which shall be reflected in education and public information.

Apply Your Knowledge: Reflection Questions

Read through the reflection questions, pausing to consider how the right to cultural identity relates to Indigenous Peoples in Canada.



An abandoned residential school in Alert Bay, British Columbia.

In Canada, Indigenous Peoples were subject to the residential school system and [“Indian” hospital system](#) (*click to learn more about the history of Indian hospitals in Canada*). What impact has this had on Indigenous culture and the health of Indigenous Peoples?

As a health professional, what are three ways you can support Indigenous patients and their right to cultural identity? What gaps can you identify in your current institution/workplace that hinders Indigenous Peoples’ ability to exercise this right, and how can you advocate for change in your institution/workplace?

3. Right to Free, Prior, and Informed Consent

The right to free, prior, and informed consent refers to making decisions on one’s own behalf.

Supporting U N D R I P Articles: 7, 17, 19, 296

Article 19 states that “States shall consult and cooperate in good faith with Indigenous Peoples... in order to obtain their free, prior, and informed consent before adopting and implementing legislative or administrative measures that may affect them.”⁶ The other supporting Articles state that Indigenous children must be protected from economic exploitation or hazardous work, and that no storage or disposal of hazardous materials shall take place on the lands or territories of Indigenous Peoples



MODULE 04 COMPANION GUIDE

without free, prior, and informed consent.^{7,8} Additionally, Indigenous Peoples have the right to life, physical and mental integrity, liberty, and security of person.^{7,8}

Watch the video to learn more about free, informed, and prior consent in the Canadian context (3:15).

Start of Transcript:

Now, if we think about the status of Indigenous Peoples in many of our countries like Canada or the United States, and we look back at the not-so-distant past, beginning in the 19th century, Indigenous Peoples' rights to make their own decisions were taken away by those states. So beginning with things like the Indian Act in Canada, or the end of treaty-making in the United States and a shift in policy beginning certainly by the late 19th century and extending through the 20th and now into the 21st, Indigenous Peoples have had less than equal rights to make decisions on their own behalf over issues that impact them.

So I can give you a few examples. Determining who's a member of your community. In Canada, the Indian Act, a federal piece of legislation, and the federal government decide who has Indian status and who does not. So what we would like to see, free, prior, and informed consent, is communities able to make their own decisions about who's a member of their community.

Another example would be tribal ordinances in the United States. A tribe has the ability to pass an ordinance to cover its own jurisdiction, its own territory, its own people. Yet, that ordinance has to go to Washington and be approved by the Bureau of Indian Affairs. So this is coming from a 19th-century framework that says that Indigenous Peoples are not capable of making their own decisions over their own issues, their own peoples, their own lands, territories, and resources. And therefore, the U.S. government treats them something like wards or children.

And if we look back into the late 19th century and early 20th century, we can see laws that said, if an Indigenous person went to university or voted, they would cease to be an Indian, what we called them at that time.

So beginning about the 1960s, late 1960s and early into the 1970s, Indigenous Peoples were beginning to graduate from universities and some with law degrees. And they began to fully realize the laws and structures that had put them into a second-class human rights status. And so they began advocating for themselves and demanding that they have the same rights as everyone else. Because if we remember at that time, this post-Civil Rights era and a decolonization era, there was an ethos and an action around the world of equality, and to eliminate racial discrimination at the time. So Indigenous Peoples observed that they had a second-class set of rights in countries that were also advocating that they were equal. So they saw catch-22 and they started demanding that they have equality of human rights, the same as everyone else. This situation has been in our countries that Indigenous Peoples have a second-class set of rights. And part of this is that they do not have the full right of self-determination equal to all other peoples. So by insisting on the right of free, prior, and informed consent, they're just simply advocating for an equal set of rights as self-determining peoples.

End of Transcript.



MODULE 04 COMPANION GUIDE

Apply Your Knowledge: Reflection Questions

Read through the reflection questions, pausing to consider how the right to cultural identity relates to Indigenous Peoples in Canada.

How has the development of the treaty agreements infringed on the right to free, prior, and informed consent of Indigenous Peoples?

As healthcare professionals we may associate “Informed Consent” with the process that occurs before a procedure. However, this right extends beyond that to the community. Indigenous Peoples have not had this right to their land, self, and community health. What steps must we take to implement this right in our current government and/or your current community?

4. Right to Be Free from Discrimination

The right to be free from discrimination refers to not being treated unjustly based on Indigenous origin or identity.

Supporting U N D R I P Articles: 2, 8, 9, 15, 17, 22, 246

Article 2 states that Indigenous Peoples are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in particular that based on their Indigenous origin or identity, while exercising their rights. Other supporting Articles state that Indigenous Peoples should not be subjected to any form of forced assimilation or discriminatory propaganda or conditions of labour, employment, or salary. Indigenous Peoples have the right to belong to an Indigenous community or nation, and the right to access all social and health services. Special attention is to be given to the rights and needs of Indigenous Elders, women, youth, children, and persons with disabilities.

Apply Your Knowledge: Reflection Questions

Read through the reflection questions, pausing to consider how the right to be free from discrimination relates to Indigenous Peoples in Canada.

Indigenous Peoples continue to combat racism in modern society. Systemic racism and microaggressions are something that impact Indigenous Peoples’ lives and access to healthcare daily. Think of examples of how racism and discrimination impacts Indigenous Peoples’ lives in their interpersonal interactions with the healthcare system, their communities, and our current policies/government in place.

Think of a time you witnessed or were a part of an act of racism in healthcare. How did you feel? How did you respond? What was the impact for the patient? What would you have done now if you could go back?

How will you actively work towards being anti-racist in your profession and empowering Indigenous Peoples and their communities?

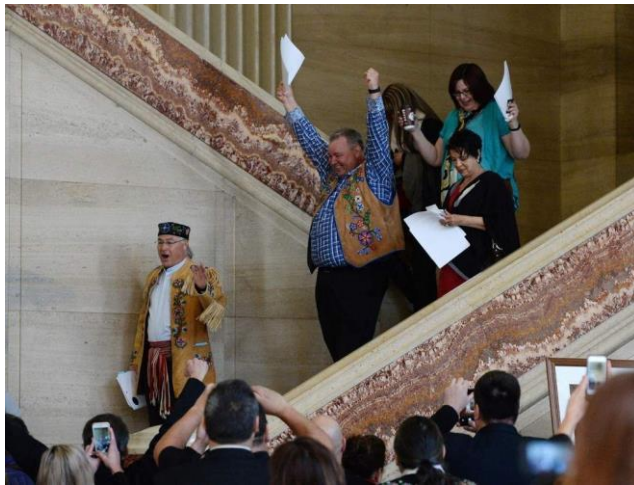


MODULE 04 COMPANION GUIDE

So far in this module, you have learned about the rights of Indigenous Peoples according to international law. You will now learn about Indigenous Peoples' rights under constitutional law in Canada.

Healthcare Rights as Identified in Constitutional Law

The Constitution Act of 1867 does not explicitly outline whether federal or provincial governments have jurisdiction over healthcare. Through judicial interpretation, healthcare has been primarily, but not exclusively, assigned to provincial jurisdiction. Jurisdiction regarding the provision of healthcare to Indigenous Peoples is more complex. Section 91(24) assigns the healthcare of "Indians" (please note that this is the term used in the original document) to federal jurisdiction. As such, the federal government has historically interpreted its responsibility to apply only to those individuals registered as "Indians" under the Indian Act and to Inuit Peoples.⁹



Clement Chartier (Métis National Council President) and David Chartrand (Manitoba Métis Federation President) celebrating following Daniels v Canada.¹⁰

This interpretation has been challenged. For example, the Supreme Court of Canada ruled in the case of 'Daniels v Canada' that Canada's Métis people are entitled to status under the Constitution.⁹

Note: It is important to recognize that the measures outlined through the Indian Act were part of a deliberate, colonial structure designed to assimilate Indigenous Peoples. The provision of healthcare services has been embedded in a structure founded on racial discrimination, colonialism, and a lack of recognition of the self-determination of Indigenous Peoples and governance in Indigenous communities.^{12,13}

Legal, Institutional, and Policy Framework in Canada

An important factor which influences the implementation of the healthcare rights of Indigenous Peoples is the coordination of federal, provincial, and Indigenous-led healthcare services.¹⁴ There is growing support for the notion that self-government agreements may offer a valuable avenue for enhancing self-determination, control, and law-making authority over domains such as healthcare.

MODULE 04 COMPANION GUIDE



Indigenous Peoples have a constitutionally protected “inherent right” to self-government.¹⁴ This refers to the right of Indigenous Peoples to govern themselves “in matters that are internal to their communities right or integral to their unique cultures, identities, traditions, languages and institutions, and in respect to their special relationship with their land and their resources.”¹⁴

A proposed solution to the unresolved conflict surrounding healthcare jurisdiction is to pass financial and governance authority to Indigenous Peoples themselves. In doing so, Indigenous Peoples would have the autonomy to create healthcare systems that reflect their own needs and culture.⁹

An example of an alternative model to healthcare is the **British Columbia (B C) Tripartite Agreement**.^{9,14} The BC Tripartite Agreement aims to create a more responsive healthcare system. To this end, the oversight and delivery of federally funded services in healthcare have been transferred to a new First Nations Health Authority (including responsibilities, resources, and infrastructure).

Learn more about the B C Tripartite Agreement.

1. Indigenous Peoples

The First Nations Health Authority (F N H A) is responsible for on-reserve programs (both primary care and public health initiatives).

2. Provincial Government

B C's regional health authorities continue to offer acute care to indigenous Peoples.

3. All Levels of Government

The three levels of government (Indigenous Peoples, provincial, and federal) work collaboratively to support integration and accountability.

The F N H A supports First Nations Peoples in protecting, incorporating, and promoting their traditional medicines and practices. The F N H A's traditional well-being vision is to improve the mental, emotional, spiritual, and physical well-being of First Nations Peoples. Concomitantly, it works to strengthen the traditional healthcare system through a partnership between traditional healer practitioners and the Western medical system.

A recommendation put forth by Anaya in the 2014 U N Special Rapporteur on the Rights of Indigenous Peoples suggests that the government should ensure there is sufficient funding for healthcare services for Indigenous Peoples on and off the reserve.¹⁴ The report noted that given the rights and needs of Indigenous Peoples and the remoteness of many Indigenous communities, the quality of these services should be equal to those provided to other Canadians.¹⁴

Healthcare Rights Under the Treaties

Between 1871 to 1921, several treaties were signed between Indigenous Peoples and the Crown. In exchange for land for new settlers and the nation state, the treaties established rights of Indigenous People in several areas. The provision of a broad range of services by the federal government, including healthcare services, has led to jurisdictional ambiguity, which remains today.¹³



MODULE 04 COMPANION GUIDE

In examining the healthcare rights of Indigenous Peoples identified in the treaties, it is important to recognize that the written texts of the treaties only represent the Government of Canada's views on the treaty agreement and are subject to interpretation. As such, the oral understanding and the Elders' knowledge of the treaties may not be accurately captured within the written versions of the treaties. Moreover, any textual representations of the treaties are embedded within specific historical, political, and social contexts.¹⁵ The original intent of the treaty was for non-Indigenous people to be granted the right to live in Indigenous Peoples' territories on the condition that they maintained peace and respected the land. "In exchange, Indigenous Peoples were to receive benefits such as health care."¹⁶

Within the Canadian federal government, there is support for the notion that Indigenous Peoples' participation in the design of policy and programs, as well as service delivery, is a preferred avenue for addressing health inequities.^{15,17,18}

Bridging the Gap: Implementing Healthcare Rights

As healthcare learners, it is important you learn how to recognize and implement the rights of Indigenous Peoples in real-world settings. You can do this by:

- Ensuring that healthcare practices are informed by Indigenous Peoples
- Being open to learning and to receiving feedback
- Learning about and addressing the health disparities resulting from colonialism

Learn more about how you can implement healthcare rights.

Ensure Practices are Informed by Indigenous Peoples

As healthcare learners and potential future leaders within the healthcare system, it is integral to consider how healthcare processes engage direct, consistent, and sustained input and consultation with Indigenous Peoples. Moreover, healthcare learners can critically reflect on whether the policies that inform their healthcare practice are appropriately informed by Indigenous Peoples.¹⁹

Be Open to Learning and to Receiving Feedback

Healthcare learners and practitioners are encouraged to ask for and listen for feedback in their interactions and decision-making points, and to actively engage in conversations on the health and healthcare of Indigenous Peoples.²⁰ These conversations should be grounded in mutual trust and respect. It is also important for healthcare providers to invest in their learning and development in this area, including critically examining how you work and engage with your colleagues, patients, and others.²⁰

Learn About and Address Disparities

Healthcare providers should learn about Indigenous history and the relations between colonialism, racism, and Indigenous health issues. Healthcare providers need to recognize that colonialism is an important social determinant of health for Indigenous Peoples and that health disparities are rooted in racism, marginalization, discrimination, dislocation, and social exclusion.²¹



MODULE 04 COMPANION GUIDE

To effectively address these disparities, healthcare providers need to understand the experiences of trauma and oppression over generations. Healthcare providers also need to move beyond learning to reflect, educate, and create supportive environments.

Note: Within the context of public health, healthcare learners and practitioners should strive to enhance the health of the community, which includes recognizing that Indigenous Peoples have the right to self-determination and the right to enjoyment of the highest attainable standard of wholistic health.

Explore two examples demonstrating the implementation of Indigenous healthcare rights.

Example 1

Access to Traditional Medicines

Within the context of Indigenous health and human rights, Nicaragua serves as a unique case study for examining implementation of U N D R I P Article 24. Changes in the Nicaraguan Constitution strive to affirm an equal right to health for all Nicaraguans, and support the integration of traditional medicine and biomedicine at a national and regional level.

A review explored the policy impact of U N D R I P on health services accessible to the Miskitu Indigenous Peoples. Although measures to create therapeutic cooperation are woven into Nicaraguan health plans at the national and regional level, in practice, the delivery of integrated health services has been implemented with varying results.²³ The review identified important factors when attempting to assess the effectiveness of U N D R I P implementation into national health policy and promoting traditional medicine access. These factors included the method of policy implementation and efforts to foster intercultural collaborative approaches involving respectful community engagement.²³

Example 2

Indigenous Knowledge in Health Literacy-Related Policy and Practice

Health services play a pivotal role in enhancing health literacy. Boot and Lowell (2019) explored the ways in which Indigenous knowledge is recognized, acknowledged, and promoted in health literacy-related policy and practice documents in Canada, Australia, and New Zealand. Their review, titled [Acknowledging and Promoting Indigenous Knowledges, Paradigms, and Practices Within Health Literacy-Related Policy and Practice Documents Across Australia, Canada, and New Zealand](#) (*click to view*), found limited guidance for recognizing Indigenous knowledge within practice. The authors recommend the use of constructive support, resources, and training opportunities to help recognize and promote Indigenous knowledge within health services. Further, Indigenous communities should be provided with autonomy to create health literacy policy and practice.²⁴

Implementing Healthcare Rights: Practical Strategies

Practical strategies are essential to ensuring that healthcare workers have the tools necessary to meet the unique and diverse needs of Indigenous patients.

MODULE 04 COMPANION GUIDE



Watch the video of Shalisa Barton, a practicing nurse and one of the content contributors for the “Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative” module series, discuss some strategies for implementing healthcare rights of Indigenous Peoples in Canada (4:02).

TRC CTA: Healthcare Rights

Start of Video Transcript:

[text] Please introduce yourself and your role in the health professions.

[Shalisa Barton] Yeah. My name is Shalisa Barton and I'm a Métis woman. I am a registered nurse, and I'm currently working in Moose Factory, Ontario. I've been working there for about six months now.

[text] What advice would you give healthcare learners about applying the TRC Calls to Action as they relate to healthcare rights?

[Shalisa Barton] I think kind of the biggest thing about the, like, rights to healthcare, rights to consent, just rights from -- in general, there's a lot of rights that have been taken away from Indigenous Peoples due to assimilation, due to oppression. So as a healthcare professional, you kind of have to re-instill those rights. When you have a patient in front of you, you have to remind them what their rights are. You have the right to say no. You have the right leave. So you need to remind them. And as a healthcare professional, it's your responsibility to ensure they are educated and informed on all of their rights and all of their decisions that they can make based on their healthcare. And then beyond that, what their rights are in society, what their rights are as an Indigenous person because there's a lot of gaps, I think, in understanding where funding comes from. For example, a lot of people don't know about NHIB, like a lot of healthcare professionals and the access that they can have to, say, occupational therapy, home support and where funding comes specifically for Indigenous Peoples in Canada at this time. So understanding those rights and their rights to have access once they leave the healthcare setting as well and going home; that's really important. But educating your patient specifically on their rights and their rights to access healthcare is really, really important. Specifically with my Call to Action, like understanding how important traditional ways of knowing are as well. Understanding that they have the right to traditional ways of knowing. You have the right to access an elder. You have the right to ensure that somebody is there with you. I know specifically one major gap is like upholding the language and having translators available, like that is a very slim resource in a lot of settings. And those patients have the right to have a translator, have the right to -- you can't be informed if you don't understand so not having a translator is just simply unsafe for patients. I know specifically from the Calls to Action I worked on, it's systemic like safe staffing allows for more time with your patients, allows for more time to address all of their needs: spiritual, physical, mental, social. And if we don't have the education and we don't have the time to spend with patients, we don't have the funding to allow for safe staffing to spend with patients, it negatively impacts them. So understanding really the importance of implementing the TRC but also trying to break down these systems that don't allow us to implement the TRC is really important. So we all have to start somewhere. And if you can start with yourself, I hope that eventually these systems will allow us to implement these -- implement the TRC to a point where we don't have to -- you don't have to like think about it. It will just be there.

End of Video Transcript.



MODULE 04 COMPANION GUIDE

Indigenous Peoples have unique health needs requiring culturally appropriate wholistic care that addresses physical, mental, emotional, and spiritual health. Access to both traditional Indigenous healing practices and Western medicine are needed for all-encompassing wholistic health. There is sufficient evidence that strengthening cultural identity, community integration, and political empowerment contributes to the improvement of mental health in Indigenous Peoples. Ultimately, the interconnection of land, language, and culture are the foundations of well-being strategies. One way to incorporate traditional knowledge is to respectfully incorporate elements of the Medicine Wheel teachings into practice. This can, in part, be accomplished by recognizing and integrating the "worldviews, experiences, and knowledge of [I]ndigenous [P]eoples", respecting their ways of knowing, honouring cultural differences, and attending to relationship-building.²⁸

Highlight Traditional Knowledge

Focus on Indigenous healing when discussing Indigenous knowledge systems and spirituality. This is paramount today due to the large-scale suppression of Indigenous cultural expressions, resulting from the process of colonization. One way to highlight traditional knowledge is to provide an accessible database for medical practitioners, scholars, and communities to better inform practice, policymaking, and research in Indigenous communities.

Practical Strategies: Right to Free, Prior, and Informed Consent

Recall that the right to free, prior, and informed consent involves being able to make decisions on one's own behalf and includes being able to make decisions that affect the land and the health of one's community.

Learn about a practical strategy related to this right.

Empower Patients

It is important to include Indigenous healing practices in patient's care plans, while emphasizing the importance of patient empowerment and patient-centred care.

Practical Strategies: Right to Be Free from Discrimination

Recall that the right to be free from discrimination means that Indigenous Peoples should be treated equal to all other people, and not treated unjustly on the basis of their Indigenous origin or identity. This right is especially important in the context of healthcare, as Indigenous Peoples continue to experience discrimination in healthcare.

Learn about some practical strategies related to this right.

Eliminate Anti-Indigenous Racism

Everyone has a responsibility to develop and implement strategies to reform services and ensure that healthcare systems are free of anti-Indigenous racism. In working with Indigenous partners and health professionals, institutions and accreditation bodies, as well as provinces and territories, are committed



MODULE 04 COMPANION GUIDE

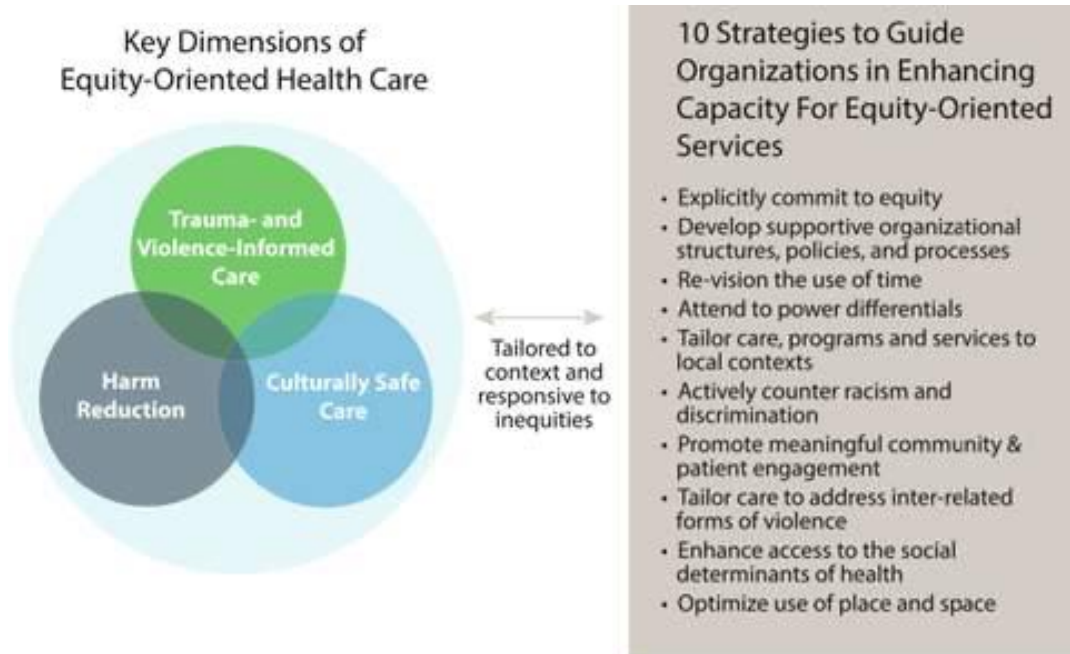
to instilling a zero tolerance approach to racism against Indigenous Peoples across all healthcare systems in Canada.

Anti-Indigenous racism needs to be addressed throughout the healthcare system as part of a quality improvement strategy. This will require not only a significant shift in the attitudes, knowledge, and skills of healthcare providers, but also the establishment of accountabilities for healthcare organizations to ensure equitable health services for Indigenous Peoples.

Encompass Equity-Oriented Care

Equity-oriented care is trauma- and violence-informed, culturally safe, and reduces harm. It is optimally operationalized in the context of interdisciplinary teamwork. Strategies to enhance equity include actively countering racism and discrimination and attending to power differentials.

Equity-oriented healthcare can be implemented via various strategies.²⁷



Develop Relationships

Cultural protocols, describe behavioural practices that regulate social life and are adhered to in order to demonstrate respect. There is no set list of Indigenous protocols as cultural practices can vastly vary from one nation or clan to another; however, as a general rule, respectfully asking questions and avoiding making assumptions will prevent breakdowns in communication and allow for the development of trusting and supportive relationships. Fostering respect and an open dialogue is exceedingly important in a healthcare setting, as there is an inherent power differential between healthcare professionals and patients, and institutional betrayal and systemic racism may create mistrust of the healthcare system.

MODULE 04 COMPANION GUIDE



Page Links:

https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

https://www.youtube.com/watch?time_continue=170&v=-Tq7Mnlavqs&feature=emb_title

<https://www.thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada>

https://www.youtube.com/watch?time_continue=110&v=K3rBDt5dn_8&feature=emb_title

<https://ojs.lib.uwo.ca/index.php/iipj/article/view/8133>

<https://player.vimeo.com/video/677863211?h=14b4d39eac>

End of Healthcare Rights



MODULE 04 COMPANION GUIDE

MODULE CONCLUSION

In this module, you learned about the rights of Indigenous Peoples internationally, as outlined in the Canadian constitution, and under the treaties. You also learned about examples and practical strategies for ensuring that these rights are realized within the healthcare context.

You have completed one of the seven learning modules within the series “Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative.” The modules within this series aim to increase your awareness and knowledge of Indigenous healthcare education and practice. These modules explore how Indigenous Peoples’ health outcomes have been negatively impacted by colonial policies and practices, and how the health and well-being of Indigenous Peoples can be improved through the inclusion of traditional healing practices and by addressing biases, racism, and discrimination within the healthcare system.

Acknowledgements

This online module was developed by the Office of Professional Development and Educational Scholarship (Queen’s Health Sciences) and the Northern Ontario School of Medicine (NOSM) to address the Calls to Action set forth by the Truth and Reconciliation Commission. This project is made possible with funding by the Government of Ontario and through eCampusOntario’s support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit the [eCampus Ontario website](#) (*click to view*).

Authors and Contributors

- Shalisa Barton
- Bailey Brant
- Lindsay Brant
- Rachel Burger
- Nicholas Cofie
- Holly Crowson
- Nancy Dalgarno
- Mikaila Da Silva
- Leslie Flynn
- Sarah Funnell
- Natalie Graham
- Brian Hallam
- Janice Hill
- Bryn Hoffman
- William Horton
- Portia Kalun
- Gracie Kehoe
- Stephen Kelly
- Laura Kenealy
- Klodiana Kolomitro
- Michelle Krezonoski
- Joseph Leblanc
- Joeline Lim
- Lorrilee Mcgregor
- Trinidad Mena
- Jack Moher
- Jeanne Mulder
- Jason Pennington
- Wendy Phillips
- Douglas Smiley
- Mary Smith
- Stephen Sparks
- Denise Stockley
- Jenny Stodola
- Jennifer Turnnidge
- Giselle Valarezo
- Richard van Wylick
- Sarita Verma
- Sarah Wickett
- Yolanda Wanakamik

Artist Work

- Lindsay Brant
- Colson Brumwell
- Jaylene Cardinal
- Jamaica Cass
- Michael Cywink
- Nancy Dalgarno
- Jenny DeBruyn
- Georgina Riel
- Aaron St. Pierre
- Giselle Valarezo

Thank you to all those individuals and teams who assisted in the development and evaluation of these educational resources..



MODULE 04 COMPANION GUIDE

Page Link:

<https://vls.ecampusontario.ca/>

Content and Image References

1. Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Retrieved from, https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf
2. First Nations Health Authority. 2021. Traditional Healing. Retrieve from: <https://www.fnha.ca/what-we-do/health-system/traditional-wellness-and-healing>
3. Obomsawin, R. (2007). Traditional Medicine for Canada's First Peoples. Retrieved from: <https://lfs-Indigenous.sites.olt.ubc.ca/files/2014/07/RayObomsawin.traditional.medicine-1.pdf>
4. OHCHR | Report on the role of the determinants of health in advancing the right to mental health. (n.d.). Retrieved January 11, 2022, from <https://www.ohchr.org/EN/Issues/Health/Pages/Determinants.aspx>
5. Senate of Canada-Standing Committee Aboriginal Peoples (APPA). (2019). How did we get here? A concise, unvarnished account of the history of the relationship between Indigenous Peoples and Canada. Interim report of the standing senate committee on Aboriginal Peoples. Retrieved from, https://sencanada.ca/content/sen/committee/421/APPA/Reports/APPAReport-Phase1_WEB_e.pdf
6. United Nations. (2007). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved December, 2021 from https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
7. Centre for International Governance Innovation. (2018, November 9). How UNDRIP Changes Canada's Relationship with Indigenous Peoples [Video]. YouTube. Retrieved December 2021, from <https://www.youtube.com/watch?v=-Tq7Mnlavqs>
8. Canada, G. A. (2017, June 8). Child labour. GAC. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/child_labour-travail_enfants.aspx?lang=eng
9. RPS Submitter, University of Ottawa Law; Flood, Colleen M. M.; Thomas, Bryan P.; and Lahey, William, "Federalism and Health Care in Canada: A Troubled Romance?" (2017). Research Papers, Working Papers, Conference Papers. 17.
10. The Canadian Press. (2016, April 14). Chronology of court case as Metis, non-status Indians win status. CityNews. Retrieved December 2021, from <https://toronto.citynews.ca/2016/04/14/chronology-of-court-case-as-metis-non-status-indians-win-status/>
11. Romanow, 'The Future of Health Care in Canada' (n 15) 212; Indigenous Peoples (n 55).
12. Allan, B., & Smylie, J. (2015). First peoples, second class treatment: The role of racism in the health and well-being of indigenous peoples in Canada, discussion paper. Wellesley Institute.
13. Richmond, C. A. M., & Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: The promise of healthy public policy. *Public Health Reviews*, 37(1), 2. <https://doi.org/10.1186/s40985-016-0016-5>
14. Anhaya, J. (2014). Retrieved from <https://unsr.jamesanaya.org/?cat=43>
15. Lavoie, J., O'Neil, J., & Reading, J. (2008). Community healing and Aboriginal self-government.



MODULE 04 COMPANION GUIDE

16. Starblanket T. (2008). Treaties: Negotiations and Rights. Retrieved from http://scaa.usask.ca/ourlegacy/essays/OurLegacy_Essays.pdf#page=77
17. Lavoie, J. G. (2005). Patches of Equity: Policy and Financing of Indigenous Primary Health Care Providers in Canada, Australia and New Zealand [Doctoral, London School of Hygiene & Tropical Medicine]. <https://doi.org/10.17037/PUBS.04650988>
18. Lavoie, J. G., Forget, E., & O'Neil, J. D. (2007). Why equity in financing first nations on-reserve health services matters: findings from the 2005 national evaluation of the health transfer policy. *Healthcare policy = Politiques de sante*, 2(4), 79–96.
19. McGibbon, E. (2019). Truth and reconciliation: Healthcare organizational leadership. *Healthcare Management Forum*, 32(1), 20–24. <https://doi.org/10.1177/0840470418803379>
20. Ndumbe-Eyoh S. On knowledge and racism: how do we know what we know? [blog on the internet]. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2019 [cited 2020 February 3]; [3 screens]. NCCDH, 2020; <https://nccdh.ca/blog/entry/reconciliation-public-health-and-knowledge-translation>
21. Middlesex-London Health Unit (2018). Taking Action for Reconciliation: An Organizational Plan for Middlesex-London Health Unit London, Ontario: Author. Retrieved from <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjcpoi8ufj0AhXRKs0KHxbBvEQFn0ECAwQAQ&url=https%3A%2F%2Fwww.healthunit.com%2Fuploads%2Ftaking-action-for-reconciliation-an-organizational-plan-for-mlhu.pdf&usq=AOvVaw2PM51LxmmEKorcRMc2VfZl>
22. CBC. (2016, November 9). When Indigenous healing practices meet modern medicine. Retrieved December 2021, from <https://www.cbc.ca/radio/unreserved/when-indigenous-healing-practices-meet-modern-medicine-1.3530072>
23. Carrie, H., Mackey, T.K. & Laird, S. Integrating traditional Indigenous medicine and western biomedicine into health systems: a review of Nicaraguan health policies and miskitu health services. *Int J Equity Health* 14, 129 (2015).
24. Boot, G. R., & Lowell, A. (2019). Acknowledging and Promoting Indigenous Knowledges, Paradigms, and Practices Within Health Literacy-Related Policy and Practice Documents Across Australia, Canada, and New Zealand. *The International Indigenous Policy Journal*, 10(3), Article 3. <https://doi.org/10.18584/iipj.2019.10.3.8133>
25. Rotondi, M. A., O'Campo, P., O'Brien, K., Firestone, M., Wolfe, S. H., Bourgeois, C., & Smylie, J. K. (2017). Our Health Counts Toronto: Using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada. *BMJ Open*, 7(12), e018936. <https://doi.org/10.1136/bmjopen-2017-018936>
26. Horrill, McMillan, D. E., Schultz, A. S. H., & Thompson, G. (2018). Understanding access to healthcare among Indigenous peoples: A comparative analysis of biomedical and postcolonial perspectives. *Nursing Inquiry*, 25(3), e12237–n/a. <https://doi.org/10.1111/nin.12237>
27. Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E., ... & Garneau, A. B. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 1-16. Retrieved December 2021, from <https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-018-0820-2.pdf>
28. LaFever M. (2017). Promoting Intercultural Communication Competencies in Higher Education, Using the Medicine Wheel for Curriculum Design in Intercultural Communication: Rethinking Learning Outcomes. (pp. 168-199). IGI Global. Retrieved December 2021,

MODULE 04 COMPANION GUIDE



from <https://www.lincolndireproject.org/wp-content/uploads/2019/03/Using-the-Medicine-Wheel-for-Curriculum-Design-in-Intercultural-Communication.pdf> . DOI: 10.4018/978-1-5225-1732-0.ch007

End of Module Conclusion