

HISTORICAL PERSPECTIVES AND IMPLICATIONS FOR HEALTH OUTCOMES

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 (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*).



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HISTORICAL PERSPECTIVES OF INDIGENOUS PEOPLES IN CANADA AND IMPLICATIONS FOR HEALTH OUTCOMES

In this module, you will learn about healthcare disparities between Indigenous Peoples and non-Indigenous Canadians. After an introduction to how laws like the Indian Act and treaties have contributed to health determinants for Indigenous Peoples in Canada, you will learn about some examples of the intergenerational impacts of the injustices against Indigenous Peoples. Finally, you will explore some ways to address and eliminate the disparities existing in Canadian healthcare, including self-government and activism.

After completing this module, you will be able to:

1. Describe the connection between historical and current government policies and actions toward Indigenous Peoples (including but not limited to colonization, residential schools, treaties, and land claims) and the resulting intergenerational health outcomes.

The Impact of European Colonization on Indigenous Peoples

The Truth and Reconciliation Commission (T R C) of Canada outlines Calls to Action (C T As) in order to redress the legacy of colonialism, historical assimilation practices and trauma, residential schools, and advance the process of Canadian reconciliation. In the Health section of the report, the T R C of Canada calls:

"[...] Upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties."

- T R C of Canada, C T A 18¹

Watch the video of Sarah Funnell, a First Nations family physician and public health specialist and one of the content contributors for the "Indigenous Healthcare Education and Practice: A Community-Led and Community-Informed Collaborative Initiative" module series, discuss the TRC CTA (4:36).

TRC CTA: Climbing the TRC Mountain

Start of Video Transcript:

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

[Sarah Funnell] So hi, Kwey. I'm Sarah Funnell. My Algonquin name is Minwanimad. It means pleasant breeze. I am a First Nations family physician and public health specialist. My ancestors are from Kitigan Zibi First Nation which is an Algonquin community as well as Tuscarora Nation which is a Haudenosaunee community. And I grew up in Alderville First Nation which is not too far from Kingston actually, amongst Mississauga people, Ojibway people. I'm the Director of Indigenous Health at the Queen's Department of Family Medicine and as well I'm involved with both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada assisting in Indigenous medical health education.

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

[Sarah Funnell] Yeah. So I think when you look at the TRC Calls to Action, all of them, there's 94, and then add on -- there's more with the Missing and Murdered Indigenous Women and Girls Report Calls to Justice. That can be really overwhelming. And Senator Murray Sinclair described the TRC Calls to Action as a mountain. And he says like we've described for you a mountain. It's up to you to do the climbing. And so you can see like -- how are you going to climb that huge mountain? You can't do it alone first of all. So for learners, you know step one is understanding what the -- in the healthcare area, to understand what those calls to action are, understanding what your institution is doing about them so then you can figure out where you can contribute and there are -- you know to take ownership of that. Who is Senator Murray Sinclair speaking to when he said that thing about the mountain? He wasn't talking to Indigenous People, but most of the time you see Indigenous People that are climbing the mountain to make the difference. Right? They're the ones doing the teaching. They're the ones doing the speaking. They're -- you know they're the Indigenous student being called out in the class. What do you think about this Indigenous issue, you know, so it's up to all of us to climb the mountain together. And I just love that quote so -- but there's something in the Calls to Action for everybody. They are for every single learner, physician, nurse, allied health professional. There is something for each and every one of us to contribute to and so however big or small, but if we all do it, they've got this incredible collective action if everyone is doing something. And it starts with education. I think that was Senator Murray Sinclair's quote too. Right? We got into this problem through education. Education will get us out of it. And I think that's the first step to get us out of this situation. So you don't want to be -- this is what you don't want to do. You don't want to like read the TRC, pick your thing, and be like I know what needs to be done with that. You even see that non-Indigenous People say we all need to learn about X right now, whatever it is, insert whatever you think it is. Right? Is it though? Like have you asked any Indigenous People? So that's the thing. Like -- so learning about those Calls to Action, finding the piece of it that make sense to you, and then ensuring that your action is community-based.

End of Video Transcript.

Next, you will learn about some of the Canadian government policies that resulted in the TRC of Canada, CTA 18.

A Loss of Control: European Colonization on Indigenous Peoples

Before colonization, Indigenous Peoples had their own successful healthcare practices based on their own systems of knowledge. Colonization, however, brought diseases and conflicts that decimated their populations and their "systems of health knowledge" with it.² They eventually lost their community-based independence as they were assimilated and relocated. This process caused their loss of identity that was so strongly connected to the land and unique community structures.

Colonial policies have caused intergenerational inequities in health, education, and an "over-representation of Indigenous Peoples in the child welfare and criminal justice system".³ In fact, according to Dr. Cindy Blackstock, First Nations children are 6 to 8 times more likely to be taken into child welfare care than non-Indigenous children. In 2007, a human rights case against the Canadian government was filed to address the disparities in essential services and standards on reserves, especially concerning children. The case went to trial in 2013 and in 2016, the court decided in favour of

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the First Nations children.⁴ On January 1, 2022, the Canadian government agreed to provide \$40-billion in compensation to First Nations children and family members that were harmed by “an underfunded child welfare system”.⁵ This was the largest class action settlement in Canadian history.

Watch the video of Dr. Cindy Blackstock explaining reasons for the human rights complaint filed against the Canadian government for racially discriminating against First Nations children in 2007 (6:27).⁶

Cindy Blackstock - Canadian Human Rights Tribunal on First Nations child welfare

Start of Video Transcript:

[Text on screen] First Nations Child & Family Caring Society of Canada And First Nations Children's Action Research and Education Service

The Canadian Human Rights Tribunal on First Nations Child Welfare with Dr. Cindy Blackstock

[Cindy Blackstock] In 2007, we filed a human rights complaint against the federal government alleging that they are currently racially discriminating against 163,000 children across this country. For the next six years, the federal government would fight tooth and nail to try to get it thrown out on legal technicalities, so the facts would never be heard by the Canadian people.

But thankfully they were unsuccessful, and in 2013, for the first time in the world, a country went on trial for its current treatment of First Nations children before a body that can make a binding order. The key reasons of course for First Nations kids going into child welfare care are poverty, poor housing and substance misuse related to residential schools all things we can do something about. Although provincial child welfare laws apply on reserve - so do education and health laws - the federal government funds those services on reserve. And you need to look no further than the Auditor General of Canada's own reports to see that they underfund those services significantly less than what other Canadian children receive.

So First Nations children and young people get less, but they're too often judged by non-Aboriginal people as getting more. And that is incorrect. If we took any family, and we cut their education amount by 30%, their child welfare support funds for keeping kids safely in their families by 22%, didn't guarantee families water, sanitation, housing, created conditions for poverty, any child in this country wouldn't be doing well after a long period of time. And also, the government of Canada not only knows about these problems, it has the solutions to deal with it, and has refused to do it regarding whatever the financial situation of the country is.

So, I had worked along with many others on two solutions to address the issues in child welfare along with the government. The government agreed with the shortfalls, agreed those shortfalls were driving kids into care, and did nothing about it. I feel really confident that the government will be found to have racially discriminated against these kids, because a lot of the evidence we filed was their own government documents showing and admitting that at the highest levels. In fact, their own expert report agreed with the shortfall that we calculated.

The Tribunal has the authority to order a binding remedy against the federal government. And it is entirely in the Tribunal's hands about how that is going to be structured. But, we asked at the Caring Society that they do a number of things. First of all, of course, make up that shortfall, so that First Nations families do have an equitable chance to care for their children at home safely, before they're placed in child welfare care.



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The second piece of that though is also looking at the structure of the formula. We felt that it wasn't just the amounts of the money, it was the way that the federal government had designed the formula that really didn't allow it to meet the needs of children. We know from good research how that formula should best be structured, and building in their correction mechanisms, because we know what we're going to put out there probably isn't going to be perfect, and we need to be alive to the issues of adjusting that formula for the needs of kids going forward.

The third thing we need to do is, because the federal government has racially discriminated against children since Confederation, there needs to be an independent watch dog that looks over the department and makes sure that they don't slip back into discriminatory behaviour against this or future generations of children.

And the final thing is implementation of Jordan's Principle. Because First Nations children are funded by the federal government and other children by the provincial governments, they often are denied or delayed receipt of services. So, we've said we need Jordan's Principle to be implemented. And Jordan's Principle simply says, where there's a government service available for all other kids, First Nations kids should be able to access it on the same terms. It's a fundamental principle of fairness. But the federal government is not interested in fairness for kids, and so if it takes a court order to get it done, then let it come.

For those people who watch this video and think well residential schools were not on my watch, There's nothing I can do. Why blame the past? You are living right in a moment where the federal government is racially discriminating against kids as part of a fiscal restraint policy. As my mother says, there's no excuse for this behaviour. And there really isn't. Every kid is sacred, and they all deserve a chance at a proper childhood.

[Text] Sign up for the *i am a witness* campaign

I am a witness

Canadian Human Rights Tribunal Hearing

www.fncaringsociety.com/i-am-witness

[twitter logo] @caringsociety @fncares

End of Video Transcript.

Indigenous Peoples in Canada (First Nations, Inuit, Métis) have worse health outcomes than non-Indigenous people. This disparity is due to inequities that are not typically categorized in the domain of health⁷; these are called the social “determinants of health”.^{8,9} Statistics Canada shows there has been an average life expectancy increase of one to two years between 2001 and 2015.¹⁰ However, disparities continue to hinder the health and well-being of Indigenous Peoples, including disease burden and other health indicators.²

According to the United Nations Department of Economic and Social Affairs, Indigenous Peoples in Canada have a shorter life expectancy than non-Indigenous people due to poorer healthcare.¹¹



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Department of Indian Affairs on Individuals and Communities was formed. These governmental constraints de-legitimized traditional Indigenous systems and infrastructure, and assigned control over the communities to non-Indigenous individuals. The government even implemented some laws.



Alt Text: A group of Indian Agents in 1884.¹³

3. Relocation into Inadequate Housing

Indigenous Peoples were moved into poorly constructed housing that was often not appropriate for the environment and did not accommodate the tradition of extended family groups. An example is the Inuit in Canada's northern regions.

Inuit and the Affordable Housing Policy

In 1959, a fixed-cost, 'affordable' housing policy was implemented in Canada's northern regions, and by 1965 many Inuit were moved into settlements. However, enforcing the government's housing system and assimilation into Canadian culture placed strain on Inuit Peoples, who did not have wage-based employment practices, and resulted in great confusion and significant cultural conflict. The health and social impacts of this were great, including a high infant mortality in the 1960s. Food procurement now required travelling great distances from the communities. Additionally, the government of the Northwest Territories, as encouraged by the Crown, authorized the R C M P to shoot stray dogs without notifying the Inuit communities; in their new environments, the Inuit had no means of securing the dogs that provided essential transportation to hunters, among other things. This resulted in the slaughter of Inuit dog teams, and the Inuit are still recovering from this today.¹⁴



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nearly two decades challenging the injustice: writing letters, giving speeches, criss-crossing the nation addressing decision makers and the public. Please, search your hearts and minds. Follow the dictates of your conscience. Set my sisters free. She defended the principle that a woman's identity is not defined by her husband. In 1985, the federal government amended the Indian Act removing the clause that stripped status from women who married non-status men. Then Minister of Indian Affairs David Crombie wrote to Mary: "I could find no greater tribute to your long years of work than to let history record that you are the first person to have their rights restored under the new legislation." Due in great part to the work of Mary Two-Axe, tens of thousands of First Nations women and children regained their rights. She was called the grandmother of Canada's Indian feminist movement, a legacy continued by young Indigenous feminists today.

End of Video Transcript.

5. Enforcement of Residential Schools

The Indian Act made it mandatory that Indigenous children be taken and placed in residential schools, and understanding these events can give a historical perspective on medicine and research within Indigenous communities. Unfortunately, the schools had insufficient heat that proved to be breeding grounds for tuberculosis.¹⁷ Not only that, but children were malnourished, cold, ill, lonely, and homesick, and frequently abused and subjected to medical experimentation.¹⁷ The system resulted in detrimental physical and mental/emotional health outcomes, including poorer general health, increased rates of chronic and infectious diseases, mental distress, depression, addictive behaviours, substance use disorders, stress, and suicidal behaviours.¹⁸

In 2021, more than 200 unmarked graves were found at Kamloops Indian Residential School in British Columbia. The finding of these graves brought to light the fear and desperation experienced by families and communities as their children were forcibly taken away to residential schools.

Learn about the 2021 findings of unmarked graves at a former Kamloops, B.C., residential school.

More Unmarked Graves Likely to be Discovered at Former Kamloops, B.C., Residential School: Report

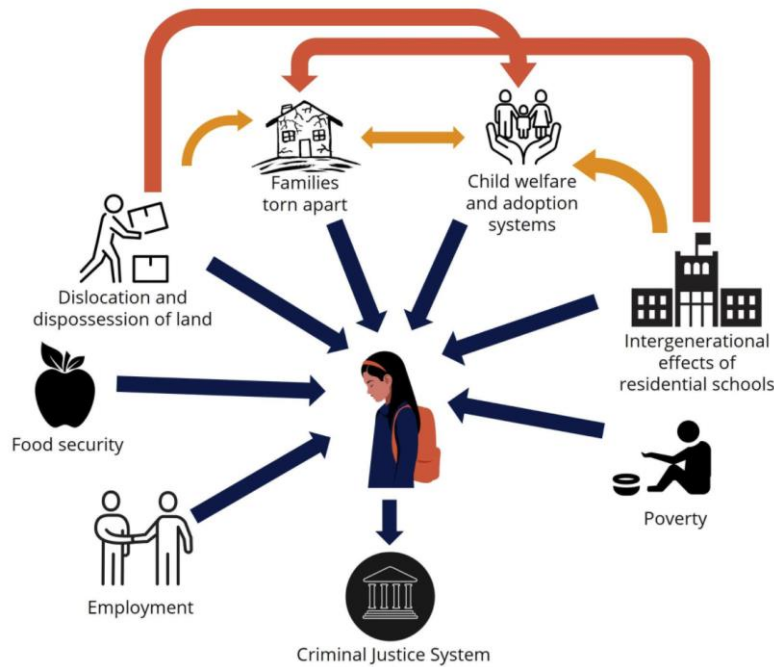
Note: A 24-hour national crisis line has been set up to support former residential school students and can be found at 1-866-925-4419.

Treaties and Land Claims

All agreements and interactions between Indigenous groups and Britain are referred to as treaties. As colonial powers (and later state powers) competed for control of the continent, treaties were made. In fact, over 500 treaties have been made across Canada as colonial and state powers vied for economic, political, and social control. Indigenous 'land claims' were viewed as barriers to the development of settlements, resource acquisition, trade relations, and wartime politics.¹⁹

As a result of various treaties and land claims, legislation differs for Indigenous Peoples living off-reserve and on-reserve in terms of service support. For example, the government regulates healthcare, education, and water quality for off-reserve Indigenous communities, but there are no clear standards for ensuring the same funding and levels of care for those living on First Nations reserves.¹⁴ This

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Alt Text: Literature has acknowledged several factors that contribute to involvement in the criminal justice system, including the Supreme Court of Canada in R. v. Gladue, 1999.¹⁴

Apply your Knowledge: Addressing Over-Representation in the Criminal Justice System

You have learned that if an Indigenous child grows up in the child welfare system, they are more likely to be incarcerated later in life, contributing to the over-representation of Indigenous Peoples in the criminal justice system.

The kind of infrastructure required to handle individuals in the criminal justice system is costly; some people have suggested that these costs be invested elsewhere.

Answer the question on over-representation of Indigenous Peoples in the criminal justice system.

Question: What do you think could be done to help address the over-representation of Indigenous Peoples in the criminal justice system?

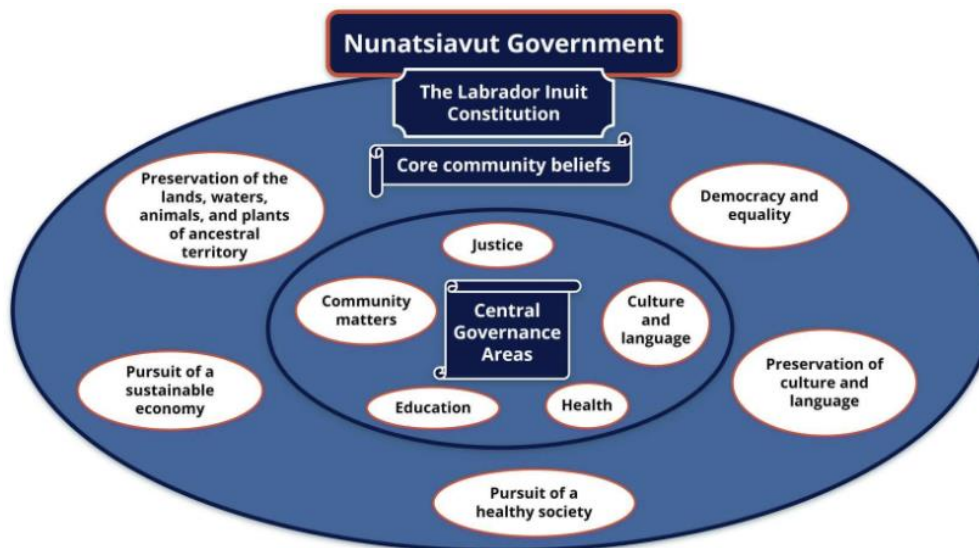
Feedback: Instead of spending more money on prisons and hospitals, Sol Sanderson suggested the money spent on Indigenous Peoples in the criminal justice system could be better used in other community infrastructure: "Give us the \$120,000 per inmate in the community and we'll show you what we can do with that in terms of their economic opportunities in education and training".¹⁴

Beyond money, the A P P A (2019) implies that a new relationship between Canada and its Indigenous Peoples that acknowledges the intergenerational effects of trauma is needed.¹⁴ One way to help accomplish this is to avoid re-traumatizing and to actively work to build trusting relationships between healthcare professionals and Indigenous patients.



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Nunatsiavut Government is one example of how self-governance is working and can be positive on all aspects of community, including increased access to culture and community and improved health outcomes.



Alt Text: The Nunatsiavut Government applies its core community beliefs, as determined through the Labrador Inuit Constitution, to its central areas of governance.²¹

Indigenous Activism

Indigenous Peoples are actively defending their rights in a number of ways including petitioning, marching, advocating, writing, creating, and battling the courts. Their activism is leading to change through innovative ways of reclaiming their rights to “education, governance, health and law-making”.¹⁴

Many organizations are involved in activism for Indigenous issues in Canada, shown both in this module and in the supplementary resources for you to explore.

Learn more about a couple of resources on Indigenous activism.

Idle No More Movement

The Idle No More Movement is a social movement led by women “with a call for refounded nation-to-nation relations based on mutual respect.” It has “connected the most remote reserves to each other, to urbanized Indigenous people and to non-Indigenous population.” Its purpose is to protect the land, water, and sky.²²

Nishnawbe Aski Nation (N A N) Choose Life Program

The Choose Life Program was developed “to ensure that no First Nation community would be denied programming funding that promotes the mental, emotional, and behavioural well-being of youth.” It “provides immediate funding relief for youth at risk of suicide by fast-tracking proposals for child and youth mental health prevention programs/services.”²³



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Note: Indigenous authors, artists, healthcare practitioners, Elders, and more are also bringing forward solutions to help bridge the gap.

Take a moment to reflect.

What could you do as an individual to support the healthcare rights of Indigenous Peoples? What could your school do?

Apply Your Knowledge: Reflection Activity

Take a moment to think back to the reflective questions that you came across throughout this topic. Reflect on them again. Have any of your answers changed based on the new content you have read?

Take some time to revisit the questions and reflection prompts you explored throughout this section.

"How does the information presented here **compare to your previous beliefs** on Indigenous Peoples in Canada and the history of colonization?"

What could you do as an **individual** to support the healthcare rights of Indigenous Peoples?

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 your responsibility in applying the TRC CTA (3:18).

TRC CTA: What Learners Can Do

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?

[Shalisa Barton] If you are a healthcare learner right now, you're in a really good position because we are starting to incorporate this learning and this education into our actual curriculums. And the hope of this project is to provide access to education on the TRC Calls to Action. So advice I would give to current healthcare learners is to use this module, is to use this resource as a stepping stone, especially if you can identify gaps in your current curriculum where you're not learning about the TRC. And then I think another big thing I would tell healthcare learners is to take the personal responsibility of applying the TRC, especially understanding how, from a holistic perspective, how things like the residential school system can impact pain, impact kind of social situations. You really have to look at your patients individually and understand how they are being impacted by intergenerational trauma. Because currently, if you're an Indigenous person, your parents or your grandparents, they've all attended residential school. These are present issues and understanding that these aren't issues of the past, these are things that are current right now and they are individually affecting your patient. I think that's the biggest thing. And as a learner, you're also in a really unique position where you can share with your educators where you think gaps are, to challenge them, to



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bring these situations to light, to improve healthcare curriculums in the future but also you can educate those around you by just having these conversations. I think that's a big thing that we learn specifically in this project is the importance of storytelling. And I know from a personal experience that's, for me, that's the best way I learn is from hearing real-life experiences and from hearing stories. So if you're able to share your experiences in a classroom setting, you're educating, in some university settings, 400 people around you. They're going to be impacted by that story and then that's 400 people who have to hold your educator responsible because maybe they've identified a gap now. So it's just kind of an ongoing cycle of learning which we have to start now. And I think healthcare learners are in a really good position to be better healthcare professionals before they even start if they can apply the TRC and educate themselves about these issues and about their personal responsibility now before they get to their careers.

End of Video Transcript.

What could your **school** do to support the healthcare rights of Indigenous Peoples?

Watch the video of Jack Moher, a registered nurse who works in urgent care, discuss their thoughts on what faculty members can do to support the TRC Calls to Action (2:20).

TRCCTA: Advice to Faculty

Start of Video Transcript:

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

[Jack Moher] Yeah. So my name is Jack Moher. I'm a registered nurse who works in Urgent Care, which is kind of like an emergency setting. So I see a lot of patients in my day-to-day, just a wide variety of people ranging from different ages, and through to different cultural backgrounds. So this project is quite relevant to my setting where I practice healthcare, and to kind of my day-to-day experience at work.

[text] What advice would you give to faculty about applying the TRC Calls to Action in post-secondary schools?

[Jack Moher] In general, I think faculty members should keep in mind that they have a position of power, they are shapers of education, they design curriculums. So they are directing and teaching the next generation of healthcare professionals.

In terms of, like a top-down view, they're kind of the top that's sort of directing and affecting how the next generation of healthcare providers will interact with their patients. So this is a tremendous responsibility.

I think faculty members should consider how Indigenous ways of knowing can be incorporated into health education. So this should extend beyond just having a unit or a course about residential schools. As important as those are, I think a lot of people kind of know and understand the long-term effects of residential schools, and things like "Indian hospitals", or the 60s Scoop.

I think it needs to go beyond just kind of talking about history and statistics and that.

There should absolutely be Indigenous voices brought into curriculum design and education in general, so as to incorporate those ways of knowing wherever they may feel, or wherever they may be best applied to.

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Watch the video of Dr. Jason Pennington, member of the HW Nation and community general surgeon at the Scarborough Health Network, sharing their advice for healthcare learners, faculty, and professionals trying to apply the T R C Calls to Action (5:41).

T R C C T A: Advice

Start of Video Transcript:

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

[Dr. Jason Pennington] Hello, I am Dr. Jason Pennington and I am a member of the Huron-Wendat Nation. I practice general surgery at a community hospital in Scarborough and I am the regional Indigenous cancer lead for the Central East Regional Cancer Program. I have helped the University of Toronto and Queen's University in developing cultural safety and curriculum around Indigenous health issues and concepts.

[text] What advice would you give healthcare learners about applying the T R C Calls to Action?

[Dr. Jason Pennington] So the T R C Calls to Action are really aimed at addressing the distal social determinants of Indigenous health as they were based on the Truth and Reconciliation Commission, which looked at residential schools and the activities and things that happen therein and their solutions or Calls to Action are addressing that. And those residential schools are actually a part of colonialism, a part of racism, are part of loss of self-determination, all of which are the distal social determinants of health. Hence, the recommendations that came from this residential school study are actually recommendations that actually address a lot of the colonialism and racism, systemic racism that exists in all of our institutions. So addressing these things first takes truth and recognizing these things that they do exist.

And looking over what is asked upon, especially in Calls to Action 22 through 24 which deal mainly around medical school and medical practising and education, are things that we can do. So it's to make a conscious effort around being able to incorporate those three concepts into our practice as we grow as practitioners. And I think it's actually very important for the learner coming along now to recognize that the people who are teaching them and are practising in years ahead of them did not have any of these guidelines and have not received a lot of this training and there might be resistance.

So I think that on top of following and trying to meet those Calls to Action 21 to 24, is it's very important these years going through if you want to take them on, it is really important to also learn how to become a true ally, and what it means to be an ally. And I have a whole discussion around allyship, but that means, you know, that you're supporting and playing an active role in helping people that are disadvantaged to reach their full potential and their goals and not for your own self-gain.

So that is so important to emphasize. To me, being a proper ally, I use the football analogy stolen from Dr. Marcia Anderson from Winnipeg. She's awesome. I've added my own twist to it, but it's time for "Team Indigenous" to get that ball and get a touchdown. And, you know, the quarterback and the receivers and the running back, they're Indigenous and they are the ones that have to be doing the starting roles and getting the touchdown and making the first down and making the amazing catch. What is the role of an ally? Well, that's like the role of the people on the offensive line. And the best ally is like the left tackle. Right? The left tackle,

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probably, often considered the second most important person on any football team, is that their whole role is to protect the quarterback from getting sacked.

And so you often don't know that person's name. I know Tom Brady, but I don't know who protects him. I don't know who protects him on the Bucs; I don't know whoever protected him when he was a Patriot. But, you know, that is the role that takes a true ally. And it's hard work. It's hard work. It really takes work. It's not just standing up and saying something. Yes, it is using your power, but it takes really hard work and often, it doesn't get a lot of headlines afterwards. So and that's the important work of what Indigenous people now - we want partnerships. We want, you know, hand-ups, not handouts. And we want to join together with like-minded people and to form positive relationships going forward into the future as equal partners in respect and peace and friendship in the same manner and discussion of the Two Row Wampum covenant.

End of Video Transcript.

Page Links:

<https://youtu.be/FEoNAgoQz10>

https://onq.queensu.ca/content/enforced/410101-SonaliSheth-SANDBOX/scormcontent/assets/mdGVYSSJKVMb8Swh_6iPQVEFeVQuIE5gi-IndianAct.pdf

<https://player.vimeo.com/video/677948490?h=e1fd97bc1b>

<https://player.vimeo.com/video/677861320?h=900d8254fd>

<https://player.vimeo.com/video/677204896?h=1e79dcf1a9>

<https://youtu.be/0AXc9u5SuRA>

<https://globalnews.ca/news/8028537/kamloops-indian-residential-school-full-report-findings>

<https://idlenomore.ca/>

<https://www.nan.ca/resources/choose-life/>

https://vimeo.com/queensbhsc?embedded=true&source=video_title&owner=51551997

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End of Historical Perspectives of Indigenous Peoples in Canada and Implications for Health Outcomes



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MODULE CONCLUSION

In this module, you learned about how historical events have impacted Indigenous Peoples in Canada and the disparity between their healthcare and that of Canadians overall. You were introduced to governmental policies, including the Indian Act and treaties, and were given some accounts of individuals who were impacted by these policies firsthand. You also explored how the intergenerational effects on some health determinants can result in a great incidence of child welfare and an overrepresentation of Indigenous Peoples in the criminal justice system. Finally, you saw how self-government and activism may be used to help bridge the gap in the healthcare of Indigenous Peoples.

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.

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