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Issue Brief

The Truth and Reconciliation Commission of Canada: Health-Related Recommendations

2016

Background

The Truth and Reconciliation Commission of Canada was established in 2008 as a result of the Indian Residential Schools Settlement Agreement (IRSSA), the largest class action settlement in Canadian history. In May 2006, a court settlement — the IRSSA — was approved related to multiple successfully launched class action suits against the Canadian government, Anglican Church, Presbyterian Church, United Church and Roman Catholic Church by past full-time students of Canada's Residential School system which operated from 1884-1996.

At its peak, the residential school system operated 130 schools in every province and territory except for Newfoundland, Prince Edward Island and New Brunswick. It is estimated that 150,000 First Nations, Métis and Inuit children were forcibly removed from their communities to attend the schools. The class action suits represented an estimated 80,000 surviving residential school survivors who were enrolled in the schools full-time. It is important to note that the Indian Residential Schools Settlement Agreement did not include students who attended residential schools as "day scholars." In June 2015, The Federal Court of Canada approved a motion for two First Nations in British Columbia to proceed with a class action suit for day students of residential schools.

As a result of settlement negotiations within the IRSSA, Canada was required to provide sixty million dollars for establishment and work of the Truth and Reconciliation Commission (the parameters of the TRC are outlined within 3.03 and 7.01 of the IRSSA). In addition, commemoration funding was negotiated in the amount of twenty million dollars for establishment of national and community-based commemorative projects.

The Commission was mandated to: "reveal to Canadians the complex truth about the history and the ongoing legacy of church-run residential schools…" and, "guide and inspire a process of truth and healing, leading toward reconciliation within Aboriginal families, and between Aboriginal peoples and non-Aboriginal communities, governments, and Canadians generally" (page 27).

The Commission defines reconciliation as, "an ongoing process of establishing and maintaining respectful relationships. A critical part of this process involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change" (page 16).

Issue

The final report of the Truth and Reconciliation Commission of Canada (TRC) was released in December 2015. It contains several recommendations pertaining specifically to health. The purpose of this brief is to provide background on the Truth and Reconciliation Commission, details about the health-related recommendations, and information about selected initiatives in response to the Commission's recommendations.

HealthCareCAN gratefully acknowledges the extensive expertise, assistance, and collaboration of Dr. Alika Lafontaine (President, Indigenous Physicians Association of Canada; Project Manager, Indigenous Health Alliance; Council Member, Royal College of Physicians and Surgeons of Canada; Assistant Clinical Professor, University of Alberta) in preparing this issue brief.

For more information:

Dr. Alika Lafontaine
a.lafontaine@usask.ca

HealthCare*CAN*:
Jennifer Kitts
Director, Policy and Strategy
jkitts@healthcarecan.ca

As outlined in the Commission's report:

Canada has a long history of colonialism in relation to Aboriginal peoples. This history and its policies of cultural genocide and assimilation have left deep scars on the lives of many Aboriginal people, on Aboriginal communities, as well as on Canadian society, and have deeply damaged the relationship between Aboriginal and non-Aboriginal peoples. It took a long time for that damage to be done and for the relationship we see to be created, and it will take us a long time to fix it.

The Truth and Reconciliation Commission reviewed thousands of documents and heard from hundreds of witnesses at national events in Winnipeg, Inuvik, Halifax, Saskatoon, Montreal, Edmonton, and Vancouver. In December 2015, the Truth and Reconciliation Commission released its final report based on its findings. Prior to the release of the report, the Truth and Reconciliation Commission released an executive summary in June 2015 with 94 recommendations — referred to as "Calls to Action" — which cover the broad themes of child welfare, education, language and culture, health and justice.

The "Calls to Action" are aimed at redressing the legacy of residential schools and advancing the process of Canadian reconciliation. The report states that redressing the legacy of residential schools and achieving reconciliation will have a direct impact on improving Indigenous health outcomes.

Recommendations 18-24 and 55 pertain specifically to health and are outlined later in this issue brief. It is important to note that all of these recommendations are also contained in the 440 recommendations of the Report of the Royal Commission on Aboriginal Peoples (1996).

The Commission's report (page 207-208) highlights some of the troubling disparities in health outcomes between Indigenous and non-Indigenous Canadians, including:

- An infant mortality rate for First Nations and Inuit children ranging from 1.7 to over 4 times the non-Indigenous average;
- Nearly twice the rate of diabetes among Indigenous people aged 45 and older compared to non-Indigenous people; and,
- An overall suicide rate among First Nation communities that is about twice that of the total Canadian population.

For Inuit, the rate is still higher: six to eleven times the rate of the general population. Aboriginal youth between the ages of ten and twenty-nine living on reserve are five to six times more likely to die by suicide than non-Aboriginal youth.

Other health disparities include: much higher maternal mortality and morbidity rates; dramatically shortened life expectancies; and, heavy infectious disease burdens.

Current Situation:

There have been a range of initial actions in response to the recommendations of the Truth and Reconciliation Commission recommendations. The federal government has clearly stated its intention to prioritize issues related to Canada's Indigenous Peoples. All 30 Ministerial Mandate letters (letters from Prime Minister Justin Trudeau to each Cabinet Minister in November 2015 providing the Prime Minister's expectations of approach and priorities) state: "No relationship is more important to me and to Canada than the one with Indigenous Peoples. It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership." The Mandate letters also incorporate many of the recommendations from the Truth and Reconciliation Commission.

To the Minister of Indigenous and Northern Affairs, Dr. Carolyn Bennett, Prime Minister Trudeau wrote that he expects her, "to re-engage in a renewed nation-to-nation process with Indigenous Peoples to make real progress on the issues most important to First Nations, the Métis Nation, and Inuit communities – issues like housing, employment, health and mental health care, community safety and policing, child welfare, and education." In particular, he expects her to "deliver on [her] top priorities" including "to implement recommendations of the Truth and Reconciliation Commission…"

Ten Indigenous Members of Parliament were elected to Canada's Federal Parliament in October 2015 and two Indigenous people were placed in cabinet portfolios: Kwakwaka'wakw lawyer and activist, Jody Wilson-Raybould, was appointed Minister of Justice and Attorney-General of Canada, and Inuk Leader, Hunter Tootoo, was appointed Minister of Fisheries, Oceans and the Coast Guard.

In advance of the Health Ministers' Meeting (January 2016, Vancouver), Indigenous leaders called on Canada to confront the "deplorable" health conditions for their people. Isadore Day, Ontario Regional Chief of the Assembly of First Nations (AFN) and head of the AFN's national health portfolio, said the state of Indigenous health is a crisis that must be confronted by all Canadians. In a letter to federal Health Minister, Dr. Jane Philpott, Day also emphasized the need for full Indigenous participation in drafting a new Health Accord. At the Health Ministers' Meeting, leaders from the AFN, the Métis National Council, Inuit Tapiriit Kanatami and ministers from the federal, provincial, territorial governments committed to developing a formal process within the broader Health Accord discussion inclusive of First Nations, Métis and Inuit to better determine how provincial, territorial and federal governments can meet health needs in their respective health systems.

Health Minister Jane Philpott, in a January 2016 interview, said that there are many worrying health indicators for Indigenous Canadians (including suicide rates among Inuit youths) and that these "very serious concerns" are "an absolute priority for [her] to address, but [she] can't do that alone because obviously provincial and territorial governments are also implicated in addressing some of these concerns." She said that, "in some cases, [they are] comparable to the kind of levels you would see in less-resourced countries and that is not acceptable."

In addition to the federal government's response to the Commission's report, the Government of Alberta has indicated its commitment to renewing and improving its relationship with Indigenous peoples, looking at specific impacts of each of the recommendations through the lens of both the Truth and Reconciliation Commission and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Other provinces, like Saskatchewan, have chosen a more limited implementation strategy.

With respect to the health-related TRC recommendations, there is a growing movement among non-governmental and Indigenous organizations to call for a much greater focus on primary care and intervention. The current approach among the federal, provincial and territorial governments is to approach Indigenous health disparities and the Truth and Reconciliation recommendations from a population health perspective. This suggests that the Federal government is unlikely to make permanent investments in primary care and intervention, consistent with its current focus on education and public health programming.

The Canadian Medical Association has been clear that it recognizes, "the importance of recognizing and not forgetting the terrible impact that the residential school system has had and, as a consequence of ongoing intergenerational trauma, continues to have, on the health of many First Nations, Inuit and Métis people of Canada. Some will ask if this is the role of the CMA, and indeed it is" (statement from the CMA Board of Directors, June 2015).

Indigenous leaders and organizations are becoming more politically active, leveraging strategic opportunities to advance strategic opportunities to advance the recommendations from the Truth and Reconciliation Commission. For example, in 2015, the Assembly of First Nations formally called upon the Canadian Medical Association, "to adopt and support Calls to Action #18 to #24 of the Truth and Reconciliation Commission of Canada that specifically pertain to improving the health of Aboriginal peoples and communities." Indigenous Canadian physicians have also been active advocates in this domain, having submitted several health-related motions to the General Council of the Canadian Medical Association.

Ry Moran, Director of the National Centre for Truth and Reconciliation (NCTR) at the University of Manitoba, has identified a growing number of organizations, colleges and universities working in partnership to advance the work of truth and reconciliation across the country. Many NCTR partners are focusing on cultural safety education programs and convening gatherings related to the Calls to Action.

A few groups are gaining momentum with respect to the advancement of the health-related Calls to Action, including: (1) the University of Manitoba; (2) the Indigenous Health Alliance (see below); (3) the University of Victoria; and, (4) the National Collaborating Centre for Aboriginal Health. Other groups are attempting to establish themselves in this area, including at the University of Toronto.

HealthCare*CAN* attended the inaugural meeting of the newly-created "Indigenous Health Alliance" (IHA), led by Dr. Alika Lafontaine and hosted by the Royal College of Physicians and Surgeons in November 2015. The IHA

project goal is: "To have health care stakeholders and Canadians recognize the differences in quality between the care that Canadian and Indigenous patients receive and to actively eliminate these differences." The IHA will be addressing the TRC Calls to Action related to health and will be participating in a national meeting on Indigenous health hosted by the Canadian Medical Association, planned for August 2016 in Vancouver. Shining a light on exemplar practices in addressing Indigenous health challenges (both in Canada and internationally) would be an important step in actively eliminating differences in care.

Health Recommendations:

As mentioned above, several recommendations – or Calls to Action – in the final report of the Truth and Reconciliation Commission report relate directly to health, and can be found below.

Recommendation 18:

We call 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.

Actions with respect to this recommendation may include:

- Reframing the discussion of Indigenous health inequities and differences in care from "patient blaming" to "system enabling";
- Acknowledging the presence of underlying ideologies of racism and colonization;
- Recognizing that widespread apathy and disdain can be common when addressing First Nations, Métis and Inuit health gaps;
- Ensuring messages related to education, research and service delivery are consistent with the Commission's message that the health gaps are the result of policy choices past and present;
- Recognizing that the same policy choices that negatively impact health create unequal opportunity for First Nations, Métis and Inuit people to meet the eligibility criteria to apply to employment within the health professions and system with an aim to reconsider eligibility requirements, admissions processes, and support for First Nations, Métis and Inuit people; and,
- Identifying actual differences in care, including the presence/absence of primary care services.

Recommendation 19:

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Actions with respect to this recommendation may include:

- Commitment to "OCAP" principles in health research: ownership, control, access and possession;
- Facilitating dialogue, contribute expertise and collaboratively develop systems to produce high quality, robust health data that appropriately respect the governance rights of Indigenous people;
- Ensuring that research engagement includes the requirement of equitable benefit for First Nations, Métis and Inuit people in Canada as evaluated by representative organizations;
- Advocating for the Canadian Institute for Health Information (CIHI) to better facilitate collection, analysis and dissemination of this data; and,
- Supporting the recommendation from the 2015 report of the Advisory Panel on Health Care Innovation (chaired by Dr. David Naylor) to create a First Nations Health Quality Council which would lead this work.

Recommendation 20:

In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

Actions with respect to this recommendation may include:

- An immediate review of Health Canada's First Nations and Inuit Health Branch programming, with a renewed emphasis on primary care services instead of preventative and public health care;
- Implementation of Jordan's Principle across health services (Jordan's principle is a patient-first principle that calls for the government - federal or provincial - of first contact to pay for a service for a First Nations child ordinarily resident on-reserve. Governments are then to later settle responsibility for costs. The intent is to prevent First Nations children from being denied prompt and equal access to benefits or protections available to other Canadians as a result of their First Nations status); and,
- Engaging all levels of government to ensure a seamless transition between federally and provincially funded healthcare that is patient and family-centred.

Recommendation 21:

We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

and,

Recommendation 22:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Actions with respect to this recommendation may include:

- Advocating for parallel support of Indigenous traditional medicine approaches to healing;
- Working with traditional healers to develop respectful ways to teach learners as well as practicing health care providers on how to work with traditional healers or people who are using traditional healing methods - this may include accreditation; and,
- Developing community partnerships between First Nations communities and health organizations to ensure inclusion of traditional healing in the primary care models in ways that are respectful, responsive, and directed by First Nations communities and traditional healers.

Recommendation 23

We call upon all levels of government to:

i. Increase the number of Aboriginal professionals working in the health care field.

ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

iii. Provide cultural competency training for all health-care professionals.

Actions with respect to this recommendation may include:

- Establishing specific targets and timelines for the admission and graduation of First Nations, Métis and Inuit health professionals in all of the Colleges;
- Assessing, developing, and resourcing pipeline activities to successfully achieve a representative workforce;
- Exploring partnership opportunities to improve the retention of Aboriginal health care providers in Aboriginal health regardless of the location of practice;
- Recommending that all health care professionals who have contact with learners should receive cultural safety training and that a variety of methods and opportunities should be available; and,
- Further developing remediation processes for classroom and clinical teachers that are safe for learners who experience or witness culturally unsafe care or teaching.

Recommendation 24:

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Actions with respect to this recommendation may include:

- Including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, and Treaties and Aboriginal rights as foundational knowledge for all health professionals, administrators and health workers;
- Having a mandatory course on Indigenous peoples as a requirement for work in the health system;
- Creating support strategies for faculty members, staff, and volunteers who lead the teaching sessions and who continue to be subjected to violence and backlash from learners and sometimes from colleagues within the Faculty; and,
- Advocating for by-law and licensing requirements that require specific competencies in First Nations, Métis and Inuit health as described in this Call to Action.

Recommendation 55:

We call upon all levels of government to provide annual reports or any current data requested by the National Centre for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to:

....

iv. Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Actions with respect to this recommendation may include:

- Establishing reconciliation plans as part of broader strategic plans within health care and academic organizations;
- Advocating for a national Indigenous health strategy that includes this reporting goal; and,
- Supporting the recommendation from the 2015 report of the Advisory Panel on Health Care Innovation (chaired by Dr. David Naylor) to create a First Nations Health Quality Council which would lead this work.

Next Steps:

HealthCare*CAN* is exploring how it could further the advancement of the Truth and Reconciliation Commission's health-related recommendations, working with members, and key stakeholders (Indigenous and health organizations). As mentioned above, HealthCare*CAN* is a member of the newly-formed Indigenous Health Alliance, which will be addressing the TRC's Calls to Action related to health.

As well, HealthCare*CAN* offers an educational program – the Cultural Competence and Cultural Safety in Health Services program - produced in partnership with the Aboriginal Nurses Association of Canada. This course is designed to provide training to health service professionals who work in Aboriginal settings and with First Nation, Inuit, and Métis peoples. It aims to assist health professionals to add a cultural competence component to their foundation of skills. There may be opportunities for HealthCare*CAN* to adapt and build upon this course to respond to some of the recommendations in the Truth and Reconciliation Commission's Report.

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17 York Street, Suite 100, 3rd floor
Ottawa, Ontario K1N 5S7
(613) 241-8005
www.healthcarecan.ca