# Bridging the Gap: The Truth and Reconciliation Commission and Health Care Professionals

*The information in this article contains triggering and distressing details, as well as outdated language included to abide by original sources and texts. CSMLS acknowledges the harm done to Indigenous Peoples by Indian Residential Schools and Indian Hospitals and supports the Truth and Reconciliation Commission and the Calls to Action. To learn more about, or to access support for, Indian Residential School Survivors, please visit https://www.irsss.ca/.*

The Indigenous Peoples of what we now call Canada comprise of the First Nations, Metis, and Inuit groups. Altogether, they encompass 4.3% of Canada's total population.[1] Indian Residential Schools (IRS), one of the greatest tools of assimilation, resulted in significant negative health impacts.[2] It has been estimated that between 1948-1952, approximately 1000 malnourished IRS students from across Canada were subject to "experimental interventions."[3] Medical experimentation had significant implications on the health of IRS survivors including; malnutrition, height stunting, thyroid dysfunction, reproductive problems, and lower insulin levels leading to an increased risk of developing type 2 diabetes.[3,4] Racially segregated treatment centers, known as Indian Hospitals (IH), also complemented the goal of assimilation by replacing traditional medicinal practices with western "biomedicine."[5,6] The Indian Health Regulations of 1953 made it illegal for individuals to refuse to be admitted to these hospitals or try to leave without being discharged.[5] One of the most significant utilizations of these IH was for the tuberculosis (TB) epidemic. The TB epidemic hit Indigenous communities with a mortality rate that was 6 times higher than anywhere else.[6] Treatment of TB at these IH included experimental trials of drugs and vaccines.[5,6] There was significant physical, cultural, and spiritual trauma from the IH. Many patients died and were buried in unmarked graves, missing to their families forever. This article was written before the discovery of hundreds of unmarked graves of Indigenous children across Canada. Simply summarizing the devastating discoveries of these graves and the government sanctioned abuse that led to the deaths of these children in this article would not be enough. Thus, the details of these events will not be discussed in this paper. Nonetheless, it is imperative to acknowledge that intergenerational trauma from both IRS and IH shaped fear and mistrust towards modern health care institutions and health care professionals to this day.[7]

Present day health care for Indigenous Peoples is a shared responsibility between the provincial and federal governments.[8] However, there are areas of ambiguity about who is eligible for these services. Hence, many Indigenous individuals fall through the cracks. There are several determinants of health that contribute to Indigenous Peoples having lower health outcomes than the rest of the population in Canada. These include lower quality housing, poorer physical environments, lower education levels, lower socioeconomic status, and fewer employment opportunities.[2] Indigenous communities experience lower health outcomes including a lower life expectancy, 2-4 times higher infant mortality rate, 2 times higher occurrence of type 2 diabetes, 2 times higher suicide rates, and a higher burden of infectious diseases.[9] Many Indigenous Peoples also feel as though they are outsiders to the health care system and lack connection with health care professionals. Cultural differences and social constructions of Indigenous Peoples have led to many health care professionals developing an "us vs. them" mentality.[10] This mentality creates barriers between a health care professional and their patient, limiting the potential to build meaningful connections. Furthermore, assumptions about Indigenous Peoples become especially dangerous when they impact clinical practice and are used to make clinical decisions.[10] This can undermine patient centered care, ultimately leading to poor patient outcomes, and burdening the health care system further.

## Recommendations

The Truth and Reconciliation Commission (TRC) was created in 2008 to acknowledge the survivors of the IRS and work towards a better future for Indigenous Peoples. Ninety-four Calls to Action arose from the TRC. The Calls to Action highlighted by the TRC recommendations are ways in which Canadians can approach reconciliation. Recommendations 18-24 are specifically related to health.[11] By addressing these recommendations, there can be progress to improving the current Indigenous health outcomes.[9] As health care professionals, we have the obligation to ensure that all patients, regardless of their race, receive the best patient-centered care. Hence, it is essential that all health care professionals, even medical laboratory professionals (MLP) who may not have as much direct contact with Indigenous patients, play a role towards reconciliation.

## Call to Action 18

This TRC recommendation highlights the obligation of all levels of the Canadian government "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 peoples as identified in international law, constitutional law, and under the Treaties."[12] The following points outline ways in which health care professionals, including MLPs, can address this TRC recommendation:

- Shift away from the use of racist labels such as "Native" or "Indian" and towards using "the Indigenous Peoples of what we now call Canada" instead.[13] The use of these racist terms in health care settings, either during patient or co-worker interaction, will only perpetuate harmful stigma.

- Avoid using assumptions based on cultural differences and social constructions of Indigenous Peoples, especially when performing health care duties. For example, treating an Indigenous patient differently because of preconceived notions prior to performing phlebotomy can lead to potential safety hazards and can add to the fear and distrust of health care professionals.

- Ensure that all patient samples are treated with the same level of professionalism. Avoid treating patient samples with Indigenous last names any differently or making unnecessary comments to other health care professionals.

## Call to Action 19

This TRC recommendation highlights the need for establishing "…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."[12]

The following points outline how health care professionals, including MLPs, can address this TRC recommendation:

- Educate yourself and other health care professionals about the lower health outcomes experienced by Indigenous communities. Educating the public about these facts will aid in putting the severity of the gap in health outcomes between Indigenous and non-Indigenous peoples into a more comprehendible perspective.

- Recognize obligations of health care professionals to provide equitable care to Indigenous individuals. The diagnostic data generated by clinical laboratories can also be used for monitoring health outcomes of specific patient populations. For example, Clinical Lab 2.0 is a value-based model for clinical laboratories which moves towards actively applying clinical data in proactively identifying health risks, closing health care gaps, and using the laboratories' knowledge to aid in public health decision making.[14] This same concept can be used to target high risk diseases in Indigenous communities and close the health care gap.

- Advocate for the establishment of a strategy for improving Indigenous health outcomes on a national level. An example of such a strategy is the discussion to create the First Nations Health Quality Council which would oversee health strategies to improve health outcomes and report the progress towards this goal.[15] Advocating for these types of strategies and reports will push forward the implementation of such strategies.

### Call to Action 20

This TRC recommendation stresses the importance of addressing health concerns of all Indigenous Peoples, not just ones registered with an Indian status. The Call to Action states: "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."[12] The following point outlines how health care professionals, including MLPs, can address this TRC recommendation:

- Advocate for a "patient-first principle" for all Indigenous Peoples regardless of registered status. This will prevent Indigenous individuals from falling through cracks in the health care system because there is a discrepancy of whether health care is the responsibility of the provincial or federal government. This lesson was highlighted through the unfortunate event where a 2-year-old Cree boy receiving care off-reserve died while waiting for health care as the federal and provincial governments disputed who should be responsible for health care. Hence, the Jordan's Principle was implemented to ensure that all Indigenous children receive equal access to health care like other children in Canada.[16]

Regardless of which health care jurisdiction is responsible, all patients should have prompt and equal access to treatment. Having health care professionals join Indigenous communities on the front lines to advocate for this supports our responsibilities in promoting patient centered care regardless of a patient's race.

### Calls to Action 21 and 22

Both these TRC recommendations highlight the value of traditional Indigenous healing practices and the use of these healing centers in treating Indigenous patients. Call to Action 21 calls for "… 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."[12] Call to Action 22 calls for "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."[12] The following point outlines how health care professionals, including MLPs, can address these TRC recommendations:

- Educate health care professionals on traditional Indigenous medicine and advocate for incorporating Indigenous approaches to healing. By working together, traditional practices can become accepted and implemented for routine patient care if requested for.[9] Building relationships between health care professionals, traditional healers, and Indigenous patients will also help the healing process from past traumatic relationships with the health care system.

### Call to Action 23

This TRC recommendation may be one of the most well-known Calls to Action. It calls upon the government to "increase the number of Aboriginal professionals working in the health-care field. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. Provide cultural competency training for all health-care professionals."[12] The following points outline how health care professionals, including MLPs, can address this TRC recommendation:

- Advocate for access to post-secondary education programs for Indigenous students, especially ones related to health care, to increase the representation of Indigenous health care professionals. Previously, major post-secondary institutions had an admission quota for Indigenous applicants. However, many post-secondary institutions across Canada have now removed this quota and qualified Indigenous applicants are all admitted.

- Provide support for Indigenous students as they go through their education as health care professionals. This can be done by educating post-secondary staff and clinical preceptors so that they are culturally aware and value the unique cultural identities of the Indigenous students.[17] Post secondary institutions, such as the Faculty of Medicine and Dentistry and Faculty of Nursing at the University of Alberta and the Faculty of Medicine at the University of British Columbia, have support systems for their Indigenous students called the Indigenous Health Initiatives Program, the Indigenous Student Services Centre, and the Centre for Excellence in Indigenous Health, respectively.[18,19,20] In addition to this, Mosom Rick Lightning, an Elder in Residence for the Faculty of Medicine at the University of Alberta, is working towards creating a new program called Morning Star for Indigenous students to promote a sense of cultural identity and community.

- Fundraise and advocate for financial support or bursaries for Indigenous students funded by health care professionals or organizations to alleviate financial stress on Indigenous students during clinical placements.[17]

- Partake in cultural safety training and competency programs for health care professionals. This allows for health care professionals and clinical preceptors to learn about the history of Indigenous Peoples and gain perspective into the racial stigmas, health inequalities, and obstacles which prevent Indigenous Peoples from having trustful relationships with health care professionals.[9,17] Furthermore, learning about cultural safety will help put into perspective the power imbalances between health care professionals and Indigenous patients.

### Call to Action 24

This is another TRC recommendation which has gained momentum for implementation. It urges educational institutions for health care professionals "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."[12] The following points outline how health care professionals, including MLPs, can address this TRC recommendation:

- Require students of each health care profession to successfully complete Indigenous health competencies prior to certification. This includes learning about Indigenous history, traditional medicine, legacies of the IRS and IH, and current Indigenous health issues.
    - Post-secondary institutions across Canada are beginning to implement the Indigenous Canada massive open online course modules, especially on Indigenous health, as a mandatory requirement.[21]
    - National and provincial societies should provide their members with resources to aid with education for completion of such cultural competencies. For example, the Canadian Society for Medical Laboratory Science (CSMLS) has a variety of resources on their website which highlight Indigenous history, culture, health care relationships, and how racism impacts Indigenous Peoples.[22] With the appropriate training and resources, health care professionals can work towards rebuilding trusting and meaningful relationships with patients.

- Advocate for providing instructors at educational institutions and clinical preceptors with resources to aid in building trusting relationships with Indigenous patients.
    - For example, creating modules in collaboration with Indigenous communities on how to address certain scenarios or any backlash received.[9]
    - Another resource could be the use of technology. For example, in Quebec, a phone application called the East Cree Medical App was created to bridge any language barriers between health care professionals and Indigenous patients.[23] This app allows Indigenous patients to search medical terms and different ways to describe their state of being, hence improving a sense of cultural safety in a health care setting.

Indigenous Peoples are a vital part of Canada's identity. Intergenerational trauma from the legacies of the IRS and IH have left Indigenous communities with unease and distrust towards health care professionals. Furthermore, due to multiple social determinants of health, Indigenous Peoples also experience lower health outcomes. To keep moving forward, it is essential that health care professionals address the TRC's Calls to Action. MLPs can address these Calls to Action by shifting away from racist labels, avoiding cultural assumptions, and educating both self and others about the need for cultural safety and cultural competency, and the stark reality of the lower health outcomes experienced by Indigenous communities. Engaging in advocacy, on both a small and large scale, is vitally important for all MLPs wishing to help address the Calls to Action. As these TRC recommendations and Calls to Actions are being acted upon, future areas of study will be required to see what strategies are working and what TRC recommendations will require further improvement.

Although many MLPs may not have direct contact with Indigenous patients, we still have responsibilities as health care professionals to do all we can to provide patient centered care to everyone. As such, all MLPs are important partners in the journey to reconciliation.

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