Embedding Cultural Safety in the Pandemic Response

The Covid-19 pandemic has produced extremely challenging times, leaving many of us scrambling to adjust. Amidst this scenario, health care leaders and staff have been demonstrating immense dedication and commitment in responding to the crisis. We recognize the multitude of ways health care providers have been stepping into the work, taking up new roles and responsibilities wherever and whenever needed. As we continue to come together to address the amplifying situation, we would like to take a moment to remind health care leaders and service providers of the particular and differential impacts this disease may have on Indigenous Peoples and their communities.

For Indigenous Peoples, there is a long history of discriminatory government and medical practices that inform and feed into the situation today. These practices include the willful spreading of infectious diseases, Indian hospitals, medical experimentation, long-term patient segregation, and medical negligence. This colonial context intersects with both the circumstances Indigenous communities face today as they respond to the COVID-19 situation and the relations that continue to play out between Indigenous Peoples and health care providers they may interact with during these challenging times.

We know that pandemics and epidemics are not new to First Nations, Metís, and Inuit nations. They were first introduced to Indigenous Peoples by the Europeans, who brought new diseases such as smallpox, measles, typhus, yellow fever, and tuberculosis when they began to arrive on the continent over 500 years ago. Indigenous communities were vibrant and healthy prior to contact but were significantly impacted due to not having developed immunity to these newly introduced diseases. The result was therefore devastating. According to some estimates, by around 1900 over 90% of Indigenous populations were decimated, with disease epidemics being a major cause of this decline (Cadotte, 2013). We know that systemic racism, inadequate health supports and substandard care also contributed to the high mortality rates. In fact, clear evidence shows that attempts were made to eradicate Indigenous Peoples through the deliberate spread of infectious diseases. An infamous example is the documented tactic used by the British of gifting blankets infected with smallpox to Indigenous people in an attempt to wipe them out (Cadotte, 2013).

We know that the historical medical response to epidemics such as tuberculosis was to segregate and isolate Indigenous patients in understaffed, underfunded 'Indian hospitals' that in many instances included physical confinement and various forms of abuse including medical experimentation and forced sexual sterilization of patients. Many Indigenous people – both children and adults – spent years trapped in Indian hospitals far away from their homes and their communities. Some of these patients were never reunited with their families and met their demise away from the comforting presence of loved ones ("TB and Aboriginal People," n.d.). Adding to the tragedy of these situations was the fact that many families never found out what happened to loved ones who passed away in Indian hospitals. Rather than supporting well-being, medical systems were often dangerous and even fatal for Indigenous Peoples.

Fast forward to today and we recognize that the severe impact of infectious diseases on Indigenous Peoples is not just in the past. For example, the tuberculosis rate amongst Indigenous Peoples and especially Inuit groups today is exponentially higher than amongst the rest of the Canadian population. This discrepancy stems from the inequitable access to basic needs and health care that continues to characterize life for many Indigenous Peoples. In fact, the Indian Act, which still dictates and regulates the lives of status First Nations, states that "[t]he Governor in Council may make regulations... to provide compulsory hospitalization and treatment for infectious diseases among Indians" (Indian Act, R.S.C., 1985, c1-5). The Act goes on to outline monetary fines and imprisonment as punishment for contravention of the above regulation.

The very existence of such an Indian Act clause highlights the racist, systemic inequities imbued in the current pandemic situation for Indigenous peoples.

We know that due to generations of systemic discrimination, Indigenous people are disproportionately likely to be insecurely housed or living in overcrowded conditions. Indigenous people are more likely to have limited access to adequate healthcare services, transportation, childcare, and basic necessities such as clean drinking water. Indigenous patients and clients are more likely to experience pervasive racism and discrimination while attempting to access mainstream services. For many Indigenous people, these conditions have led to a deep seated, well-founded mistrust of medical institutions, practitioners, and practices. Taken together, these factors result in a situation wherein the potential severity and impact of Covid-19 on Indigenous Peoples and communities is considerably higher than for other Canadians.

As we work to flatten the curve of the Covid-19 outbreak, we urge health care leaders to consider the ramifications of their emergency response policies for Indigenous Peoples at individual, family, community, and collective levels. This means taking into account the particular health issues and barriers Indigenous Peoples face, as well as carefully considering the socioeconomic, political and cultural contexts that Indigenous communities are working within as they respond to the Covid-19 pandemic in their midst. We ask medical leaders to take up an equitable approach rather than an undifferentiated approach to policy and procedure development. We ask health care providers to lead with empathy and compassion in all interactions with Indigenous patients and their families. We know that harm in health care can be the result of unconscious biases and unchecked assumptions rather than bad intentions.

We don't have to imagine what would happen if our response to Covid-19 was driven by fear and ignorance. The treatment of Indigenous Peoples in the face of infectious diseases like smallpox and tuberculosis are clear reminders. We are now living through yet another historical moment as we work together to address a dangerous pandemic. We know that the legacy of Covid-19 in Canada will be entwined with how Indigenous Peoples fare during these times and in the aftermath. So let us remember that the virus may not discriminate but people do. In light of this reality, we urge you to address anti-Indigenous racism and keep Indigenous cultural safety front and centre in our collective

response to this amplifying public health crisis. Let us remember that every interaction matters. Each moment contains the possibility of perpetuating harm or taking a small step towards countering a long and unjust legacy.

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