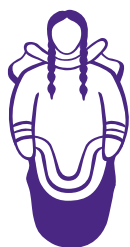


Addressing Racism in the Healthcare System

A Policy Position and Discussion Paper

APRIL 2021



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PAUKTUUTIT
INUIT WOMEN OF CANADA

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ABOUT PAUKTUUTIT INUIT WOMEN OF CANADA



Incorporated in 1984, Pauktuutit is the national representative organization of Inuit women in Canada. Our mandate is to foster a greater awareness of the needs of Inuit women and to encourage their participation in local community, regional and national concerns in relation to social, cultural and economic development. The work we do reflects the unique interests and priorities to improve the lives of Inuit women, their families and our communities.

The Canada-Pauktuutit Memorandum of Understanding (MOU) was signed on June 15, 2017, redefining our relationship with the federal government and providing a framework for reconciliation. The MOU is meant to establish a whole-of-government approach to addressing issues of shared concerns that directly affect the wellbeing and safety of Inuit women and children across Canada.

Through this mechanism, Pauktuutit meets biannually with senior officials of various federal government departments on issues directly affecting the health and wellbeing of Inuit women. A central component of the MOU is to work towards enabling access to culturally competent health and wellness services in all areas where Inuit reside. This includes access to basic health services, maternity care, midwifery services, long-term care, wellness services such as cancer screening, mental health and addiction programs, as well as post-traumatic stress disorder (PTSD) trauma care.

Improving the health and overall wellbeing of Inuit women and our families is a priority for Pauktuutit; we remain both eager and committed to work with the federal government and other partners to achieve our shared goal of equality for Inuit in Canada.

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RACISM AND INUIT WOMEN

Systemic racism, as defined by the Canadian Human Rights Commission, is “the creation, perpetuation or reinforcement of inequality among disadvantaged groups” and is “usually the result of seemingly neutral legislation, policies, procedures, practices or organizational structures.”¹

Public policies that fail to consider a legacy of racial oppression, injustice and the experiences of Inuit women in Canada create unsafe environments that diminish and disempower our identities and wellbeing.

Further, negative stereotyping and race-based discrimination perpetuates power imbalances, creates barriers and guarantees inequitable outcomes for Inuit.

Inuit women are deeply impacted by racism through historical traumas that have compounded over time and have been passed from one generation to the next.

“For over a century, the central goals of Canada’s Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as ‘cultural genocide.’”²

Thus, the relationship between Inuit and the federal government has not been one of mutual benefit nor understanding of the unique realities in which Inuit live. It is important to acknowledge that the assimilative policies and practices which have

been imposed upon Inuit have occurred in recent history, with today’s Elders recounting first-hand experience of systemic abuse.

Our Elders tell the stories of attempted cultural genocide with the coerced removal of families from their nomadic and seasonal homes and forced relocation to assert Canada’s Arctic sovereignty. Inuit children were removed from their homes and placed in residential schools where they were further stripped of their traditions and cultural practices and prohibited from speaking our language. This included the documented dog slaughter at the hands of the RCMP, which crippled our ability to hunt and put food on the table for our families.

These atrocities and violations of human rights and dignity have all occurred within the last 50 years, inevitably leading to a widespread distrust of public institutions. This persists in the overrepresentation of our children in the welfare system, the missing and murdered Inuit women and girls, and racialized policing in our communities. The fragility of our trust is jeopardized further by the racism and discrimination we continue to experience today.

The social and economic inequities experienced by Inuit are symptoms of systemic discrimination. Racism is a key factor in many social determinants of health, including employment, education and poverty. For example, according to Statistics Canada, a non-indigenous person living in Inuit Nunangat earns an average of \$50,128 a year compared to \$16,669 for Inuit.

Food insecurity and poverty are at critical levels in our communities, inevitably

¹ Canadian Human Rights Commission, 2013-14 Report on Plans and Priorities. Accessed January 7, 2020, [<https://www.chrt-tcdp.gc.ca/transparency/ReportsPlansPriorities/2013-2014-rpp/2013-2014-en.pdf>]

² Truth and Reconciliation Commission of Canada: [http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf]



contributing to poorer health outcomes and further stigmatizing the realities we are forced to endure. Basic human rights, including clean and safe drinking water, adequate and safe shelter, minimum standards of income as well as equitable and fair access to public institutions and services continue to be denied to us.

The profound gap in average life expectancy between Inuit (76.1 years) and other Canadians (87.3 years) underscores the prevalence and severity of these inequalities.

Systemic racism continues to create barriers for Inuit women and our families across Canada. Individual lived experiences of anti-Indigenous racism is evidenced by the rise in acts of hostility and violence directed at Indigenous people.

For federal, provincial and territorial governments to reconcile these traumas and injustices, a de-colonized approach is required to bridge the gap in the inequities that disproportionately affects the lives and wellbeing of Inuit women and their families.

ADDRESSING SYSTEMATIC RACISM IN HEALTH CARE

The Canadian healthcare system is plagued with anti-Indigenous racism that has now reached an epidemic level manifesting in the disproportionate disparities in health equities and outcomes among Inuit, particularly women and children.

Erroneous assumptions based on negative stereotypes are pervasive within healthcare settings and have frequently led to tragic consequences for many Inuit families.

COVID-19 has further underscored the urgent need for equitable access to healthcare services for Inuit women living in Inuit Nunangat. Silatik Qavvik, a 35-year-old resident of Sanikiluaq, NU, died in November 2020 after contracting COVID-19 when she was sent to Winnipeg for childbirth.³

In Nunavut, Iqaluit is the only community that can medically support childbirth, forcing Inuit to travel vast distances for basic medical care, without the support of their loved ones and without means to communicate in their first language.

Silatik's death was preventable and speaks to the risks faced by Inuit women who must travel during a global pandemic for prenatal and maternal care to cities like Edmonton, Winnipeg and Ottawa, where active COVID-19 cases have been consistently high.

We envision a world in which physicians and other healthcare providers maintain an attitude of professionalism and challenge any overt discrimination experienced in the workplace. At present, the jurisdictional provision at all government levels to deal with racism within the healthcare system is nonexistent.

Unfortunately, this type of epidemic cannot be effectively treated or prevented by a vaccine; it must be eradicated through a bilateral, multi-disciplinary and multi-sectoral approach. Confronting anti-Indigenous racism in health care is essential to eliminate the existing gap in health outcomes for Inuit and to improve access to healthcare services.

³ [Nunavut woman dies weeks after contracting COVID-19 following childbirth in Winnipeg hospital | CBC News](#)

The fundamental principles of the *Canada Health Act* have failed in meeting the needs of Inuit women as the care provided by the existing apartheid nature of the healthcare system in Inuit Nunangat is short of being universal, comprehensive or accessible.

Inuit, without choice, often must leave their home communities to access the most basic of healthcare services, where their first language is not understood and without the

cultural and familial supports needed to protect their wellbeing.

The removal of midwifery from our communities means many Inuit women have to leave their families and home communities to give birth⁴. It is these factors that sow the seeds of racism in health care and allow them to thrive, exposing Inuit women and children to discrimination and poor health outcomes.

RECOMMENDATIONS

Over the course of 50 years, the traditional way of life for our people has changed dramatically. The socio-economic gaps this shift has created underscore the needs for equitable access to healthcare supports and services for Inuit women and their children.

Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism. Anti-racism actively seeks to identify, remove, prevent and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.⁵

A trauma-informed and distinctions-based approach grounded through the lens of Inuit women is vital in addressing systemic factors that continue to oppress Inuit in Canada.

It is against this background that Pauktuutit recommends the following:

1) Improve and Expand Healthcare Delivery in Inuit Nunangat

Inuit are emerging from a period when healthcare priorities and most aspects of healthcare practice and delivery in Inuit Nunangat were created by and for non-Inuit.

This approach to health care does not fully engage Inuit, does not operate in the Inuit language, does not employ Inuit at a representational level and does not adequately acknowledge Inuit healers, traditional healing practices, or the importance of midwives in our communities.

Many Inuit have little faith in the current health service delivery model and believe the needs of Inuit are not well understood.

The gap in the needs of Inuit through the current health model is amplified when Inuit are forced to travel to regional centres to receive care.

Poorly adapted and chronically under-funded healthcare services, along with programs based in southern Canada that are primarily delivered in English, are simply not acceptable. Inuit have a right to equitable and fair access to public services just like every other Canadian.

We want to feel safe when we enter the health system, knowing it was designed to include and understand our realities. There

⁴ [Inuit midwives say they reluctantly quit after experiencing years of mistreatment | CBC News](#)

⁵ [Data Standards for the Identification and Monitoring of Systemic Racism: Glossary | Ontario.ca](#)



must be mechanisms in place to report failures, concerns and grievances and to ensure they are reviewed and addressed.

To improve and expand healthcare delivery in Inuit Nunangat, we must undertake the following actions:

- **Revise** and restructure accreditation standards for all health organizations across Canada and Inuit Nunangat to include culturally and linguistically appropriate standards of care and services. More importantly, Inuit voices must be represented in accreditation teams.
- **Build** trust between Inuit and non-Inuit healthcare professionals by establishing policy and financial supports required for long-term retention of medical personnel in Inuit communities.
- **Create** an independent database that documents Inuit experiences with the

healthcare system and facilitates the ability to determine the incidence and prevalence of racism and discrimination against Inuit within the system.

- **Implement** regulatory practices that monitor compliance with anti-racism protocols and, when not in compliance, hold those individuals and/or organizations accountable and liable for their actions/inaction.
- **Ensure** mechanisms are in place to report incidents and grievances related to the provision of health care, and that they will be addressed appropriately and in a timely manner.
- **Invest** and improve health infrastructure in Inuit Nunangat, including diagnostic equipment, to allow Inuit to receive care closer to home.

2) Increase the Number of Inuit Healthcare Providers

Linguistic and cultural barriers disconnect healthcare providers from patients. These barriers can lead to misdiagnosis and inappropriate treatment of health conditions due to non-Inuit healthcare providers' limited understanding of the Inuit language, culture and values. Ultimately, this results in the inability to fully understand an Inuit patient during healthcare provider-patient interactions.

Policy development and supports must be created and undertaken to increase the number of Inuit working in healthcare professions. For example, the Inuit community of Rankin Inlet in Nunavut has a relatively high proportion of Inuit nurses compared to many other Inuit jurisdictions.

Multiple positive benefits have been reported by Inuit patients simply by accessing health care in their language of choice. Most importantly, the presence of Inuit nurses has reportedly reduced much of the stress experienced by non-Inuit nurses.⁶

Increasing the number of Inuit healthcare providers is also consistent with *Call to Action 23* of the final report from the Truth and Reconciliation Commission of Canada.

To increase the number of Inuit healthcare providers, the following actions must be implemented:

- **Encourage**, support, promote and retain more Inuit and Indigenous healthcare providers at all levels of the health system and eradicate the significant gap in wages.

⁶ [2010-02-nti-recruitment-retention-inuit-nurses-report_english.pdf \(tunngavik.com\)](#)

- **Increase** investments in education, skills training, job creation and economic development opportunities for Inuit women.
- **Fund** supports for community-based programs that encourage and support Inuit who wish to pursue a career as a health professional.
- **Highlight** and promote other Inuit successfully working in health care: “We need to see her, to be her.”
- **Include** Inuit Elders, community leaders, women and youth in the design and delivery of healthcare programs and services in our communities.

3) Support Traditional Inuit Midwifery Approaches

The current state of Inuit women’s sexual and reproductive health is a result of the unavailability, inaccessibility, and lack of trauma-informed sexual and reproductive healthcare services.

For generations, Inuit women relied on local midwives who traditionally provided care. The current practice that leaves Inuit women with no choice but to leave their respective communities to have their children has medicalized the natural process of birthing. This is consistent with the legacy of government-forced separation of Inuit from their families and communities while simultaneously stripping Inuit of their cultural identity, values and language.

Inuit women often experience anxiety, isolation and trauma when seeking reproductive and sexual health care outside of their communities, especially as they are often expected to leave well before their anticipated date of delivery.

Many are forced to spend significant periods of time away from their families and to give birth in an unfamiliar environment, all while being attended to by healthcare providers who rarely speak their language and do not understand Inuit cultural needs.

Furthermore, pregnant Inuit women must leave their other children behind, increasing the risk of sexual violence and abuse. Birthing is not a sickness to be resolved – it is a celebration of life that must be grounded in Inuit worldview and practice, inclusive of family bonds.

Despite these existing challenges to achieving quality sexual health, there is tremendous value in building upon the existing strengths and prospects of Inuit midwives within Inuit Nunangat by undertaking the following actions:

- **Encourage**, support, promote and retain more Inuit midwives across Canada, modelled after the Nunavik Midwifery Training and Certificate program.
- **Recognize** midwifery as an essential healthcare service and invest in Inuit midwifery to meet the needs of Inuit women and their families.
- **Provide** support for community-led midwifery and choice of birthplace for all Inuit communities.
- **Restore** midwifery as a recognized degree – along with the establishment of Inuit midwifery education programs – in post-secondary schools in Inuit Nunangat.



4) Foster Wrap-around Inuit-Specific Services for Specialized Care

Depending on a patient's needs, as well as the types and level of care available in a community, Inuit patients are often sent to larger centres outside of Inuit Nunangat for treatment of certain conditions. For example, in Nunavut in 2015-2016, just over \$70 million dollars was spent on medical travel -- almost 17 per cent of the total expenditures for the Government of Nunavut's Department of Health.⁷

Not only is this fiscally challenging for health system delivery, but it also displaces Inuit from the familiarity of their home communities and away from family supports, often in times of great distress.

The emotional anguish that occurs as a result of this displacement is immeasurable and clearly exceeds the \$70 million accrued from medical transportation expenses.

Until health infrastructure and human health resources are adequately supported across Inuit Nunangat, services must be developed to support Inuit travelling great distances to access care by implementing the following actions:

- **Provide** funding to support wrap-around services for Inuit women who are required to travel to southern locations for specialized care.
- **Hire** and train Inuit system navigators/cultural practitioners to support and assist Inuit who travel south for specialized care.
- **Provide** funding to train and hire interpreters equipped with an understanding of medical terminology and vocabulary for Inuit patients who do not speak English.

5) Ensure Cultural Competency Training

Culturally unsafe environments diminish, demean and disempower the cultural identity and wellbeing of an individual and speak to the need for a trauma-informed approach to health service delivery.

It is important for any healthcare provider to have a general understanding of the lived experiences, social history and intergenerational trauma that Inuit may carry.

The healthcare system must exercise recognition and respect for the cultural identity of Inuit, without challenge or denial of who a person is or what they need. Receiving health care must be physically, socially, emotionally and spiritually safe for all Inuit, regardless of jurisdiction.

To ensure cultural competency among non-Indigenous healthcare providers in Inuit Nunangat, the following actions must be implemented:

- **Provide** mandatory cultural safety and traditional healthcare practices training for all non-Inuit healthcare providers and front-line workers, specific from region to region.
- **Ensure** the delivery of gender-based violence training for students and healthcare providers.
- **Provide** training that promotes an understanding of Inuit history and culture, as well as the complexities around developing trust between healthcare providers and Inuit patients.

⁷ Health Care Services–Nunavut (oag-bvg.gc.ca)

- **Revise** and restructure accreditation standards for post-secondary healthcare programs to reflect a curriculum that will equip and prepare students to be culturally competent and sensitive in working with Inuit in their respective professional practice.
- **Establish** an Indigenous office inside all publicly funded healthcare organizations within Inuit Nunangat as an organizational commitment to improve Inuit patient-staff relationships with a mandate to educate healthcare staff about Inuit culture, as part of a professional development and training strategy to ensure a healthcare workforce that is culturally competent and sensitive.

6) Preserve Traditional Language Rights

Being able to speak in one's mother tongue when discussing health concerns or treatment is not asking 'a favour' of healthcare providers or organizations. On the contrary, it is a basic human right of accessibility, safety, quality and equality of health services.

"It has been observed that without language, the work of a physician and veterinarian would be nearly identical. Establishing communication enables all parties in a health encounter to participate in the exploration of the illness or condition, and to determine together what aspects of the culture of both patient and provider must be considered in diagnosis and treatment."⁸

Language barriers have a negative impact on quality of care, patient safety and access to healthcare services for Inuit. These gaps in communication often result in misdiagnosis or loss/misunderstanding of vital, potentially life-saving information.

Furthermore, patient confidentiality rights and informed consent may not be protected when Governments fail to deliver public services in the language of the public. In

these instances, Canadians are hurt and they may die.

When placed in a situation of vulnerability, it can be difficult to understand medical terminology or to clearly express one's own needs, fears or pain. It is even more difficult to express these concepts in a language that is not our own. This is a public safety issue.

To ensure the public safety of Inuit and so Inuit can exercise their human rights, the following actions must be implemented:

- **Increase** the proportion of same-language encounters. Inuit should be supported to communicate and receive healthcare services in their first language, both within and outside Inuit Nunangat.
- **Train** and support medical translators and health system navigators to assist Inuit patients who have to leave their communities for specialized services.

⁸ [Language Barriers in Access to Health Care - Canada.ca](https://www.canada.ca/en/health-canada/services/indigenous-affairs/indigenous-health/indigenous-health-care-access/language-barriers-in-access-to-health-care.html)

CONCLUSIONS

The challenges that exist for Inuit women and our communities are well documented and must lead to the development of immediate and necessary change, in order to prevent Indigenous lives from being irresponsibly and needlessly lost.

The federal, provincial and territorial governments must take urgent action toward proactive and transformative policy that is trauma-informed.

Further, this policy must be supported by sustainable, distinctions-based funding which strategically addresses the factors that contribute to Inuit women having to endure inequitable health care in Canada.

Once implemented, Pauktuutit's recommendations will improve confidence that Inuit women and their families will be treated with the dignity and respect they deserve when accessing healthcare services.

That is to say, ***treatment on par with what others in Canada already can receive: treatment free from racism, stigma and discrimination.***



