

Background Paper

Dialogue on Indigenous Women's Perspectives on Healthcare and Wellness

NOVEMBER 30, 2021



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Prior to the arrival of Europeans – and, in the case of the Métis, after their distinctive communities formed – Indigenous peoples throughout what is now called Canada had their own health and wellness systems. Like all human societies, these health and wellness systems are rooted in particular worldviews, knowledge, beliefs, and social roles, processes and structures. A commonality across Indigenous belief systems, however, is the knowledge that women's health is family health, community health, Nation health and cultural health. Colonialism forcibly inserted toxic patriarchy that undermined the role and value of Indigenous women and continues to expose Indigenous women to misogyny, risk and injustice. There are increasing efforts to reclaim the strength, teachings, and rightful place of Indigenous women in health leadership in all forms as the antidote to continuing structural racism, colonialism, and misogyny.

On November 30, 2021 a Dialogue will be held amongst Indigenous women, about Indigenous women's health and well-being. The date of this Dialogue marks the one-year anniversary since the release of the report, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. The report acknowledges that Indigenous women are carrying too much of the burden of Indigenous-specific racism in B.C. At the same time, Indigenous women continue to step forward as health care leaders, professionals, and coordinators of care

for their families and communities – and in today’s context, are serving in more senior roles in BC healthcare than ever before. This prompts the core questions of this Dialogue:

How can Indigenous women lead improvement in Indigenous women’s health and wellbeing? And how do we assure the health and wellbeing of Indigenous women in health leadership?

To stimulate discussion on these questions, the Dialogue will involve reflection on the current context, including intersections and determinants shaping Indigenous women’s health, experiences from the US, and findings of key studies, notably *In Plain Sight* and *Sacred and Strong: Upholding our Matriarchal Roles – The Health and Wellness Journeys of BC First Nations Women and Girls*. The Dialogue presents the opportunity to honestly assess what progress has been made over the past year, and what various organizations are doing in BC to support Indigenous women’s well-being. The Dialogue will also support reflection on the role of Indigenous women in leadership in creating supportive healthcare systems, the conditions for their success, and opportunities and commitments to build coalitions for change amongst Indigenous women in healthcare leadership today.

Panelists will each be asked to propose one concrete call to action as part of their interventions. These and other themes of the Dialogue will be captured in a follow up report that will support the intentions of the day to take flight through dialogue, relationship, and collective action.

Human Rights Context

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is a universal framework of minimum standards for the survival, dignity and well-being of Indigenous Peoples worldwide. It is central to efforts to address Canada's legacy of colonialism, highlighted by the Truth and Reconciliation Commission as "the framework for reconciliation."¹

The UN Declaration describes various aspects of the Indigenous human right to health:

- The right to traditional medicines and to maintain health practices (Article 24)
- The right to access, without any discrimination, health and social services (Article 24)
- The right to enjoyment of the highest attainable standard of physical and mental health (Article 24)
- The right of self-determination and the inherent right of self-government (Articles 3, 4, 5)
- The particular rights and special needs of Indigenous elders, women, youth, children and persons with disabilities, including that Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination (Article 22).²

These rights are to be interpreted, understood, protected, and exercised on a distinctions basis - recognizing that there are many diverse Indigenous Peoples with unique "political, economic and social structures...cultures, spiritual traditions, histories and philosophies, especially their rights to their lands, territories and resources."³

¹ https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

² https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

³ https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

In summary, the Indigenous right to health includes full access to health care services in ways that reflect and are responsive to distinct Indigenous world views and conceptions of health, without discrimination, hindrances or obstacles – including on the basis of gender.

Numerous studies and reports demonstrate that Indigenous women’s rights to health as described in UNDRIP are not being met in BC’s health care system. This includes widespread discrimination, inequitable health outcomes, and the lack of full integration of Indigenous practices and decision-making in the health care system.

Canadian governments have begun to act upon the centrality of the UN Declaration in advancing the reconciliation and the health and well-being of Indigenous peoples. BC has been at the forefront of this process, in November 2019, passing the *Declaration on the Rights of Indigenous Peoples Act*. In June 2021, the federal government passed Bill C-15, the *United Nations Declaration on the Rights of Indigenous Peoples Act*. These laws affirm the application of the UN Declaration to federal and provincial law and require an action plan to advance Indigenous human rights.

Indigenous human rights to health as described in the UN Declaration provide a systemic framework for planning and progress related to Indigenous women’s health well-being, and federal and provincial legislation about the UN Declaration describe specific obligations and tools available to support this work.

Key Queries

- What underpinnings of society and the health system must be uprooted for Indigenous women’s human rights to be fully expressed?
- What measures can be implemented to ensure that the UN Declaration is embedded as the “framework” to advance Indigenous women’s human rights BC’s health care system?
- How do our ancestral teachings illuminate the path forward?

Intersectionality

Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations, e.g., ‘race’/ ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion. These interactions occur within a context of connected systems and structures of power, e.g., law, policies, state governments, religious institutions, media. Through such processes, interdependent systemic bases of privilege and oppression derived from colonialism, imperialism, racism, homophobia, ableism and patriarchy are created. ⁴

Systems and structures perform differently for different people, typically on the basis of factors outside of their control – such as gender, geographic location, disability, sexual orientation, race, and age, amongst others. This means that people bear different burdens of risk, experience different a different quality of performance of sectors and systems (e.g. such as education, economic opportunities, etc.), and have different outcomes – based on unearned advantage or disadvantage. Additionally, healthcare often serves as an “end-point” system, meaning that the failures and impacts of other systems and structures manifest in health care.

Indigenous women experience the intersection of multiple factors – most notably, patriarchy, misogyny, colonialism, and racism – which combine and compound to create deep inequities and injustice for Indigenous women.

Key Queries

- What are the critical intersections and systems of oppression impacting on Indigenous women’s health?
- What is preventing equity for Indigenous women and who needs to clear this pathway?
- What can progress in the health sector do to illuminate inequity and catalyze action in other sectors?

⁴ <https://www.qmul.ac.uk/media/global-policy-institute/Policy-brief-COVID-19-and-intersectionality.pdf>

Indigenous Women's Health in BC

Numerous reports and studies shape and inform this Dialogue, including but not limited to:

- Sacred and Strong: Upholding our Matriarchal Roles – The Health and Wellness Journeys of BC First Nations Women and Girls (2021) ⁵
- *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (2020) ⁶
- Reclaiming Power and Place: The Final Report of the National Inquiry Into Missing and Murdered Indigenous Women and Girls (2019) ⁷
- Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside (2019) ⁸
- Truth and Reconciliation Commission of Canada (2015) ⁹

Additionally, on June 2, 2019, as part of an Indigenous Women's Pre-Conference to the Women Deliver Conference held in Vancouver, a group of health care organizations ¹⁰ issued a Declaration including Calls to Action on Indigenous Women's health and wellness.

Collectively, these documents present exhaustive and unquestionable evidence of the resilience of Indigenous women in the face of continuing racism, discrimination, misogyny, violence, and inequity. They show that, as caregivers and matriarchs, Indigenous women interface with the health system more often than others, and in more intimate ways. Yet they are subjected to misogynistic stereotyping and feel unsafe accessing health services. They experience greater health inequities and therefore have a greater need for health services than many other populations, and yet face inequitable access to health care. The health system has not made sufficient investments to address the unique oppression, violence, risk and racism experienced by Indigenous women in health care in B.C. See Appendix A for selected data highlights drawn from these reports.

⁵ https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/fn_womenandgirlsreport_july19.pdf

⁶ <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>
Policy-brief-COVID-19-and-intersectionality.pdf

⁷ <https://www.mmiwg-ffada.ca/final-report/>

⁸ <https://dewc.ca/wp-content/uploads/2019/03/MMIW-Report-Final-March-10-WEB.pdf>

⁹ <https://nctr.ca/records/reports/>

¹⁰ Ministry of Health, First Nations Health Authority, Provincial Health Services Authority, Vancouver Coastal Health, BC Women's Hospital and Health Centre Foundation, and BC Women's Hospital and Health Centre.

As these reports draw similar conclusions, so do they also make similar recommendations – and adopt the strategy of proactively reinforcing, adopting, and promoting one another’s recommendations. See Appendix B for health-related recommendations from selected reports and studies. Some of the overlapping themes of recommendations include:

- Meaningful advancement and protection of Indigenous women’s human rights under the UN Declaration
- Increase the number of Indigenous women in leadership roles
- Increase funding to support Indigenous people to train and work in health
- Increase investments in the determinants of health and well-being of Indigenous women, including food security, child care, justice, and violence
- Enhance investments in, the availability of, and access to, wholistic and speciality services for Indigenous women and girls of all ages, with particular focus on: healing programs; addictions and substance use programs; and, services related to maternal, child and reproductive health care
- Provide appropriate training for all healthcare workers (providers, security, and others), to support them to deliver more culturally safe and trauma informed care
- Establish more healing spaces and centres, including an Indigenous health and wellness centre in downtown Vancouver
- Assure ongoing monitoring and accountability

These studies also speak to the many promising initiatives and practices in place – and since these reports, many more have been advanced. This includes regional maternal, child and family health programming, enhanced doula and midwifery services and access, dedicated capacity related to Indigenous women’s health at multiple health authorities, and many tools and resources to support healthy pregnancy, childbirth, and the early years. Yet, for the most part, these important interventions largely continue the pattern observed in *In Plain Sight*: “largely disconnected efforts amongst federal and provincial governments, and Indigenous and non-Indigenous agencies and organizations.”

Key Queries

- What are the strengths and gifts to draw upon? What system failures must be rectified?
- What work is underway to respond to recommendations related to Indigenous women’s health?
- What short-term actions are needed to create justice, safety and substantive equality for Indigenous women as patients and caregivers?
- What help do we need from one another to maximize impact and value for Indigenous women? Where are we stronger together?

Indigenous Women In Leadership

The *In Plain Sight* review demonstrated that a key solution to achieving progress is having more Indigenous peoples working within the provincial health care system, including at both leadership and front-line levels. Yet, the review also demonstrated that more than half of Indigenous healthcare professionals experience interpersonal racism at work – most often from a peer or someone in a position of supervisory authority. The solution is more Indigenous health care professionals – yet the working environment is not welcoming for Indigenous peoples.

Despite these challenges, Indigenous women are stepping forward into leadership positions in unprecedented numbers and at unprecedented levels of authority and influence. This includes:

- Indigenous women in political leadership roles in elected provincial, First Nations, and Métis organizations;
- Indigenous women serving as the vast majority of Health Directors administering community-based health care services;
- Indigenous women participating on the Boards of Directors of health authorities;
- Indigenous women occupying the majority of Vice-President-Indigenous health roles in the health authorities; and,
- Indigenous women sitting in other senior executive and medical leadership roles in the health authorities.

With currently a significant number of Indigenous women occupying leadership roles in the BC healthcare system, the time is now for Indigenous women to support the transformation needed to support Indigenous women's health and wellness. This includes transforming the work environment of these organizations to support their own longevity, make space for and hold up other Indigenous women in leadership, ensure we can be Indigenous at work, and improve the healthcare experiences and outcomes of Indigenous women.

Key Queries

- What are the key barriers Indigenous women face in healthcare leadership? What are the conditions for success?
- What is needed to be in right relations with each other as Indigenous women leaders?
- Where are collaborations occurring, where are connections missing, and why?
- What strategies can be advanced for ongoing relationality, collaboration, and partnership amongst Indigenous women in healthcare leadership?
- How do our ancestral teachings illuminate the path forward?

Conclusion

The issues inequitably impacting Indigenous women's health and well-being were long known before the release of the reports and studies described in this background paper. However, they can no longer be ignored.

Positive work is underway in various pockets and organizations within the BC health care system to combat racism and uphold Indigenous women's human rights to health. Yet, these important interventions remain largely disconnected.

With currently a significant number of Indigenous women occupying leadership roles in the BC healthcare system, the time is now for Indigenous women to support the transformation needed to support Indigenous women's health and wellness, drawing upon and celebrating our ancestral wisdom and teachings. This Dialogue is an opportunity to nurture connection and commitment, establish coalitions for change, and identify mechanisms for enhanced accountability and meaningful action.

Appendix A: Selected Data

Following is a very selected set of data, largely drawn from the *In Plain Sight* report, which had the deepest available data analysis relevant to both First Nations and Métis women in B.C. Note that this does not include child and youth health data nor more broad data on related sectors and determinants of health.

Experience

- Indigenous women were the least likely of all populations examined in the Review to report feeling “completely safe” in most health care settings and services and with health care providers.
 - Indigenous women were significantly less likely than men to report feeling “completely safe” in these settings.
- Indigenous women were less likely to report positive experiences than men, and more likely to report negative experiences than men.
- Only 23% of Indigenous women reported “always” feeling involved in their care decisions.
- Indigenous women were significantly more likely than men to report having been discriminated against by health care workers on the basis of their ancestry or origins, their age, their skin colour, and their appearance.
- First Nations women in 2017/18 left BC Women’s Hospital against medical advice at a rate which was 11 times greater than that seen with Other Residents.

Need and access

- Indigenous women have higher rates of many acute and chronic diseases compared to non-Indigenous women and Indigenous men.
 - By early adulthood, half of First Nations and Métis women experience five or more morbidities, which is over twice the rate seen with males or non-Indigenous females.
 - First Nations women have significantly higher rates than First Nations men in a number of health conditions, including mood and anxiety

disorders; depression; diabetes; asthma; hypertension; osteoarthritis; and, cancer (first encounter).

- First Nations have lesser use of physician services across all age groups and both sexes, except for females ages 30 to 64 years, where there was no difference in the rates.
- First Nations female rates of Emergency Department utilization were considerably higher than First Nations men, Other Resident women and Other Resident men.

Gynecological and perinatal

- Pap screening amongst First Nations women is 68% of that of non-First Nations women and cervical cancer amongst First Nations women is 1.6X higher. There was no significant difference for the Métis population.
- Indigenous women were 2.4 times more likely than Other Residents to visit the emergency department for gynecologic reasons, and 1.9 times more likely than Other Residents to visit the emergency department for obstetric reasons.
- First Nations mothers are generally younger: in 2017/18, 4.0 per cent of First Nations women who gave birth were less than 18 years of age, in comparison with 0.4% of Other Residents; and, in that same year, 10.9 percent of First Nations women were 35 years or older, in comparison with 25.6% among Other Residents.
- Over the 2015/16 to 2017/18 time period, First Nations birth rates exceeded those of Other Residents by about 43 per cent (2017/18: 12.4 versus 8.7 births per 1,000 population). Of all First Nations births in 2017/18, 0.7 per cent were stillborn, which was a similar rate to that seen among Other Residents. There was no statistical difference between these populations for singleton versus multiple births.
- In 2017/18, First Nations expectant mothers received fewer antenatal visits than Other Residents, and as well were less likely to access midwifery care, have an obstetrician present during delivery, or deliver at home
- The First Nations rate of c-section delivery was lower than the Other Resident rate.

- 20% of First Nations women who gave birth in 2017/18 lived at least one hour travel time away from the delivery facility and close to half lived at least two hours away (compared to 3.5 per cent of Other Resident women residing one or two hours away).
- First Nations were twice as likely to have very-preterm and preterm births compared to Other Residents in 2017/18, with no appreciable change to these rates from 2011/12-2017/18.
- First Nations infants were less likely to be small for gestational age, and more than twice as likely to be large for gestational age compared to Other Residents.
- The rate of infant mortality amongst First Nations infants from 2013-2017 was almost twofold that of Other Residents.

Public Health Emergencies

- In 2020, First Nations persons died from overdoses at a 5.5 times higher rate than Other Residents, and the First Nations female death rate was almost twice as high as that of non-Indigenous females.
- In the COVID-19 pandemic, First Nations females had a larger representation than males, at 56.1 per cent of total First Nations

Appendix B: Selected Recommendations and Commitments

Sacred and Strong: Upholding our Matriarchal Roles – The Health and Wellness Journeys of BC First Nations Women and Girls (2021)

This report notes that it is brought forward following the *Truth and Reconciliation Commission Report*, the *Reclaiming Power and Place Report*, and the *In Plain Sight Report*. It notes that “The path forward for eliminating the barriers to wellness and supporting First Nations women and girls to thrive has been clearly laid out” in those reports, and underscores the urgency and significance of those recommendations to uplift the health and wellness of First Nations women and girls and the well-being of First Nations communities.

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (2020)

As related to Indigenous women, the *In Plain Sight* report offered the following key reflections based on the data and evidence examined:

- Indigenous women experience misogynistic stereotyping
- Indigenous women feel less safe than males in accessing health services
- Indigenous women are disproportionately affected by poor health compared to their male counterparts
- The health gap between Indigenous and non-Indigenous women is greater than that seen with males
- Indigenous women are disproportionately impacted by public health emergencies
- Initiatives to support Indigenous women’s reproductive and maternal health are not coordinated or sufficient as a response
- Planning, reporting and accountability related to Indigenous women’s health is deficient

The Review, therefore concluded the following with respect to racism's unique impacts on Indigenous women:

- Women's health is not just a women's issue. Women are caregivers, leaders, heads of families and keepers of knowledge. Women's health is family health, community health, nation health and cultural health.
- Indigenous women are carrying too much of the burden of Indigenous-specific racism in BC
- The MMIWG report and other studies have surfaced the problem and pointed to solutions. The PHO/FNHA Indigenous Women's Health Report is overdue (*note: it has since been published*). Other strategies and reports regarding women's health have been shelved or are limping along with little focused attention. The lack of response reflects gender racism.
- Cohesive, strategic and measurable actions are required to address the disproportionate risk faced by Indigenous women in B.C. society and the provincial health care system, and to support their wholistic health and well-being.
- Limited data and response to the IPS from LGBTQ+ Indigenous persons makes it difficult to fully understand their experiences of health services and closer analysis of the needs of gender diverse Indigenous peoples should be an ongoing focus.

In Plain Sight includes 24 recommendations, each of which were intended to be approached and implemented with the needs of Indigenous women in mind (for example, that complaints processes would consider the unique needs and oppression experienced by Indigenous women, and that a measurement framework would include routine reporting on Indigenous women's health). Additionally, there is a focused recommendation specific to Indigenous women:

Recommendation 16: That the B.C. government implement immediate measures to respond to the MMIWG Calls for Justice and the specific experiences and needs of Indigenous women as outlined in this Review. The measures to address the following:

- Finish the Indigenous Women Health Report, including refreshing the data where necessary. (*note: it has since been published*)

- Establish specialty services for Indigenous women that provide for safe and welcoming experiences, including considering the development of a province-wide specialized service for perimenopausal, menopausal and post-menopausal health accessible to Indigenous women.
- Enhanced access to maternal, child and reproductive health care, including in-community and similarly safe screening opportunities.
- Performance measures and associated monitoring and accountability.

Reclaiming Power and Place: The Final Report of the National Inquiry Into Missing and Murdered Indigenous Women and Girls (2019)

Health and Wellness Calls for Governments:

- 3.1 We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.
- 3.2 We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate in order to access care. Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.
- 3.3 We call upon all governments to fully support First Nations, Inuit, and Métis communities to call on Elders, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence.
- 3.4 We call upon all governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services,

including mobile trauma and addictions recovery teams. We further direct that trauma and addictions treatment programs be paired with other essential services such as mental health services and sexual exploitation and trafficking services as they relate to each individual case of First Nations, Inuit, and Métis women, girls, and 2SLGBTQQIA people.

- 3.5 We call upon all governments to establish culturally competent and responsive crisis response teams in all communities and regions, to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event (murder, accident, violent event, etc.), alongside ongoing support.
- 3.6 We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.
- 3.7 We call upon all governments to provide continual and accessible healing programs and support for all children of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people and their family members. Specifically, we call for the permanent establishment of a fund akin to the Aboriginal Healing Foundation and related funding. These funds and their administration must be independent from government and must be distinctions-based. There must be accessible and equitable allocation of specific monies within the fund for Inuit, Métis, and First Nations Peoples.

Calls for Health and Wellness Service Providers:

- 7.1 We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse

Inuit, Métis, and First Nations communities they serve.

- 7.2 We call upon all governments and health service providers to ensure that health and wellness services for Indigenous Peoples include supports for healing from all forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma. Health and wellness programs addressing trauma should be Indigenous-led, or in partnership with Indigenous communities, and should not be limited in time or approaches.
- 7.3 We call upon all governments and health service providers to support Indigenous-led prevention initiatives in the areas of health and community awareness, including, but not limited to programming:
- for Indigenous men and boys
 - related to suicide prevention strategies for youth and adults
 - related to sexual trafficking awareness and no-barrier exiting
 - specific to safe and healthy relationships
 - specific to mental health awareness
 - related to 2SLGBTQQIA issues and sex positivity
- 7.4 We call upon all governments and health service providers to provide necessary resources, including funding, to support the revitalization of Indigenous health, wellness, and child and Elder care practices. For healing, this includes teachings that are land based and about harvesting and the use of Indigenous medicines for both ceremony and health issues. This may also include: matriarchal teachings on midwifery and postnatal care for both woman and child; early childhood health care; palliative care; Elder care and care homes to keep Elders in their home communities as valued Knowledge Keepers; and other measures. Specific programs may include but are not limited to correctional facilities, healing centres, hospitals, and rehabilitation centres.
- 7.5 We call upon governments, institutions, organizations, and essential and non-essential service providers to support and provide permanent and necessary resources for specialized intervention, healing and treatment programs, and services and initiatives offered in Indigenous languages.
- 7.6 We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas

including, but not limited to:

- the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples;
- anti-bias and anti-racism;
- local language and culture; and
- local health and healing practices.

- 7.7 We call upon all governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous people to train and work in the area of health and wellness.
- 7.8 We call upon all governments and health service providers to create effective and well-funded opportunities, and to provide socio-economic incentives, to encourage Indigenous people to work within the health and wellness field and within their communities. This includes taking positive action to recruit, hire, train, and retain long-term staff and local Indigenous community members for health and wellness services offered in all Indigenous communities.
- 7.9 We call upon all health service providers to develop and implement awareness and education programs for Indigenous children and youth on the issue of grooming for exploitation and sexual exploitation.

Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside (2019)

Full Indigenous jurisdiction:

1. Implementation of the *United Nations Declaration on the Rights of Indigenous Peoples* at all levels of government; assertion of Aboriginal Title over lands; jurisdiction over all areas of law-making; and restoration of collective Indigenous women's rights and governance.

Active Indigenous women's leadership:

2. All levels of Canadian government, national aboriginal organizations, and nonprofit agencies must ensure the active leadership of Indigenous women in the design, implementation, and review of programs and policies that are directed to increase the safety of Indigenous women.

Strengthen and support solutions that restore the role of Indigenous women, girls, and two-spirit people as Title-holders of their lands, traditional knowledge keepers, sacred life-givers, and matriarchs within extended kinship networks.

Recommendations for Indigenous Women's Wellness in the DTES

1. All levels of government must acknowledge that the current state of Indigenous women's health is a direct result of colonialism and government policies.
2. Strengthen all the social determinants of Indigenous women's health by ensuring access to and governance over land, culture, language, housing, child care, income security, employment, education, and safety.
3. Access to affordable and nutritious foods especially fruits, vegetables, and meats in the DTES. This means more community gardens, food banks, nonprofit grocery stores, and providing discount cards for regular super markets.
4. End the health risks associated with living in the DTES by ensuring healthy environments and built-environments in all buildings, residences, and outdoors. This includes the right to:
 1. Clean air and clean streets.
 2. Green space and urban ecological systems.
 3. Sanitation.
 4. Accessible and clean public washrooms.
 5. Potable water.
 6. Functioning water fountains and more access to water sources.

Culturally safe healthcare:

5. An Indigenous Health and Wellness Centre in the DTES and more Indigenous- run health programs that use Indigenous methods and medicines to address physical, mental, sexual, emotional, and spiritual harms.
6. End the coerced sterilization of Indigenous women, and hold health professionals criminally responsible for acts of coerced sterilization.
7. End the medical pathologizing and diagnosing of gender identity. Train healthcare professionals to provide gender-affirming care that is safe

for and respectful of trans women and two-spirit people.

8. Reframe mental health and addictions services so they mirror Indigenous women's social and economic realities and aspirations towards healing.
9. All healthcare workers must believe Indigenous women and treat them as credible experts about their own health.
10. All medical and nursing schools in Canada must require courses dealing with Indigenous health issues, including the legacy of colonialism and its impacts, as well as skills-based training in anti-racism, human rights, and trauma-informed care.
11. More doctors and nurses, and especially more Indigenous healthcare professionals.
12. Recognize Indigenous healing practices and have more health professionals trained in Indigenous health practices. Recognize the role of Indigenous reproductive and birthing knowledge, including ceremonies related to healthy sexual development.
13. Opportunities for urban Indigenous women to learn traditional land-based healing practices and develop peer-based holistic health support programs and activities such as regular opportunities to go canoeing, pick medicines, and harvest foods.
14. More Indigenous patient navigators and Indigenous medicine people in hospitals to bridge between Indigenous patients and the Western medical system.
15. More Indigenous healing spaces and sacred spaces in hospitals and hospices.
16. Social workers in hospitals need to ensure wrap-around support, including financial, housing, and social support, before discharging Indigenous women from hospitals.
17. Hospitals, including security guards, need to be welcoming and supportive—not judgmental and criminalizing—in their interactions with Indigenous patients.
18. Security guards and all emergency room healthcare providers and staff must receive mandatory training in cultural sensitivity, mental health, and de-escalation.

Expanded health services:

19. Universal public healthcare coverage to include supplements, prescriptions, counselling, dental, optical, mobility devices, adaptive equipment, and alternative treatments like acupuncture.
20. Expanded access to free transportation to and from medical appointments especially for those with disabilities and the elderly.
21. Expand home support, residential care services, and the number of residential care beds.
22. More mobile healthcare vans and community-based clinics, street nurses, and healthcare providers in the DTES.
23. Ensure timely, culturally safe, and evidence-based mental health and addiction services in the DTES, ranging from prevention, early intervention, treatment, crisis care, home visits, and aftercare.
24. Guarantee a 24/7 mental health and addictions counselling program that is low-barrier, drop-in based, available on demand, and includes overnight street- based counselling in the DTES.
25. Declare the opioid crisis a national public health emergency that disproportionately impacts Indigenous women, and expand funding for immediate health-based solutions for the opioid crisis that focus on the specific needs of Indigenous women. This includes:
 1. Full spectrum of recovery supports including immediate access to Indigenous women’s detox-on-demand and treatment centres.
 2. Indigenous-run treatment centres that use culture as treatment with Indigenous healing methods and land-based practices.
 3. More indoor overdose prevention sites and consumption sites, including culturally safe sites for Indigenous women only.
 4. Decriminalization and access to safer drug supply.
 5. Opioid-assisted therapy programs and full spectrum of substitution treatment options.
 6. Longer-term funding for range of culturally safe treatment programs.
 7. Provincial regulation and oversight over all recovery programs and facilities.
26. Ensure that people with mental health and/or substance use-related disabilities have a means to enforce their human rights related to accessing and maintaining their housing and employment.

27. Replace the deemed consent provisions of the *Mental Health Act* and the consent override provisions of the *Healthcare (Consent) and Care Facility (Admission) Act* and the *Representation Agreement Act* with a legislative mechanism that protects and respects the patient's autonomy in making healthcare decisions and allows the patient to include trusted family members and friends in their treatment and recovery process.
28. Create legislative standards regulating the use of isolation in mental health facilities and the use of physical, mechanical, environmental, and chemical restraints against mental health patients to ensure compliance with *Charter* rights.

Declaration: Women Deliver 2019 Nutsamaht Indigenous Women's Pre-Conference

- Indigenous women demand that all institutions work together towards the creation of laws and policies; ensuring they are enacted and enforced to protect Indigenous women and girls.
- Indigenous women declare that they will continue to advance rights of their own bodies; to make their own choices; to influence their families, communities and Nations to advance Indigenous women's rights and wellbeing and expect that leadership at all levels will join them in this endeavor.
- Indigenous women challenge leadership at all levels to ensure the inclusion of Indigenous women in leadership and administration of services that impact them, their communities and their nations.
- Indigenous women demand that all agencies and institutions respect and consider the wellbeing of the environment, protecting the air, water, earth and its beings and uphold the strictest of environmental protections.
- Indigenous women call for our governments to, at all times, act in the best interest of the rights, wellbeing and agency of Indigenous women and girls and to advance policy that will demonstrate this commitment.
- We ask the Government of Canada to work with Indigenous women, girls, and gender diverse people to measure our health and wellness as indicator of the health and wellness of the entire nation.

Truth and Reconciliation Commission (2015)

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.
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.
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.
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.
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.
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.

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.