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Indigenous Child Health in Canada – Part I: Past

Developed by Nikita-Kiran Singh, Dr. Lola Baydala, and Sherri Di Lallo for PedsCases.com.
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Introduction

Hello! My name is Nikita-Kiran Singh; I am a fourth-year medical student at the University of Alberta, situated on Treaty 6 territory. This module is part I in a series of three podcasts on Indigenous child health in Canada which have been developed in collaboration with Dr. Lola Baydala, Professor of Pediatrics at the University of Alberta, and Sherri Di Lallo, Indigenous Child Health Nurse Coordinator at the Stollery Children's Hospital in Edmonton, Alberta. A special thank you is extended to Sherry Letendre and Aaron Letendre from the Alexis Nakota Sioux Nation; Aaron sings "Grandmother's Song" heard throughout this series. We also thank Melissa Tremblay, Assistant Professor of Educational Psychology at the University of Alberta, and the youth of Maskwacis for sharing their photovoice project images featured in part III. The three parts of this module are organized by the past, present, and future as related to pediatric care for Indigenous children. This module is also available in video format with supplementary materials available at PedsCases.com.

Objectives

The main objective of this first podcast is to understand the historical context contributing to the state of Indigenous child health in Canada today. The second podcast explores the medical conditions that affect Indigenous youth disproportionately. And finally, the third podcast will explore how medical students and healthcare professionals can provide culturally safe care and advocate for Indigenous pediatric patients.

In this podcast, our objectives are:

1. To understand what is meant by the terms Indigenous, First Nations, Inuit, and Métis.
2. To explain the history of colonial practices, residential schools, and sixties scoop experienced by Indigenous peoples.
3. To describe the non-insured health benefits that exist for Indigenous peoples.
4. To explain the impacts of colonialism and systemic racism on Indigenous health.

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We will begin with an overview of definitions and the history of colonialism in Canada to explain how this has impacted Indigenous health today.

Definition of Indigenous

Let's begin with an introduction to terms you will encounter when discussing Indigenous health. **Indigenous** is an umbrella term that refers to the First Nations, Inuit, and Métis peoples of Canada. As of 2016, there are 1.67 million Indigenous people in Canada, which is 4.9% of our population. First Nations and Inuit peoples descend from the original inhabitants of what is now called Canada. Inuit people have and continue to reside in northern Canada and the arctic. Métis peoples are of mixed Indigenous and European descent, many from the Red River Settlement in what is Manitoba today. The Métis National Council defines Métis as, "a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation."

Although the term "Aboriginal" is often used, particularly in government legislation and documentation, Indigenous is now becoming a preferred term and can be used to link Indigenous peoples around the world through their shared experiences. In conversation, Indigenous peoples are often incorrectly referred to as one community; in reality, Indigenous communities are diverse with many languages and cultures and it is important not to assume that the traditions and ways of life of one group of Indigenous people are the same in another. In Canada alone, over 60 Indigenous languages are spoken by nearly 215 000 people. Despite historical and ongoing colonial practices, Indigenous communities have maintained their rich and vibrant cultures and a strong sense of kinship; this is essential to remember as we discuss the history of colonialism further.

History of Colonialism

Indigenous peoples around the world share a common history of colonialism, and this history has had lasting impacts on their health today. Colonialism is the process by which Indigenous peoples were displaced from their land through the development of colonies by non-Indigenous settlers. Colonizers first arrived in Canada from Europe in the 16th century with the goal of land and resource acquisition. Mistreatment and violence were used as tools of genocide with the goal of eradicating Indigenous peoples. Colonialism led to an imbalance of power and the marginalization of Indigenous communities through the disruption of their ways of life.

The Indigenous population was reduced by up to 90% from colonialism for several reasons. First, settlement by European newcomers introduced new diseases – including smallpox, measles, mumps, and influenza – to the Indigenous population, who had little, if any, pre-existing adaptive immunity to these illnesses. The exchange of diseases was highly disproportionate, with Europeans' health not being as significantly compromised. Smallpox-infected blankets were given to Indigenous people with the intention of spreading the disease, an example of biological warfare. These practices perpetuated an already developing power imbalance and disruption in the social lives of families and communities. Furthermore, a series of wars, changes in environment due to settlement, as well as variations in societal organization led to changes in Indigenous peoples' ways

of life, with negative consequences to health. Low birth rates, starvation secondary to over-hunting, and infection were among many of the effects of colonial practices. The continued disenfranchisement of Indigenous communities today perpetuates negative effects on health outcomes. For instance, Indigenous peoples are disproportionately affected by poverty, which impacts accessibility to healthier foods which tend to be more expensive.

The Indian Act, Treaties, and Reserves

A series of legal acts implemented first by the British government and eventually by the government of Canada have contributed to the complex relationship between Indigenous people and the government, overwhelmingly run by non-Indigenous officials. Before and after confederation, treaties were developed as agreements between Indigenous peoples and the government regarding the use of land, although disagreement about the meaning of the treaties continues today. Many treaties were developed in spite of language barriers impeding communication between the relevant parties, and the federal government's focus on land transfer and ownership was in many ways incongruent with Indigenous people's spiritual relationship with land. Furthermore, although Indigenous peoples primarily used oral means of transmitting knowledge, treaties were documented in writing.

Through the Indian Act of 1876, the reserve system was established that is still in existence today. Reserves are regions of land legally owned by the Crown that are allocated for use by First Nations communities. Of note, the Inuit were not included in the Indian Act. The fur trade brought more settlers into the north, resulting in the claiming of land already inhabited by Inuit people. The Indian Act undermined the autonomy of First Nations people in several ways, including restricted voting in elections; prohibiting participation in cultural ceremonies such as the Sun Dance, powwows, and sweat lodge ceremonies; and prohibiting the wearing of traditional clothing. These provisions were intended to pressure Indigenous peoples to forego their cultural practices and ways of life.

Through regulations in the Indian Act, First Nations people were divided into status or non-status Indians. First Nations people registered as status Indians with the Canadian government were granted rights related to living on reserve and playing active roles in their associated band, one form of government on reserve. Conversely, the process of losing Indian status was called "enfranchisement," a means of assimilation. Enfranchisement often disproportionately affected women, who could lose their status by marrying a non-status man, for example. Furthermore, First Nations people who obtained university degrees automatically lost their Indian status, and until 1960, First Nations people could only vote in federal elections by becoming enfranchised. Eventually, these means of losing status were reversed through Bill C-31 in 1985. Indian status is now distinct from band membership, and many bands have their own membership codes. Today, registering for Indian status allows for access to certain benefits and rights, including the non-insured health benefits program.

Today, there are 634 First Nations communities in Canada, according to the Assembly of First Nations. There are eleven treaty territories in Canada, the first located in

Manitoba and the eleventh in the Yukon and Northwest Territories. Alberta consists mainly of treaties six, seven, and eight, as well as treaties four and ten. Following the effects of urbanization, many Indigenous people live in urban centers, but reserves are still in existence today and are the homes of many First Nations communities. Inuit people reside in communities, hamlets, or villages instead of reserves, while many Métis people reside on settlements.

Assimilation & Identity: Residential Schools

One goal of colonialism has been assimilation, or the disruption of Indigenous identity through the prohibition of their cultural practices and ways of life. Residential schools were developed in 1892 by the government to remove Indigenous children from their homes and forcefully impart to them European ways of life. In residential schools, Indigenous children were punished for practicing their culture; subjected to physical, sexual, and emotional abuse; and exposed to conditions of isolation and neglect. Loss of their mother language led to the loss of cultural expression, which in turn affected Indigenous individuals' sense of self as children were unable to experience their cultural practices firsthand.

The Truth and Reconciliation Commission of Canada's (TRC) 2015 report entitled "The Survivors Speak" describes the experiences of Indigenous children in residential schools. Survivors of the system and their families continue to experience physical and mental health impacts today, which is of particular significance to pediatric care. Because many Indigenous children were separated from their parents at an early age, they were denied the privilege of growing up with their families as a means of assimilatory practice. Many survivors of residential schools have explained that when they grew up, they struggled to be a parent to their own children because they were denied the opportunity to learn parenting skills from their own parents. This illustrates the nature of intergenerational trauma – the passing on of traumatic experiences by one generation to the next. The final Canadian residential school closed recently, in 1996. While colonialism may have begun centuries ago, its impacts clearly persist today.

The Sixties Scoop

When the federal government began to re-evaluate the residential school system in the mid-20th century, authorities began to consider other means of assimilating Indigenous people. The sixties scoop refers to the practice of re-locating Indigenous children from their own homes and families to foster homes, beginning in the 1960s and continuing for two decades. While the government justified the sixties scoop as being in the best interest of children, authorities failed to recognize how harmful these paternalistic measures were to the children they proclaimed to protect. This practice was yet another attempt at disintegrating Indigenous identities with the harmful consequence of disrupting Indigenous families. Many Indigenous children were treated abusively in both the residential school and foster systems, affecting their relationships with others and their own children as adults. Further effects include emotional distress arising from the separation of families and children feeling further disconnected from their cultural identity.

Jordan's Principle and the Child Welfare System

There is a history of institutional child neglect that has disproportionately affected Indigenous children. One recent example is that of Jordan Anderson, a First Nations child with complex medical needs from Norway House Cree Nation in Manitoba. Jordan tragically passed away in 2005 at the age of five when a conflict between the provincial and federal governments failed to resolve who was responsible for financing Jordan's healthcare, resulting in care not being provided in a timely fashion. In response to this tragedy, Jordan's Principle was developed, which states that the government or ministry of first contact is responsible for payment if a financial dispute arises. This principle exists to avoid compromising children's well-being and to prioritize providing the healthcare they need, knowing jurisdictional disputes can be resolved later. In Alberta, you can contact the [First Nations Health Consortium](#), which implements Jordan's Principle by connecting Indigenous children with essential health services.

Indigenous children are over-represented in the child welfare system, stemming from the lasting effects of residential schools and the sixties scoop. As noted by Statistics Canada, "[Indigenous] children accounted for 7% of all children in Canada but for almost one-half (48%) of all foster children." While off-reserve funding of child welfare is provincial, on-reserve funding is under the purview of the federal government. The child welfare system is chronically underfunded, meaning that Indigenous children are more likely to be subjected to poor living conditions and a lack of emotional support. Indigenous advocate Cindy Blackstock, a scholar at the University of Alberta and Executive Director of the First Nations Child and Family Caring Society of Canada, has labelled the chronic underfunding of child welfare for Indigenous children a human rights violation, given the discrepancy in care, attention, and resources paid when compared with their non-Indigenous counterparts. Due in large part to Dr. Blackstock's advocacy, in a landmark 2016 ruling, the Canadian Human Rights Tribunal labeled this failure as discrimination on the basis of race and ethnicity. The Tribunal has called for redesigning the child welfare system to ensure there is adequate funding available for Indigenous children and access to culturally appropriate services.

Healthcare Coverage

There are differences in healthcare coverage for First Nations, Inuit, and Métis peoples. While both Indigenous and non-Indigenous Canadians have access to healthcare administered provincially, First Nations and Inuit peoples also have access to healthcare benefits administered through a federal program. The medicine chest clause of Treaty 6 forms the basis of the non-insured health benefits program, or NIHB. This program covers medications, dental care, vision care, medical supplies, mental healthcare services, and assistance with medical transportation costs for First Nations and Inuit peoples.

Under the Indian Act, the NIHB program is not available for Métis individuals, with some exceptions in the Northwest Territories. However, Métis individuals are often eligible for provincial or territorial insurance programs that First Nations and Inuit peoples do not qualify for. Some challenges related to NIHB include difficulty navigating the claims process, some providers asking patients to pay up front instead of directly billing the NIHB program, and differences in medication formularies. Furthermore, registration is

required to access the NIHB program; with difficulty accessing the registration process, the provision of benefits can be delayed. More specific information related to non-insured health benefits can be found on the [NIHB website](#).

Institutional Racism

The term institutional racism is used to describe how bias and discriminatory practices contribute to the oppression of Indigenous peoples. This racism is institutional or systemic in nature because the foundations of government and societal structures were built on imbalances of power between colonists and Indigenous peoples. Today, outward displays of racism directed from one individual to another are typically deemed socially inappropriate. However, unintentional or implicit racial bias can be more difficult to identify. Part of being socially accountable as physicians requires being aware of how systemic racism can interfere with the accessibility of healthcare services for Indigenous patients. It is important to appreciate how a history of negative experiences with powerful institutions have shaped Indigenous communities' perceptions of the government and healthcare system. To be healthcare professionals with an awareness of this complex history has the potential to foster positive, empowering, and meaningful partnerships, rather than contributing to an already discriminatory system.

One important example of systemic racism we've discussed is the child welfare system; by virtue of being Indigenous, children on reserves are unable to access important resources that their non-Indigenous counterparts typically do have access to. Similar examples include inconsistent access to telephone and/or computer resources on reserves impacting contact between healthcare centers and patients, difficulty obtaining transportation to far away medical appointments, or frequent changes of address due to lack of available housing. As a healthcare provider, being aware of how these challenges can impact Indigenous children's access to healthcare services poses an opportunity for re-framing missed appointments. Instead of assuming that a patient who has missed an appointment is disrespectful of a healthcare professional's time, consider the reasons why accessibility may have been impeded.

Another point of importance is to avoid conflating the effects of race with poverty. Many of the health concerns facing Indigenous communities today are not a reflection of genetic predisposition, but are a product of poverty and would be experienced by people in similar conditions irrespective of race. Because Indigenous children and families are disproportionately affected by poverty, manifestations of poverty can be mistakenly perceived as a manifestation of race. For example, if a family cannot afford transportation from a reserve to an urban center which leads to missing a medical appointment, medical professionals may become more ingrained in stereotypical beliefs of Indigenous peoples, not appreciating the role poverty has played in this outcome. It is important to recognize that an interplay exists between race and poverty, each influencing the other.

Conclusion

We've reached the end of part I of the Indigenous Child Health in Canada module. In conclusion, let's review some take-home points:

1. “Indigenous” is an umbrella term referring to First Nations, Métis, and Inuit peoples.
2. Colonial practices have had long-lasting and ongoing impacts on the health of Indigenous communities, including infectious disease burden, malnutrition, and changes to environment and lifestyle.
3. A history of assimilatory practices, including enfranchisement through loss of Indian status, residential schools, and the sixties scoop, have contributed to intergenerational trauma experienced by Indigenous peoples in Canada.
4. Jordan’s principle states that the government or ministry of first contact is responsible for payment of healthcare services for Indigenous children to avoid delay in provision of healthcare.
5. The non-insured health benefits (NIHB) program is federally administered and provides healthcare benefits to First Nations and Inuit peoples. Métis people may qualify for provincial or territorial insurance programs but typically are not extended coverage under NIHB.
6. Acknowledging the role colonialism and poverty play in affecting Indigenous peoples’ health is crucial to dismantling institutional racism.

In the next podcast of this series, we will discuss medical conditions that disproportionately affect Indigenous youth. In part three, we’ll discuss how a culturally safe approach to healthcare can utilize the tremendous resilience of Indigenous communities.

Thank you for listening. We will conclude the podcast with Aaron Letendre’s full rendition of “Grandmother’s Song.”

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