Cultural safety and support for remote community members visiting Thunder Bay

The context of the moral challenges: forms of colonial and racist violence

- Systemic
- Epistemic
- Interpersonal
- Internalized
- Focus today: systemic violence and its causal relationship to poor health care for remote community members

Systemic racism

- Is about the violence generated by the ways in which some social, economic, political and legal systems are organized
- These systems are racist when they exploit, marginalize, disempower and cause direct violence to members of specific oppressed groups.
- They are not about:
- Individual character, whether good or bad
- Individual choices, however good or bad

- They are concerned with the beliefs about racial or cultural superiority that determine who gets material advantages, and who is denied them.
- Individual character and behavior are shaped against the background of these larger systems of unjust advantage and disadvantage.
- The context of our talk today is one of widespread and dominant systemic racism and its connected violence as it impacts remote community members.

Violence in law, policy and resource allocation

- Two ways to think about ethics in policy, law and resource allocation
- 1. Lifeboat ethics
- How do you best allocate time, personnel, properties, funds and any other resources under conditions of resource scarcity?
- But there is a more fundamental question, as Tom Koch, author of *Thieves of Virtue*, notes:
- 2. What is the ethics of the lifeboat?

Ethics of the lifeboat

- We need to explore and resist the injustices at the foundation of our social, economic, legal and political systems, and their resulting institutions.
- Health care institutions are sharply conditioned by the social, political, economic, cultural and legal environment within which they operate
- Where these are oppressive, as in Canada in their dealings with indigenous peoples, these environments and the resulting laws, policies and economic practices, function to unjustly limit access to resources for some individuals while unjustly assigning them to others
- The consequence is the deliberate construction of health systems that undermine the quality of health care and promote inferior health for oppressed groups.

- This is true of all colonial states, including Canada
- Colonialism involves the violent and ongoing imposition of Settler laws, economic practices, and systems of governance upon Indigenous populations.
- In this regard, we have to appreciate that settler law, including health law, is of its nature systemically violent and damaging to indigenous peoples, and is not created to protect them as Indigenous individuals.
- To whatever extent it does protect people, the protections are ambiguous given the required submission to settler Canadian norms.

Law as violence: some questions we need to consider

- Does law protect people?
- Who is protected?
- How?
- Whose interests are served?
- Who is harmed?
- The paradox of colonial law – that Indigenous groups are harmed by definition by Settler law even if indigenous individuals may sometimes benefit.
- Colonial law is at best ambiguous for Indigenous peoples and at worst ethnocidal.

Historical examples of state sanctioned violence against Indigenous peoples

- The residential school system
- Land seizures/thefts by Canadian governments, backed by police use of occasionally lethal force, and the resulting confinement of Indigenous peoples on the Ishgonigan/reserves – with a land and resource basis that remains vastly insufficient for health or well-being.
- The deliberate creation of food insecurity for Indigenous peoples by successive Canadian governments(Burnett, Hay et al. 2016), which has its contemporary manifestation in programs like Nutrition North and in the laws, rules and regulations that govern the remote community nursing stations and related health care.

Contemporary examples

- The American Courts find against the legal challenge of the Standing Rock Indian reserve and allow a pipeline to go through in spite of the threat this poses to their water, damage to their sacred sites, as well as the health of 17 million people downstream
- Canadian governments' allow the progress of the Site C dam on the Peace River in Northern British Columbia. This is ongoing despite an existing court challenge against the dam. In the event that the courts find in favor of the British Columbia government, the courts itself will be participants in violence against the local indigenous peoples

- In supporting commercial interests against the Indigenous communities and their allies, the Canadian and American governments use police and, in the American case, military force to compel obedience.
- The Indian Act in its entirety and, among other things, its divisive divisions into status and non-status Indians with resulting denial of benefits for all those who lack status. (see lynngehl.com)
- Note that this threatens the social determinants of health of already marginalized and impoverished communities

The same questions about law apply to policies and institutional arrangements in remote communities

- Law and policy than transform into racist resource allocations:
- Examples:
- Nutrition North
- Access to Health Care for remote community members

Auditor General 2014 report on Nutrition North

- The food security program is not based on community need
- AANDC has not verified whether the food subsidies are passed on to consumers
- The department has not collected the information needed to manage the program or verify its success
- The department did not implement the program's cost containment strategy(2014).

2015 Auditor General's Report on access to Health Services for remote communities in Manitoba and Ontario

- Undertrained nurses due to the failure of Health Canada to ensure nurses had adequate opportunities to complete required courses
- Nurses required, without support, to do work that is beyond their training
- Nursing stations that do not meet adequate building and health and safety codes
- Failure to provide up to date equipment
- Failure to repair broken equipment such as X-Ray machines
- Failure to provide adequate basic medical equipment such as oxygen canisters

- Failure to ensure that the nursing stations can provide essential medical services
- Failure to ensure that all remote community members were eligible for NIHB transportation benefits (rooted in the *Indian Act*, among other places)
- Inadequate documentation of the administration of medical transportation benefits
- Failure to take community health needs into account in allocating support

- Failure to compare access to health services in Indigenous remote communities with other comparable communities (combined with inequitable underfunding in comparison to similarly situated communities)
- Common failures to resolve interjurisdictional provincial-federal challenges(2015).

The danger of 'What should I do?'

- - frequently, in response to the suffering of Indigenous peoples, I am asked 'what can we do?'
- While well intentioned, this is actually a morally dangerous question.
- The reason is that the question presupposes the power and agency of the person asking the question and does not require us to ask about problematic aspects of our power.
- As a bioethicist working in Indigenous health ethics, I have no direct advice to offer about what, practically, anyone here should do.
- But I can suggest ways in which each of us should think about our obligations.

6 moral and political obligations for health care workers

- Listening is the first moral obligation, and then sharing decision-making power, along with political and economic authority, is crucial to producing meaningful change.
- Believing the stories is the second obligation
- Witnessing and stating the truth of these stories is the third obligation
- Accept responsibility for being part of the problem for indigenous people and other marginalized groups.
- Reconciliation through power sharing and compensation.
- Fight for system change that empowers Indigenous peoples, and do so at the local, institutional, provincial and national

What should we do?

- share power and resources,
- reduce the ability of settler Canadians to control and shape the healthcare situation
- support oppressed, marginalized and disempowered populations to take control of the institutional, social and economic conditions of health such that they can benefit from it rather than continuing to be the objects of other people's decision-making.
- The situation we are in is one of gross inequity, marginalization, and exploitation of indigenous peoples, and this is reflected in Canadian governmental and private sector practice – as we see reflected n the auditor general's reports and will be reflected in the comments of our panellists.

Apply the principles cultural safety institutionally

- "Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (Cooney, 1994, 6)
- Although cultural safety is normally described as an action or about a clinical relationship between healthcare provider and recipient, it is also applicable to questions of resource allocation, health policy and law.
- The behavior, policies, institutional arrangements and laws of the caregiver are the issue, not those of the recipient
- The recipient determines whether the above areculturally safe, not the caregiver.

- The Auditor General's reports document culturally unsafe, as well as technically unsafe, policies, practices, decisions and laws in the working of the nursing stations and in the operation and management of Nutrition North.
- These profoundly impact the care of remote community members at the nursing stations, but also, since our subject today is improving care for them when they come here, it impacts health care in Thunder Bay
- The reports document the marginalization of remote community members and the at least partial irrelevance of their needs and voices to AANDC and Health Canada.

Lack of cultural safety damages technical safety

- Example:
  - Last winter's Encounters in Bioethics talk about improving stroke response and treatment at Thunder Bay Regional
  - Stroke recognition at the nursing stations is undermined if nurses are not adequately prepared to recognize stroke
  - It is undermined if, due to inadequate resourcing, nurses are forced only to treat conditions that are judged to be 'sufficiently serious' and others are sent home.
  - It is undermined if relevant diagnostic treatment is broken and remains unrepaired
  - It is undermined if interjurisdictional problems and NIHB inequities mean that some remote community members are not permitted to fly out for care.
  - Our speakers will give you plenty of other examples of problems.