



UNIVERSITY OF
SASKATCHEWAN



In the eyes of Indigenous people in Canada: exposing the underlying colonial etiology of drug use and STBBIs

CRISM - Prairie Node: 3rd Annual Gathering

November 1, 2018

Alexandra King, MD, FRCPC

Cameco Chair in Indigenous Health

University of Saskatchewan

alexandra.king@usask.ca

Territorial acknowledgement

We gather today on Treaty 6 Territory and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of this place.





Disclosures / mitigation

- **Relationships with commercial interests:**
 - **Grants/Research Support:** Gilead
 - **Speakers Bureau/Honoraria:** Gilead, AbbVie, Merck, ViiV, BMS, Indivior
 - **Consulting Fees:** N/A
 - **Other:** N/A
- **Potential bias mitigation:**
 - Supported rural/remote knowledge translation/exchange
 - Paid for cultural items as well as Elders' honoraria, travel

“Each man’s and woman’s liberty was absolute and inviolable. He was untainted by civilization, did what he liked, and was moved only by natural impulses, and if, **the Nipissing was not a free man and independent man, then there was no absolute freedom or independence on earth.**”

– Jean Reçollet in The Jesuit Relations



Desmond (Algonquin, Timiskaming FN),
Mary (Ojibwa / Mohawk, Nipissing FN)
and daughter Mary (my mother)

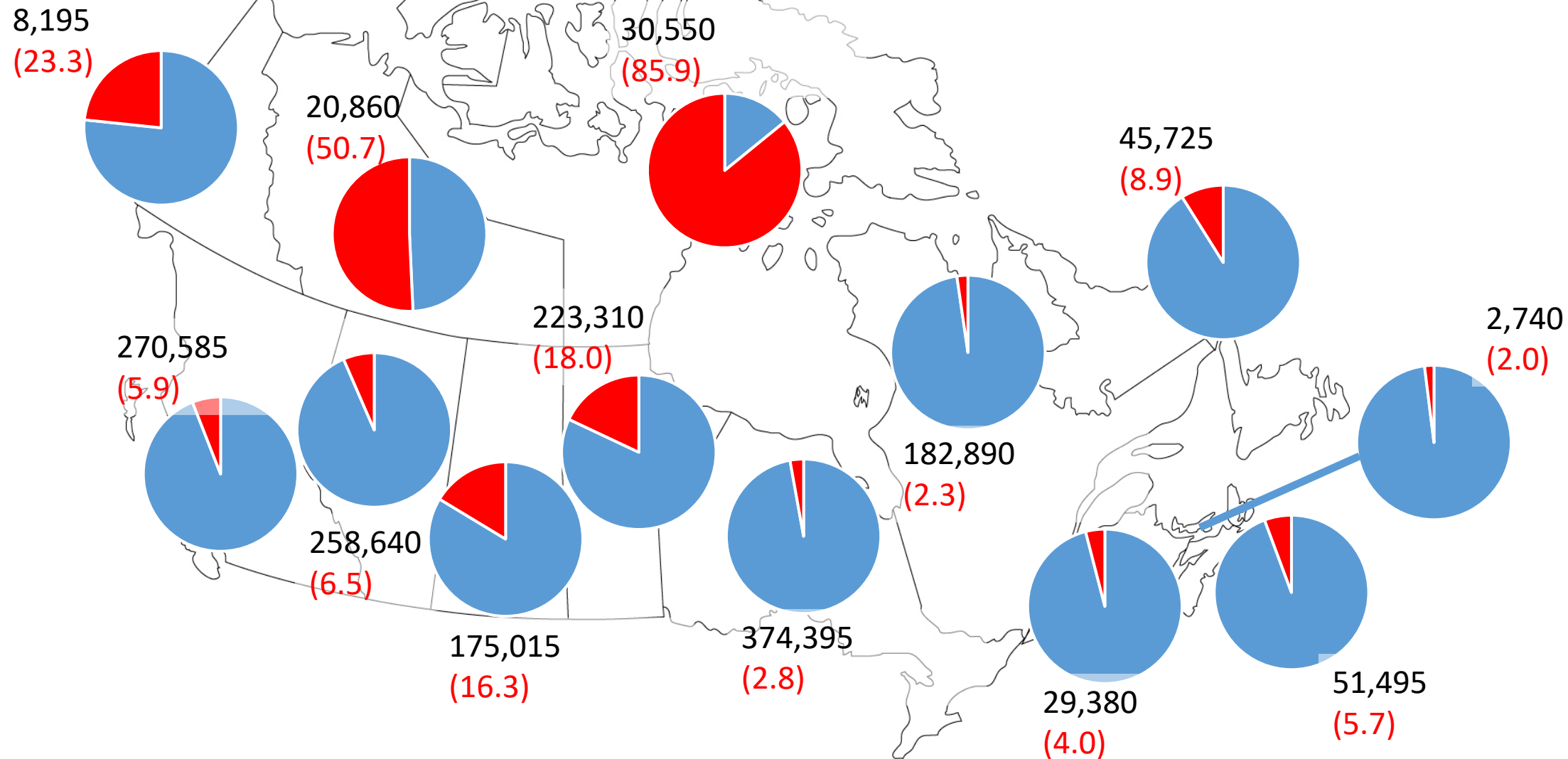


2016 Census

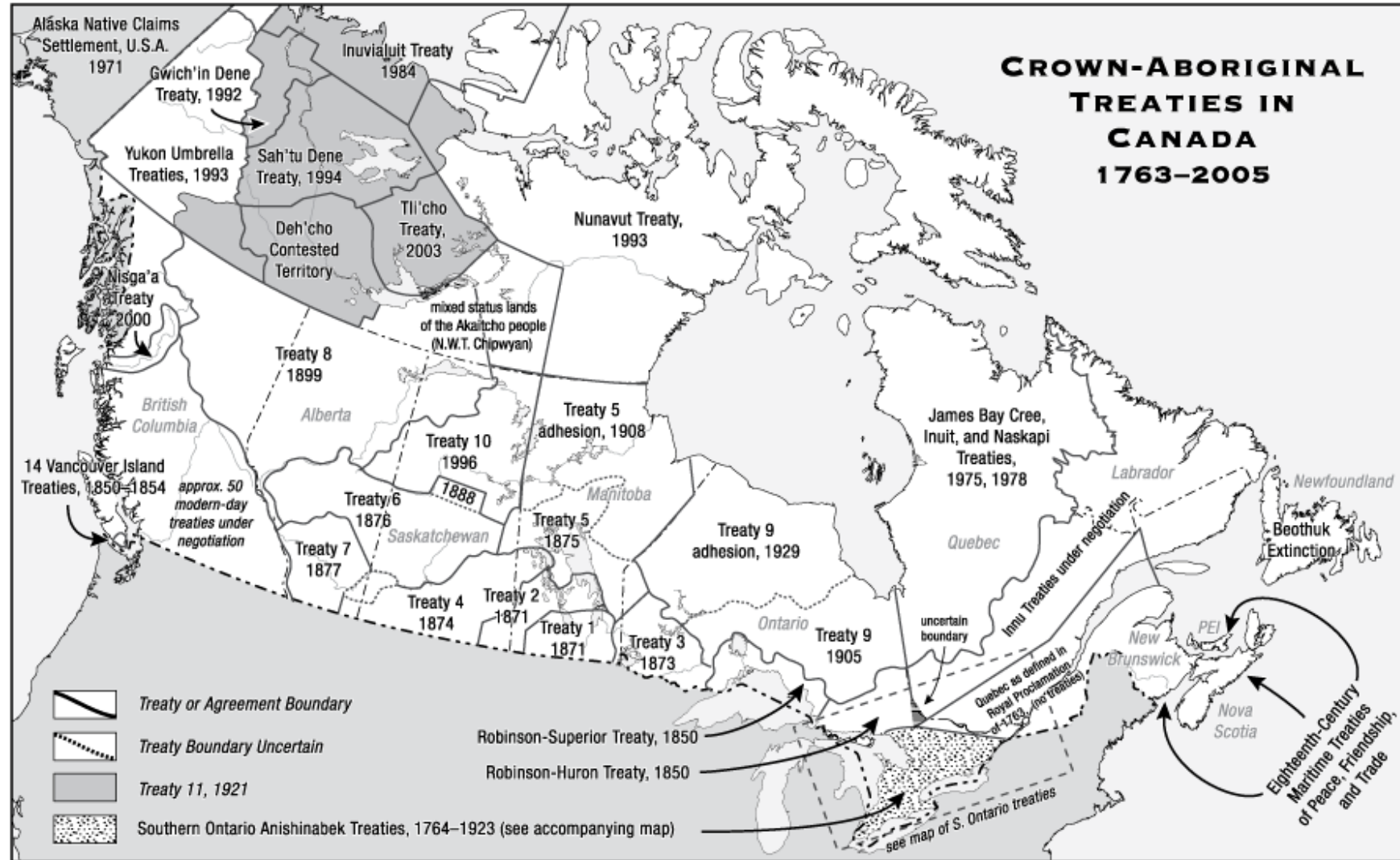
self-identified as Indigenous (1,673,780)

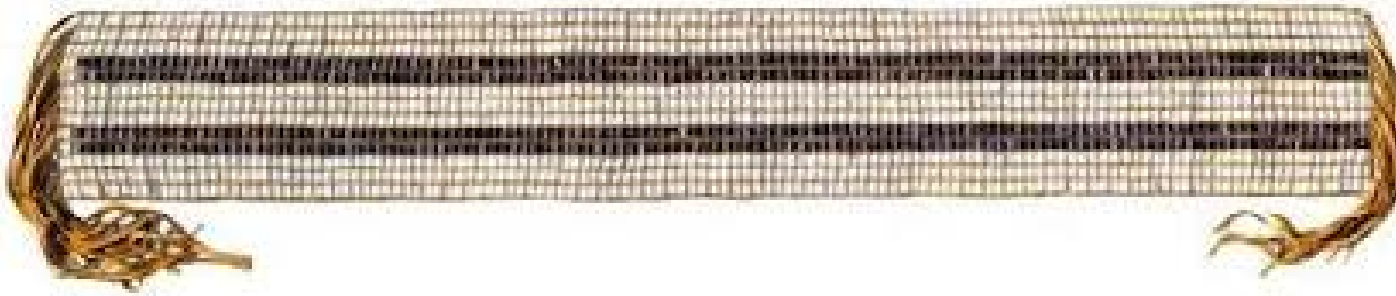
% Indigenous (4.9%)

% Non-Indigenous



Pre-and post-confederation treaties





“We will not be like Father and Son, but like Brothers. [Our treaties] symbolize two paths or two vessels, travelling down the same river together. One, a birchbark canoe, will be for the Indian People, their laws, their customs, and their ways. The other, a ship, will be for the white people and their laws, their customs, and their ways. We shall each travel the river together, side by side, but in our own boat. Neither of us will make compulsory laws nor interfere in the internal affairs of the other. Neither of us will try to steer the other’s vessel.”

1613: Tawagonshi Agreement (Haudenosaunee and Dutch)
1677: Covenant Chain Treaty (Haudenosaunee and British)
1794: Treaty of Canandaigua (Haudenosaunee and US)



Maurits van Nassau, Prince of Orange

Indigenous health part 2: the underlying causes of the health gap

Malcolm King, Alexandra Smith, Michael Gracey

Lancet 2009; 374: 76–85

See [Editorial](#) page 2

See [Perspectives](#) page 19

See [Review](#) page 65

Department of Medicine,
University of Alberta,
Edmonton, AB, Canada

(Prof M King PhD); University of
Toronto, Toronto, ON, Canada
(A Smith MD); and Unity of First
People of Australia, Perth, WA,
Australia (Prof M Gracey MD)

Correspondence to:
Prof Malcolm King, Department
of Medicine, University of
Alberta, Edmonton, AB, T6G 2S2,
Canada
malcolm.king@ualberta.ca

In this Review we delve into the underlying causes of health disparities between Indigenous and non-Indigenous people and provide an Indigenous perspective to understanding these inequalities. We are able to present only a snapshot of the many research publications about Indigenous health. Our aim is to provide clinicians with a framework to better understand such matters. Applying this lens, placed in context for each patient, will promote more culturally appropriate ways to interact with, to assess, and to treat Indigenous peoples. The topics covered include Indigenous notions of health and identity; mental health and addictions; urbanisation and environmental stresses; whole health and healing; and reconciliation.

Introduction

In the companion piece¹ Gracey and King explored some of the present trends in Indigenous health. In this second review we will consider more closely the underlying causes of Indigenous health disparities. Our major thrust is Indigenous perspectives on the causes of the poor health of Indigenous peoples, which are not the usual causes of health disadvantage—as brought out, for example, in the 1986 Ottawa Charter² and the work of the WHO Commission on Social Determinants of Health.³ We focus to a considerable degree on the Indigenous people of North America, although we draw on the experiences of New

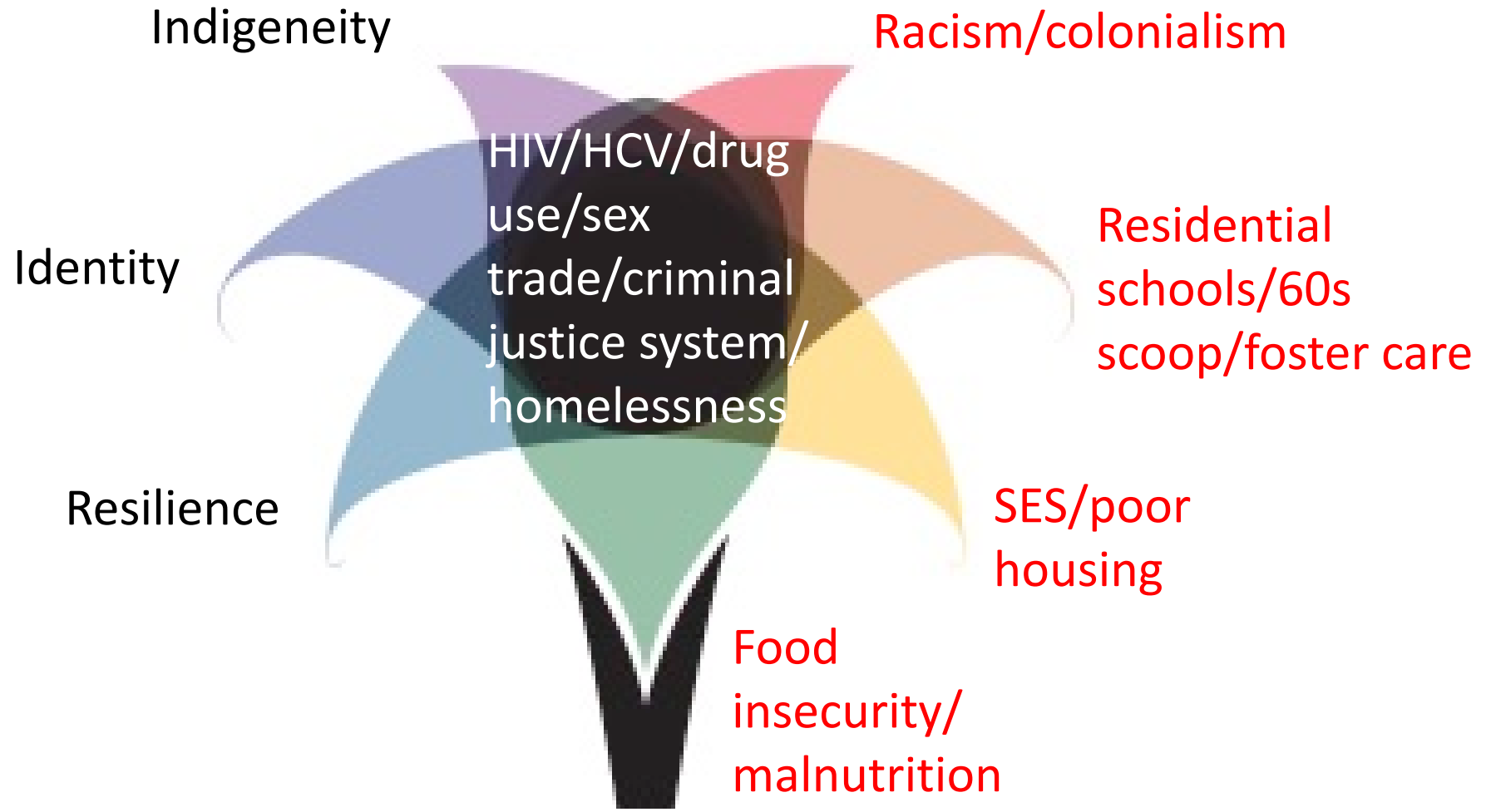
factors related to colonisation, globalisation, migration, loss of language and culture, and disconnection from the land, lead to the health inequalities of Indigenous peoples. The specifics will vary across cultures, dependent on a range of external factors, but the principles are the same. Indigenous health inequalities arise from general socioeconomic factors in combination with culturally and historically specific factors particular to the peoples affected.

This analytical framework aligns with the key themes identified in the Symposium on the Social Determinants of Indigenous Health held in Adelaide in April, 2007.⁴ The colonisation of Indigenous peoples was seen as a

Indigenous Determinants of Health

- Conventional DoH:
 - Income
 - Social status
 - Poverty
 - Education
 - Employment
 - Differentials
 - Social support networks
 - Genetics
- Indigenous DoH:
 - Indigenous-specific:
 - Colonization
 - Connectivity to land / country (operationalized as land claim/title)
 - Self-determination
 - Other DoH with Indigenous-specific impact:
 - Globalization
 - Racism
 - Gender
 - Worldview

Layering of stress factors and resilient factors





The Royal Commission on Aboriginal Peoples (*cont'd*)

Aboriginal people do not want pity or handouts. They want recognition that these problems are largely the result of loss of their lands and resources, destruction of their economies and social institutions, and denial of their nationhood.

They seek a range of remedies for these injustices, but most of all, *they seek control of their lives.*

<http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637>

see also King, Smith & Gracey, Lancet 2009.

Footnote: RCAP “celebrated” the 20th anniversary of the release of their report in November 2016. The inequities have barely changed in 20 years. Almost none of the recommendations were addressed or implemented. The gaps remain.

In the eyes of Indigenous people in Canada: exposing the underlying colonial etiology of hepatitis C and the imperative for trauma-informed care

Sadeem T Fayed MPH(c)¹, Alexandra King MD, FRCPC², Malcolm King PhD, FCAHS², Chris Macklin MPH(c)¹, Jessica Demeria³, Norma Rabbitskin BN, RN⁴, Bonnie Healy RN⁵, Stewart Gonzales (Sempulyan) BSW⁶

ABSTRACT

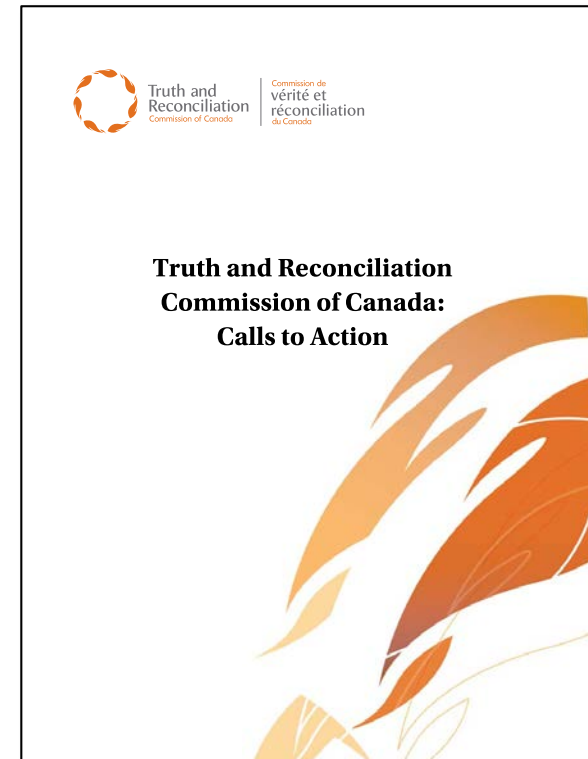
BACKGROUND: The distribution of hepatitis C (HCV) infection in Canada signals a widening gap between Indigenous and non-Indigenous people. Current evidence demonstrates that the rate of HCV infection among Indigenous people is at least five times higher than the rest of Canada. This analysis provides a reconciliatory response, which exposes the colonial etiology of the HCV gap in Canada and proposes potential anti-colonial approaches to HCV wellness and health care for Indigenous people. **Methods:** This analysis applies Two-Eyed Seeing as a reconciliatory methodology to advance the understanding of HCV burden and identify the key elements of responsive HCV care in the context of Indigenous nations in Canada. **Results:** The analysis underlines the colonial distribution of HCV burden in Canada, highlights Indigenous perspectives on HCV infection, hypothesizes a clinical pathway for the underlying colonial etiology of HCV infection, and identifies Indigenous healing as a promising anti-colonial conceptual approach to HCV wellness and health care among Indigenous people. **Conclusions:** In the eyes of Indigenous people, HCV infection is a colonial illness that entails healing as an anti-colonial approach to achieving wellness and gaining health. Future empirical research should elaborate on the colonial HCV pathway hypothesis and inform the development of a framework for HCV healing among Indigenous people in Canada.

KEYWORDS: colonialism; First Nations; healing; hepatitis C; historic trauma; Indigenous; Inuit; Métis; trauma-informed care; Two-Eyed Seeing; wellness

Truth and Reconciliation Commission

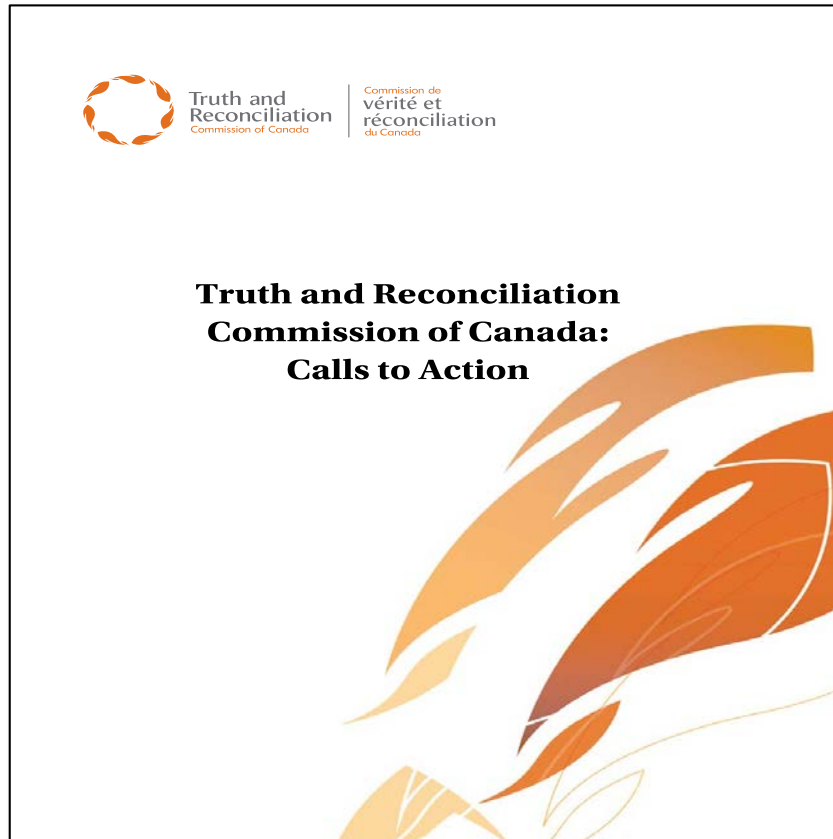
94 Calls to Action:

- Child welfare
- Education
- Language and culture
- ***Health (18-24)***
- Justice
- ***Reconciliation (43-94)***





Principles

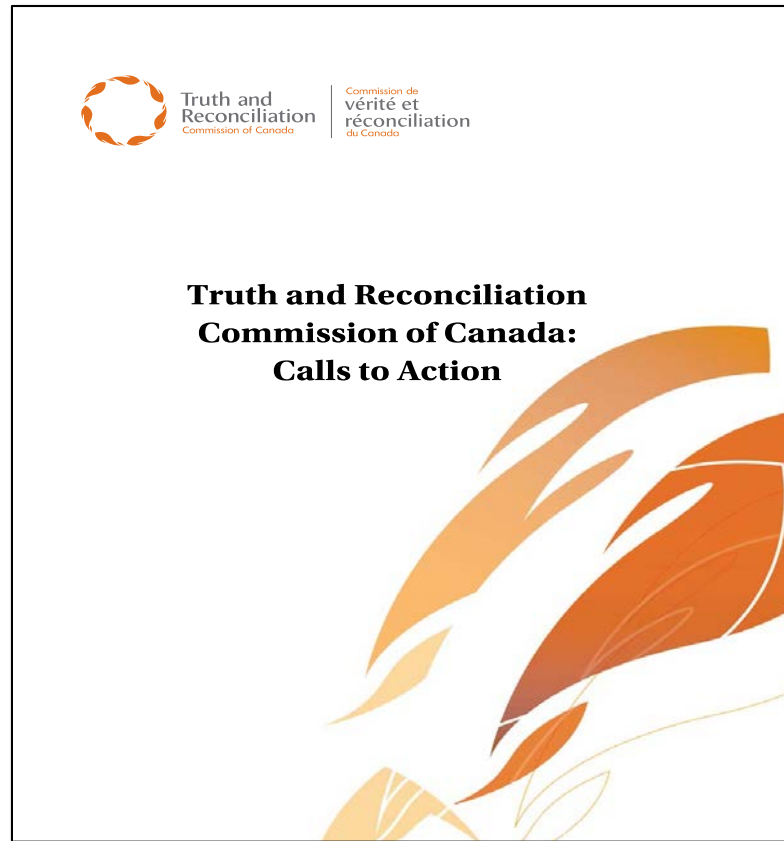


C2A – 22:

“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.”



Principles



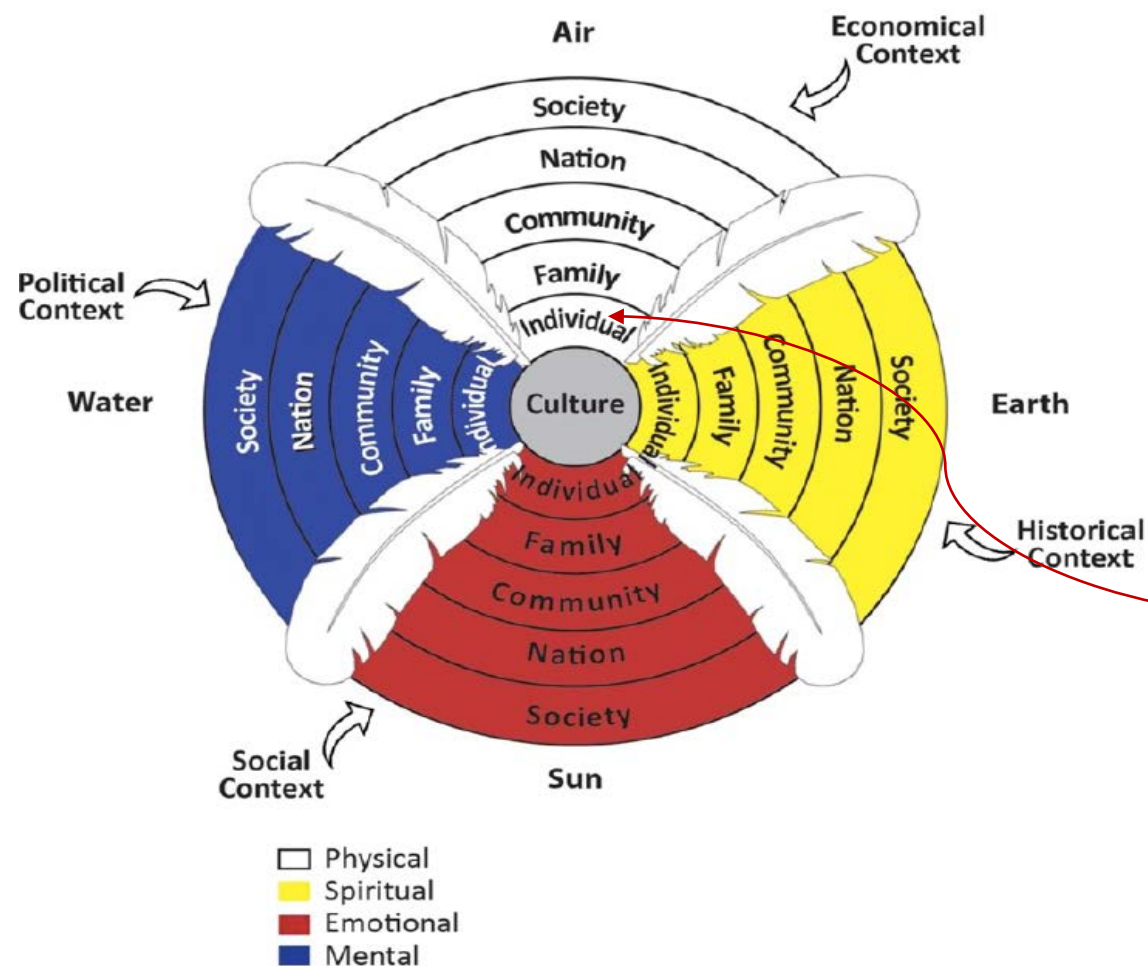
C2A -18:

“We call upon the ...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...”

Indigenous Perspectives on Health & HCV

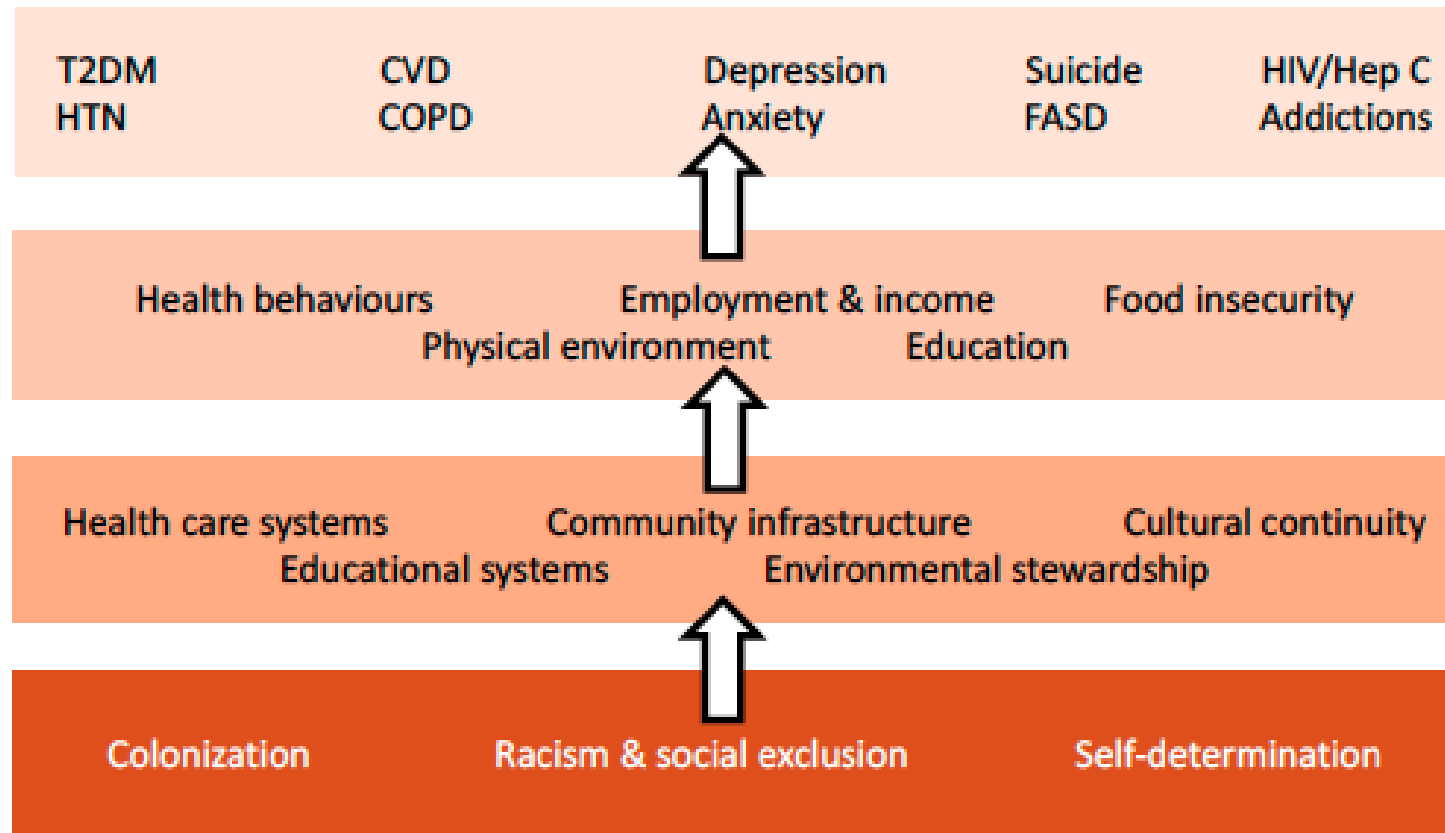
Key Concepts

- The *Self*
- Wellness



HCV
IDU

How Does this Inform Our Understanding of IDOH?

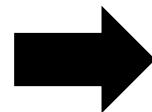


Loppie Reading, C., Wien, F. (2009). National Collaborating Centre for Aboriginal Health: Health inequities and social determinants of Aboriginal Peoples' Health.

Direct Causal Links: Colonialism & Health Inequity HCV Context

Reconciliatory Objectives

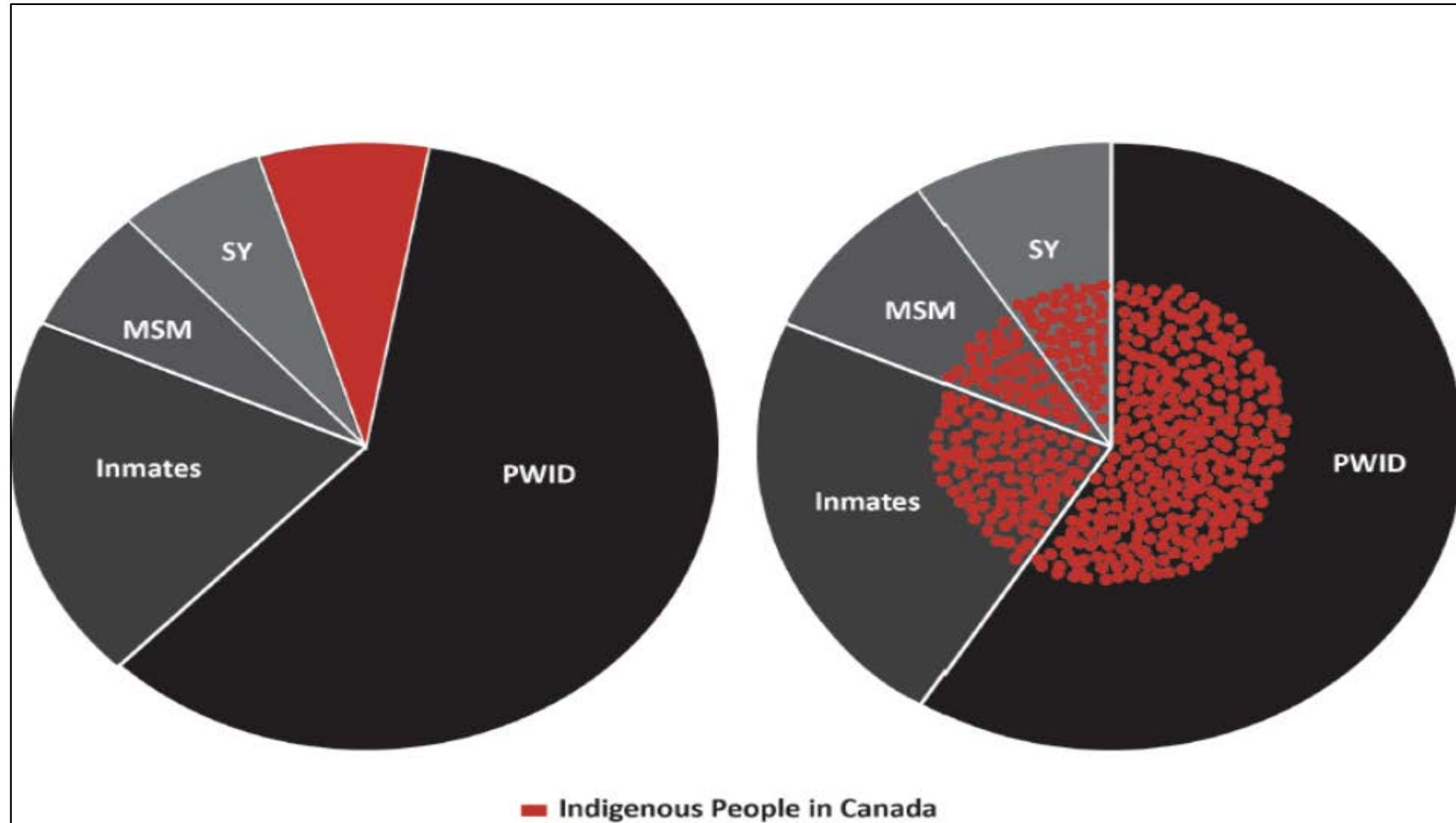
1. Expose colonialism (“government policies”, C2A-18) as a **direct risk factor** for HCV inequity
2. Operationalize colonialism as a health indicator that can be targeted within the hepatitis C cascade of care (i.e., front-line work)



Risk factor
colonialism

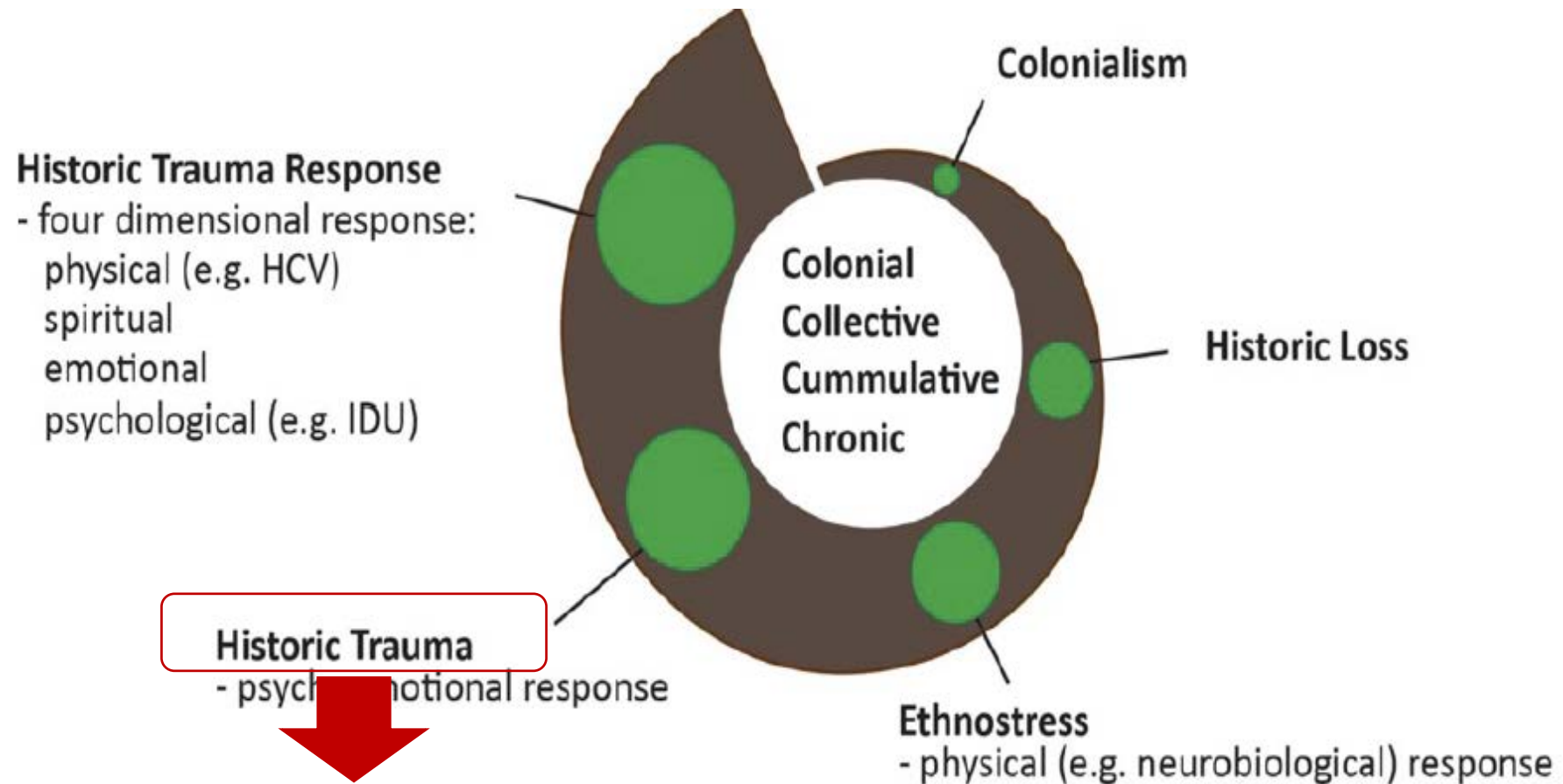
Harm reduction
colonial harm

Statistics Reports Miss the Mark!



The Biology of Colonialism and It's Links to HCV

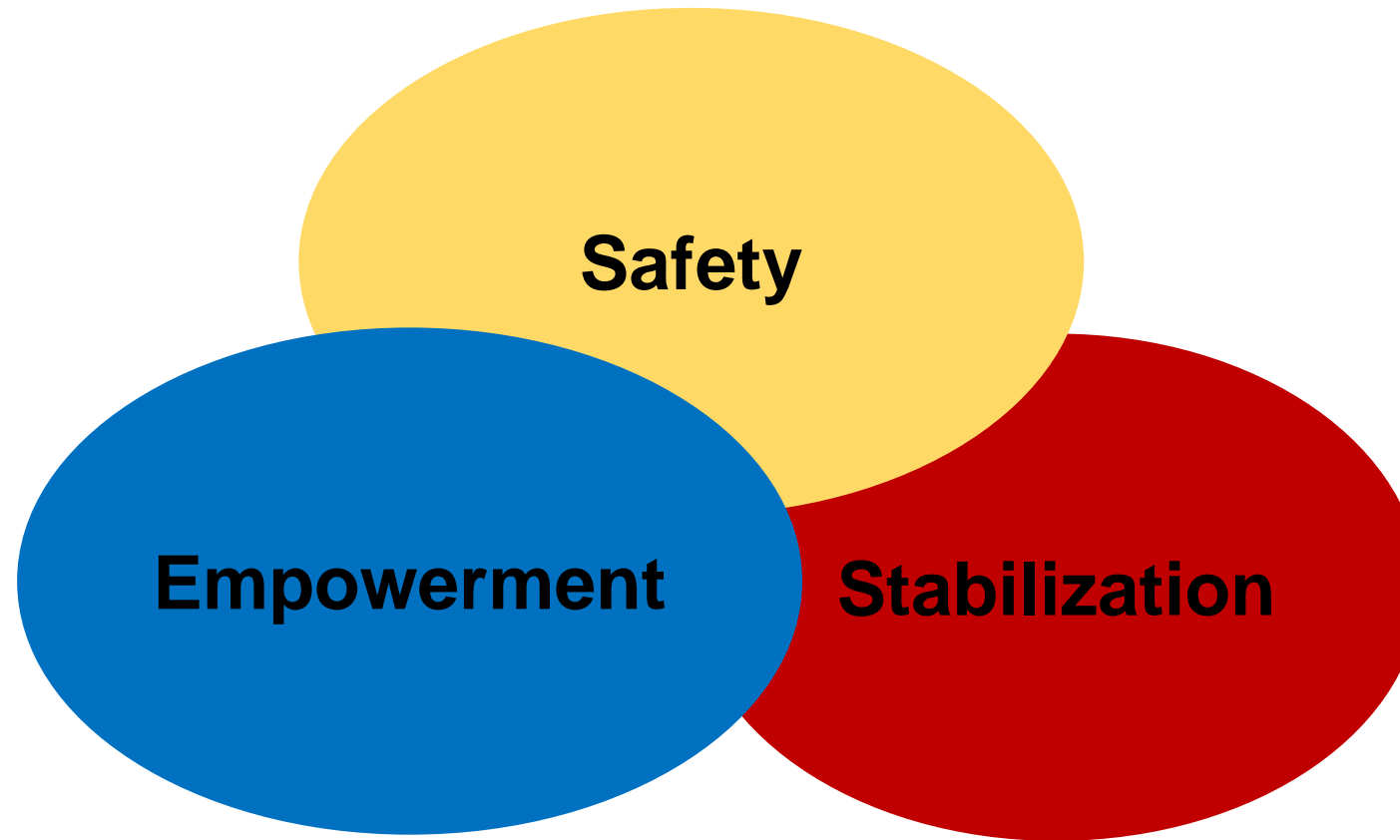
Theoretical Perspectives





Historic Trauma (HT) & Front-Line HCV Care

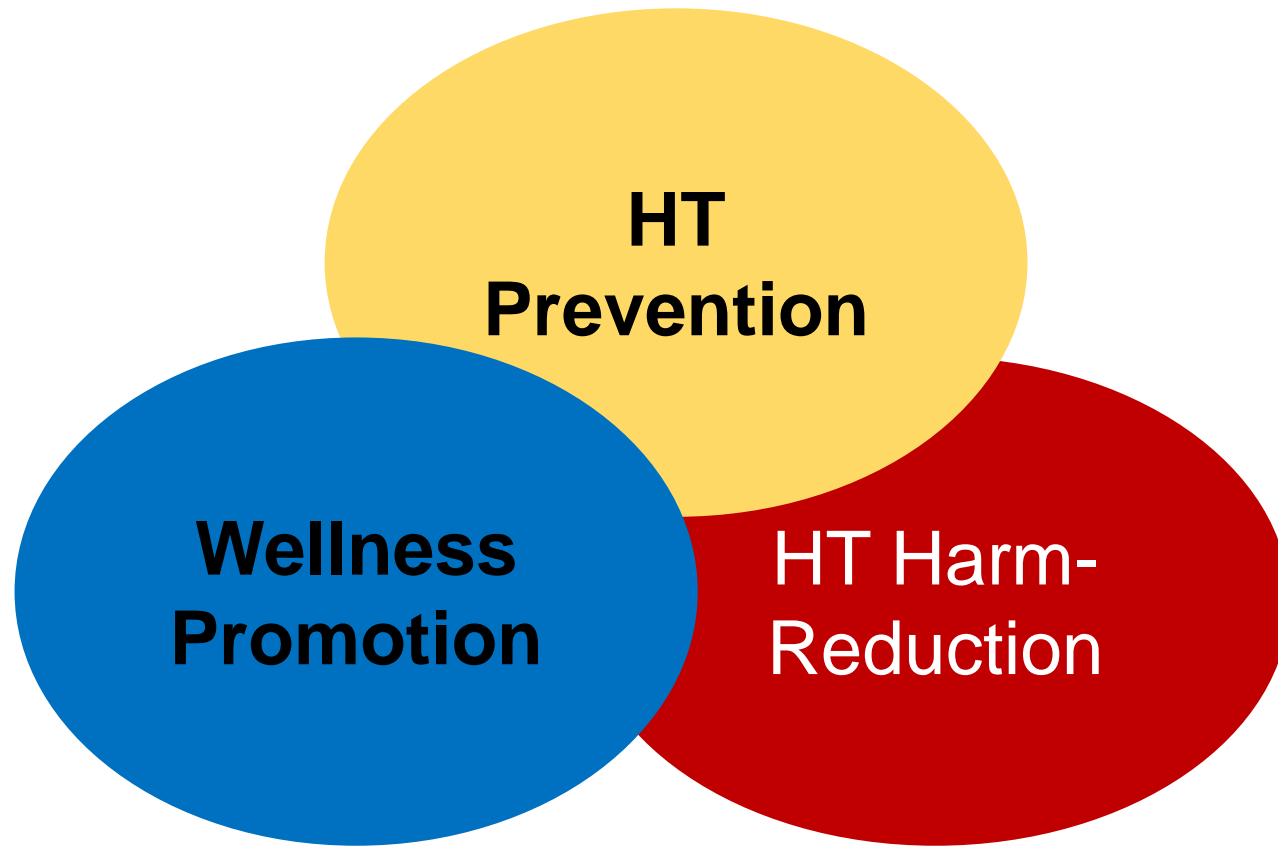
Moving HT from Context to Target within the HCV Cascade of Care



Trauma Informed Care (TIC)

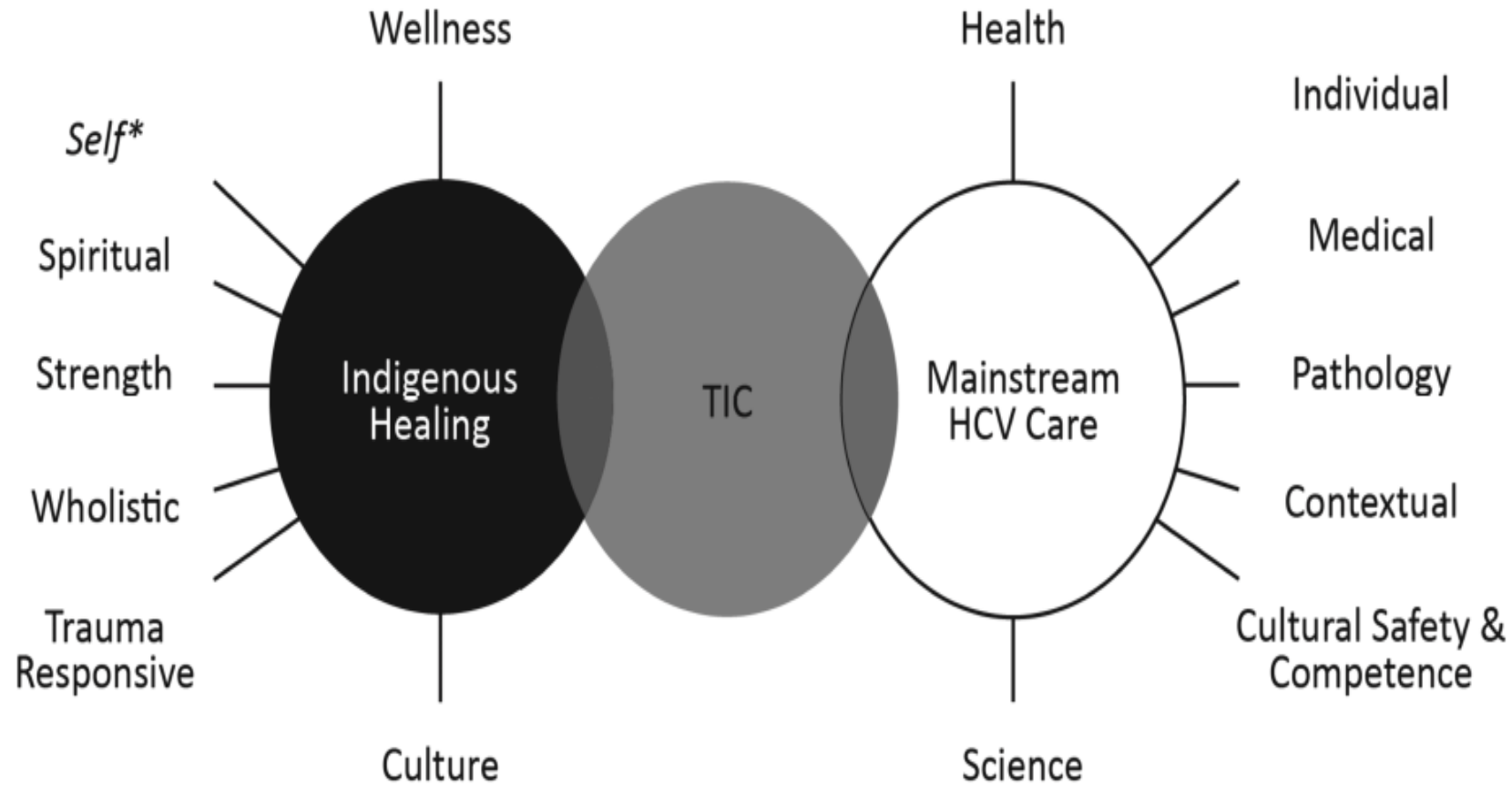


Historic Trauma (HT) Informed Care



HT- Informed Care (HTIC)

Indigenous Healing: HT-Informed Care



HT-Informed HCV Care



Upcoming meetings

- Canadian Association for HIV Research
Saskatoon, Saskatchewan
May 9-12, 2019
- World Indigenous Peoples' Conference on Viral Hepatitis III
Montréal, Québec
September 09-11, 2019
- 8th International Symposium on Hepatitis Care in
Substance Users
Montréal, Québec
September 11-13, 2019
- World Indigenous Cancer Conference
Calgary, Alberta
September 17-19, 2019 (pre-/post-conferences)

