

Undergraduate Student Submission (Op-Ed)

# Why Reconciliation Should Be an Urgent Priority for the Nursing Profession

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According to the Truth and Reconciliation Commission of Canada (TRC), reconciliation is about building and sustaining respectful relationships between Indigenous and non-Indigenous peoples in Canada (TRC, 2015). It will involve more than just reflecting on our past history of colonialism. According to the TRC (2015), reconciliation is a process that encompasses 4 areas: awareness of the past; acknowledgement of the harms inflicted on Indigenous peoples through settler-colonialism; atonement; and action to change the behaviour and systems that allow for colonialism to occur (pp. 6-7).

As a nursing student and settler-Canadian, I believe that it is important to not only learn about but take accountability for the health inequalities and many social issues encountered by Indigenous peoples in Canada, as a result of colonialism, racism, and their intergenerational effects. Therefore, reconciliation is a not only an Aboriginal issue; as said by Justice Murray Sinclair (TRC, 2015), "... it is a Canadian problem – it involves all of us". The process of reconciliation is one that requires urgent and immediate attention from all Canadians, and specifically, from the nursing profession.

The TRC (2015) outlined 94 Calls to Action in their report, including Call to Action #24, which calls on medical and nursing schools in Canada to incorporate Indigenous history, health issues, knowledge, and teachings into their curriculum. However, few schools of nursing engage students and faculty in the process of reconciliation through a core course. Within the

nursing profession there is discussion from various organizations, such as the Registered Nurses Association of Ontario (2018) and the Canadian Nurses Association (2018), about taking action towards reconciliation and implementing the 94 Calls to Action, as outlined by the TRC (2015). However, as a profession there has not been widespread acknowledgement or accountability pertaining to how nurses and the nursing profession are participating in the oppression of Indigenous ways of knowing, being, and doing. Only after careful awareness and acknowledgement of our roles in colonialism can we move towards meaningful action on the TRC's findings.

The colonial structures put in place to control and oppress Indigenous knowledge systems and cultural practices need to be reconciled and better understood through the education of nurses in Canada, to facilitate healing and establish new relations with Indigenous peoples. One of these structures was the Residential School System, which was used by settlers to assimilate Indigenous peoples into the European – Christian Canadian culture. Indigenous children were forcibly separated from their families and communities each year and placed in the government-sanctioned schools ran by the churches, in which their attendance was required under law (TRC, 2015). Approximately 130 residential schools operated across Canada between 1831 and 1996, and it is estimated that 150,000 Indigenous children attended these schools (Miller, 2020). While attending these schools, Indigenous children were separated from their siblings, alienated from their cultures

and traditions, and were forbidden from speaking their native languages. This environment supported the destruction of the cultural identity of Indigenous peoples and supported the government's aim to 'kill the Indian in the child', as stated by Sir John A. Macdonald (TRC, 2015, p. 130). The Residential School System subsequently involves all Canadians in its attempt to create cultural genocide (TRC, 2015).

The residential school environment created conditions where Indigenous children could be physically and sexually abused by staff and others, while the abuse went mostly unreported or ignored (TRC, 2015). The physical, emotional, and spiritual wellbeing of Indigenous children and their concerns were neglected. The children were kept in unsanitary and unsafe conditions, where diseases such as tuberculosis spread rapidly, resulting in high mortality rates, but little was done to improve the living conditions and health services provided in these schools (TRC, 2015). Therefore, it is estimated that there were as many as 8,000 deaths per 100,000 children (Canadian Public Health Association, n.d.). As stated in the TRC's Final report (2015), the high mortality rates of Indigenous children and peoples, overall, reflected the consequence of being colonized, in the name of "becoming civilized" (TRC, 2015, p. 99).

Nurses were participants in the cultural genocide and oppression of Indigenous peoples in Canada. Nurses worked in residential schools, where they saw the suffering of children but neglected them by failing to provide appropriate care for their illnesses, and they did little to care for their concerns (Bourque Bearskin et. al., 2020, p. 87). Nurses assisted Indian Agents by helping them separate Indigenous children from their families and communities. They perpetuated racism and colonialism by apprehending Indigenous parents from taking care of their children, simply because they had different cultural practices of parenting (Bourque Bearskin et. al., 2020). Nurses worked in Indian Hospitals ran by the government to segregate Indigenous peoples from the settler population while receiving care

for their illnesses. Under the laws (at the time), Indigenous patients were not allowed to leave these facilities until they received care, allowing the government and nurses to perpetuate control over Indigenous people's bodies and limit their rights (Bourque Bearskin et. al., 2020). Further, nurses who worked in these facilities have been identified as perpetrators of abuse by Indigenous patients (Bourque Bearskin et. al., 2020). Without awareness, acknowledgement, atonement, and action for our roles and disrupting the power structures that allowed for nurses' complicities in the oppression of Indigenous peoples, how can the profession truly claim to be 'committed' to reconciliation?

The Residential School System and its effects did not end when the schools closed in the late 1990s. The trauma associated with the schools and policies such as the Indian Act remain today. Johanne Coutu-Autut, a spouse of one of the school's survivors, discussed the far-reaching legacy:

I want Canadians to understand that [the legacy of the residential schools] does not just affect the lives of the person who actually attended the school, but family members, such as spouses and children, are also very deeply affected about this sad legacy in history. (TRC, 2015, p. 135)

The abuses inflicted on the children who attended these schools resulted in long-lasting trauma that continues to be expressed through substance use and cycles of abuse (TRC, 2015). Presently, Indigenous peoples face higher levels of poverty, contributing to their overall, lower socio-economic status and their poorer health status overall (Kim, 2019). Indigenous peoples suffer from chronic illnesses such as diabetes, mental illness, and substance abuse at greater rates, and they are twice as likely to die before the age of 75 from preventable diseases (Kim, 2019; Murphy & Richardson, 2018). The infant mortality rates among the Inuit and First Nations are two to four times greater than those for the non-Indigenous population (Murphy & Richardson, 2018). Suicide rates in First Nations communities are twice as high as in the non-Indigenous population and increase when

Indigenous children live on reserves, and they are six to eleven times greater for Inuit peoples (TRC, 2015). This demonstrates the need for avenues that allow for Indigenous peoples to heal from their traumas and overcome the inequalities they experience.

Systemic discrimination and racism exist in healthcare today, with nurses taking part in the mistreatment of Indigenous patients. This has been documented in the stories of Brain Sinclair and Joyce Echaquan and subsequently resulted in their deaths, showing that nurses in Canada have more work to do to disrupt colonialism and its effects in policies and practices. To paraphrase Bourque Bearskin et al. (2020), nurses are viewed as one of the most trusted professions but failing to address the issues of colonialism and the harms that nursing has caused to Indigenous peoples fails to validate this viewpoint. However, nurses are well positioned, across the health care continuum in Canada, to help identify and enact mutually respectful and meaningful ways to advance truth and reconciliation. So, how can we move towards reconciliation?

1. From a student perspective, more needs to be done to move away from ‘oppressive ways of thinking’ that cause us to believe our Western scientific and Euro-centric knowledge systems and ways of knowing are superior to Indigenous ways of knowing, being, and doing (Smylie, 2004). We can accomplish this by advocating for Indigenous peoples to have rights to self-determine, as stated in Article 23 of the *United Nations Declaration of Rights of Indigenous Peoples*: “Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development...” (United Nations, 2007).
2. As health care providers, we should champion policies that allow for Indigenous peoples to have control over their decision-making for their communities and to define their needs, as they see appropriate. Specifically, Indigenous peoples must be in

charge of institutions like health care delivery within their communities, providing them ownership to allocate services based on their needs and preferences (Murphy & Richardson, 2018). Indigenous-led health care services have been successful in increasing the accessibility to culturally appropriate and safe primary health care to the community, allowing better health outcomes (Murphy & Richardson, 2018). In Indigenous communities it could mean better access to preventative health care services which would address the disparities that have resulted in high suicide and infant mortality rates, and lower life expectancies.

3. Another important consideration in creating reconciliation within health care is the approach of ‘culture as cure’. A direct effect of the Residential School System was the loss of cultural identity for many generations of Indigenous children. As Kim (2019) explains, “Aboriginals consider cultural cohesion to be strongly related to their health” (p. 379); thus, cultural dissociation created the conditions for their poorer health outcomes. One method to incorporate Indigenous knowledge and healing practices into health care is through Indigenous-led health care partnerships, where health care practitioners work with Indigenous knowledge keepers, Elders, and healers to deliver culturally appropriate health care to members of Indigenous communities (Allen et. al., 2020). By doing so, health care practitioners are making use of a ‘two-eyed seeing’ approach that allows for both Western-biomedical and Indigenous knowledge to be utilized, re-adjusting the power imbalances between these knowledge systems (Allen et. al., 2020). Further, nursing education should include various perspectives on health and medicine, including Indigenous knowledge and teachings, to foster appreciation for knowledge that is not biomedical (Van Brewer et. al., 2020). In this way, nursing education can be decolonized by highlighting perspectives other than colonial

forms of organizing and disseminating knowledge.

4. In providing health care to Indigenous patients, healthcare providers should consider, trauma-informed care, taking account of the intergenerational traumas that these individuals have experienced; and treating the individual holistically by addressing the physical, mental, emotional, and spiritual aspects of their health (Murphy & Richardson, 2018).
5. Lastly, the nursing profession should address racism and discrimination in health care by discussing these issues openly and recognizing their structural nature that informs the definitions of health implemented by the nursing profession. Critical reflections need to be undertaken on the ways in which nursing education, best practices guidelines, and policies are guided. Also, individual accountability needs to be taken to reflect and understand one's own assumptions, to foster safe environments where patients can receive excellent care; that is, without the threat of racism and colonial perspectives.

Reconciliation is an urgent matter that all Canadians, including nurses, need to become engaged in, as Indigenous peoples in Canada are facing countless health disparities and inequalities, as a result of the intergenerational effects of colonialism and racism that continue today. From a student perspective, we can address these issues by dismantling institutional policies and practices that continue to oppress Indigenous peoples and cultures. The nursing profession must take accountability for their role in colonialism, racism, and the harms inflicted upon Indigenous peoples, to create more meaningful action on reconciliation.

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