



History, Colonization & Impacts on Health Care

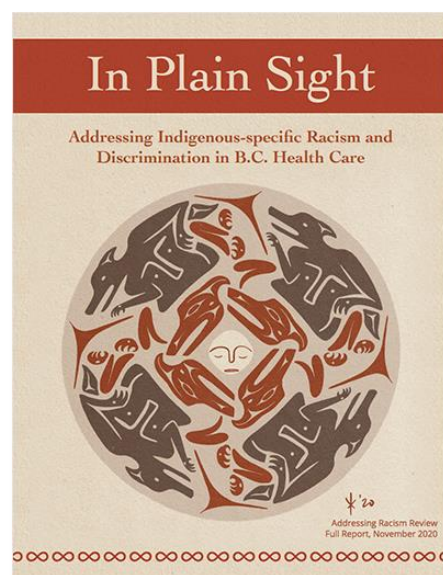
Impacts of Colonialism on the B.C. Health-Care System

CHCPBC is dedicated to cultural safety and humility, which includes decolonizing how services are regulated in B.C. While there is no agreed-upon definition of “decolonization,” generally, the term speaks of the need to unravel colonization. Decolonization and reconciliation are deeply related.

As stated in the 2020 [In Plain Sight](#) (PDF) report, “In Canadian society, there is a direct line between the history and experience of colonialism and the challenges of Indigenous-specific racism within the health care system today.” (p. 6)

Colonizers are groups of people or countries that come to a new place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state.

– [In Plain Sight](#) (PDF), 2020, p. 212

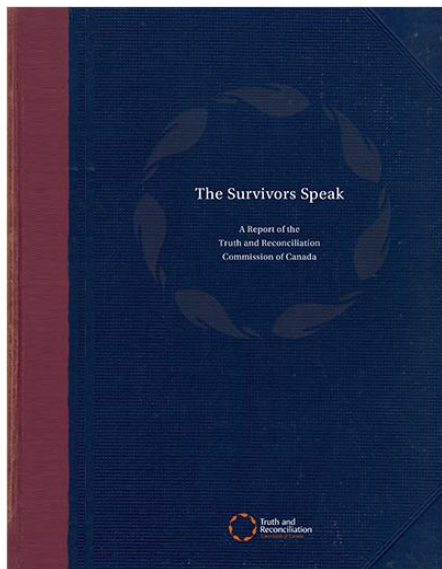




Under the [doctrine of discovery and terra nullius](#), European settlers stole this land, now commonly called Canada. The doctrine gave them the right to claim land that was deemed vacant for their nation. Land was considered *terra nullius* (vacant land) if it had not yet been occupied by Christians. Watch the [What is the Doctrine of Discovery?](#) (YouTube; 8:45 min) | NDN POV video to learn more about the doctrine of discovery.



The settlers created a colonization system to displace, eradicate and assimilate Indigenous peoples. Colonization is based upon the racist ideology that Indigenous peoples do not hold rights to the lands they have lived on for thousands of years because they are considered less human, less legitimate than governments, societies, and “accepted” cultures.



In B.C., Indigenous people experienced the introduction of residential schools, “Indian Hospitals”, the Sixties Scoop, forced sterilization, and other human rights violations.

Read about the experiences of residential school survivors in [The Survivors Speak: A Report of the Truth and Reconciliation Commission of Canada](#) (PDF). These human rights violations interrupted the good health and wellness journey of the First Peoples and continue today as Indigenous peoples experience systematic racism in the B.C. health-care system.

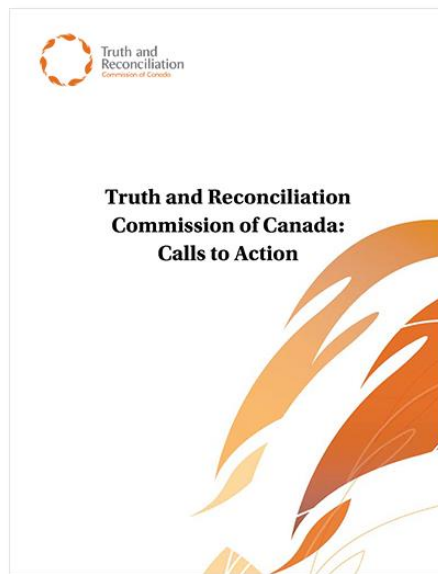
The [Truth and Reconciliation Commission of Canada](#) included a Call to Action to acknowledge the impact of these policies on Indigenous health and wellness.

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 healthcare rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

– [Calls to Action](#) (PDF) of the Truth and Reconciliation Commission of Canada

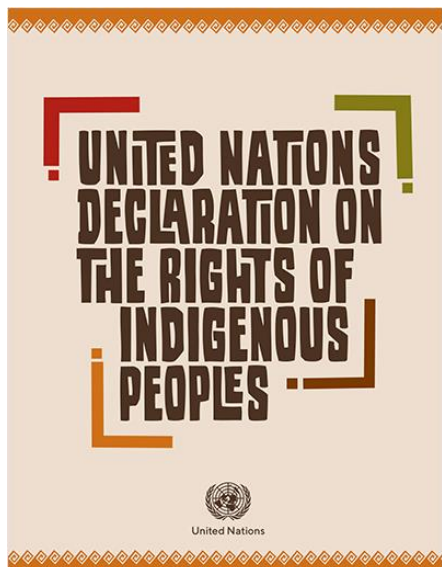


Decolonizing Health Care

“It was disheartening to read so many stories of mistreatment that Métis and other Indigenous people experienced in the health-care system. Emergency Rooms and hospitals are places people go as a last resort. Hearing that Métis people were reluctant or afraid to seek out care when they needed it most shows deep-rooted problems in the system.”

– Paulette Flamond, Métis Nation BC Minister of Health, Northeast Regional Director, [In Plain Sight](#), 2020, p.42

As an extension of our society, the B.C. health-care system is built on colonial health and wellness ideals, reflecting a western cultural perspective.



First Nations cultures, including the first systems of governance, law, and health care, predate current Eurocentric models by thousands of years. To deny Indigenous peoples their protocols and perspectives on health and wellness on their own lands is racist, perpetuating the notion that Western beliefs are superior. To address this systematic racism, healthcare workers and regulators must commit to decolonizing the health-care system through practicing cultural humility.

In 2019, the [Declaration on the Rights of Indigenous Peoples Act](#) became law in B.C. and supports aligning all B.C. laws and policies with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Regulated health-care professionals must make room for decolonization in health care and society



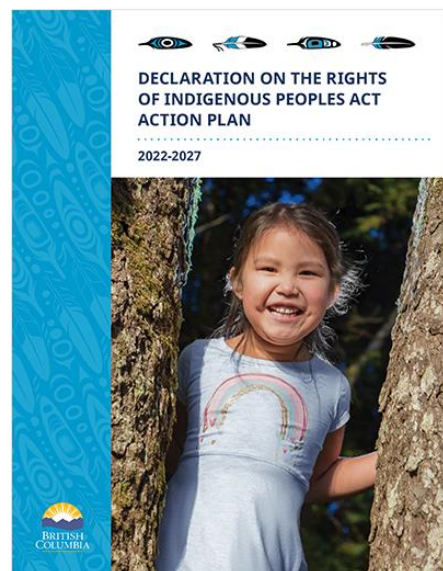
by practising cultural humility and inviting Indigenous methods of good health maintenance, illness prevention, and healing in care.

Article 24

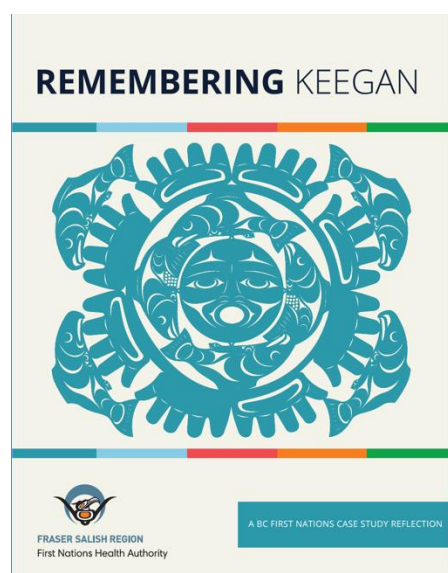
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

– [United Nations Declaration on the Rights of Indigenous Peoples](#)

In March 2022, the B.C. government released the [Declaration Action Plan](#) (PDF) setting out goals, outcomes and tangible steps to advance the objectives of the Declaration on the Rights of Indigenous Peoples Act. We encourage all people to read the plan and reflect on how they can incorporate tangible steps towards upholding the rights of Indigenous Peoples in their life and practice.



Remembering Keegan



The following is an excerpt from the [First Nations Health Authority website](#).

Keegan Combes of Skwah First Nation was a high school graduate, a grade 10 pianist and a chess champion enrolled in a trades college at the time of his death. Keegan also lived with disabilities and was non-verbal by choice.

He passed away on September 26, 2015, from a delayed diagnosis and treatment following an accidental poisoning. He was 29 years old. He is remembered, missed and loved.

[Remembering Keegan: a BC First Nations Case Study Reflection](#) (FNHA, 2022) was publicly released and gifted in ceremony to the B.C. health system on



Keegan's birthday, Monday, February 21, 2022. This BC First Nations case study reflection is the first of its kind shared by BC First Nations and will help shape the Cultural Safety and quality of care for all Indigenous people in B.C. and across the country.

This Case Study Reflection is an ongoing gift from Keegan to leaders of the B.C. health system, including CHCPBC, who are strongly encouraged to take the lead in the system-wide education and actions that are required to make the recommended changes.

Keegan brought together Stó:lō and Coast Salish leaders to transform the health system from a sickness model to a wellness model of care. He is a transformer stone for the region.

Telling Keegan's story is important as a way to bear witness, document culturally unsafe encounters within the health care system and contribute to changing the system to prevent similar deaths or harm in the future. Keegan's legacy has been to help shape the Cultural Safety and Humility transformation that is currently underway in BC's health system.