Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care

Nurses have an obligation to respect and value each person’s individual culture and consider how culture may impact an individual’s experience of health care and the health-care system.

Canadian Nurses Association, 2018

Context

Racism and discrimination adversely affect health on multiple individual, interpersonal, societal, and community levels. The lived experience of discrimination is itself a strong risk factor for morbidity and mortality, while hate crimes and violence against racial minorities pose direct harm to people’s bodies. These problems are compounded by the inequities of access and quality that still plague our health system.

First Nations, Inuit, and Métis Peoples, as the original peoples of this country, and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized, respected, and protected. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.

The history of racism and discrimination against Indigenous Peoples in Canada has been well documented and is intimately intertwined with the history of colonization. Anti-Indigenous racism is systemic and is expressed in Canada through stereotyping, stigmatization, violence, and many historical colonial structures that disadvantage, oppress, or harm Indigenous Peoples and that continue to exert generational impacts. Colonial practices continue to lead to alarming disparities between Indigenous and non-Indigenous Peoples’ health due to their impact on the social determinants of health including health care, education, housing, employment, income, food security, community infrastructure, cultural continuity, and environmental stewardship. It is beyond time the ramifications of these practices on the health of Indigenous Peoples are addressed. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Indigenous and non-Indigenous Peoples in Canada.

Racism within health systems leads to emotional, physical, and social harm to Indigenous Peoples. The long-term impact is a loss of trust in health systems that results in reduced utilization of services, and, ultimately, to poorer health outcomes for Indigenous Peoples as is well documented in the higher burden of illness and decreased life expectancy.

The United Nations Declaration on the Rights of Indigenous Peoples and the reports of the Truth and Reconciliation Commission of Canada form the framework for addressing health and social inequities and for reconciliation at all levels and across all sectors of Canadian society. To that end, as nurses, we unconditionally condemn all acts of racism and discrimination against Indigenous Peoples and call for social justice to address racism and health inequity in Indigenous communities.
As nurses,

1. **We declare racism directed at Indigenous Peoples a national health crisis.**

We acknowledge that the current state of Indigenous health in Canada is a direct result of historical Canadian government policies and practices, including the residential school system (TRC Call to action #18).

2. **We commit to protect and care for those whose dignity, safety, and well-being are threatened based on their Indigenous identity.**

We will take public stands opposing any attempt to weaken public policies and programs designed to protect the health and well-being of Indigenous Peoples. We will fight for policies and programs that assure equality and justice.

We commit to adopting, and working with others to adopt Joyce’s Principle, which aims “to guarantee to all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health. Joyce’s Principle requires the recognition and respect of Indigenous Peoples’ traditional and living knowledge in all aspects of health.”

3. **We vow to combat bias and prejudice in our own interactions with others, as well as in our organizations and communities.**

We will conduct system-wide reviews of our regulations, policies, processes, and practices to identify and address any racist systems and approaches. We will provide mandatory, system-wide anti-racism and anti-oppression education for staff, volunteers, and boards of directors in our organizations. We will monitor our organizations for instances of stereotyping, discrimination, and racism, and will take corrective actions.

4. **We will develop strategic plans with measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities.**

In conducting our work, we will seek, recognize, and respect the leadership of voices from the Indigenous Peoples and learn from their lived experiences of racism in Canada (TRC Call to Action #19).

5. **We will recognize, respect, and address the distinct health-care needs of the Métis, Inuit, and off-reserve Aboriginal Peoples (TRC Call to Action #20).**

We recognize the value of Aboriginal Healing Practices and will work to incorporate them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders when requested by Aboriginal patients (TRC Call to Action #22).

6. **We acknowledge that cultural safety can only be achieved through cultural competence.**
In nursing schools, we will provide education on the provision of culturally competent and relevant nursing care and require all students to learn about Aboriginal health issues (including the history and legacy of residential schools), the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices (TRC Call to Action #24).

7. **We will advocate for policies at the municipal, regional, federal, provincial, territorial, and pan-Canadian levels that address health and social inequities.**

Working with other health-care professionals, leaders, stakeholders, and policy-makers, we can confront bias and address behaviours and unfair practices and policies that lead to discrimination against Indigenous Peoples in order to improve well-being now and lay the foundation for excellent health for all. We will create and sustain cultures of understanding, belonging, and inclusivity in our workplaces, profession, and communities.

We will call on all levels of government to:

- Undertake organization-wide reviews of their systems, regulations, policies, practices, and to fully adopt the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission of Canada: Calls to Action (TRC Call to Action #44);
- Undertake the collection of race and ethnicity-specific data to identify gaps in care and health outcomes (TRC Call to Action #19);
- Enact the intent of Jordan’s Principle into health policy (TRC Call to Action #3);
- Provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by historical and systemic racism (TRC Call to Action #21);
- Increase the number of Aboriginal professionals working in the health and social work fields and ensure their retention in Aboriginal communities (TRC Call to Action #23 [i & ii]); and
- Provide educational opportunities that support nurses and health-care professionals in the provision of culturally competent and relevant care including incorporating Indigenous content into curricula for all (TRC Call to Action #23 [iii]).
We use the word “Indigenous” as an inclusive and international term to describe individuals and collectives who consider themselves as having historical continuity with “First Peoples” whose civilizations existed in what is now known as Canada prior to its colonization. An exception is made for the term “Aboriginal” when citing The Truth and Reconciliation Commission’s Calls to Action report.


Ibid.


