Anti-Indigenous Racism: Lessons from Reviews and Inquiries, Learnings for the Administration of Justice in Canada

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Key terms & concepts from *In Plain Sight* Report

**Issues**
- Racism
- Indigenous-specific racism / anti-Indigenous racism
- Systemic racism
- Prejudice
- Profiling
- Discrimination
- Privilege

**Mindsets, practices, and tools**
- Anti-racism
- Cultural humility

**Desired outcomes**
- Substantive equality
- Cultural safety
- Indigenous human rights recognition and protection
- Responsive and effective complaints processes

- February 4, 2020  Data Report

Summary report, long report, and data report available at [https://engage.gov.bc.ca/addressingracism/](https://engage.gov.bc.ca/addressingracism/)
WE HEARD FROM ALMOST 9,000 PEOPLE

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Peoples' Survey</td>
<td>2,760</td>
</tr>
<tr>
<td>Health Workers' Survey</td>
<td>5,440</td>
</tr>
<tr>
<td>Direct Email and 1-800-Number</td>
<td>600</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>150</td>
</tr>
</tbody>
</table>

WE ANALYZED HEALTH SECTOR DATA

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health utilization and health outcomes of First Nations and Métis individuals</td>
<td>185,000</td>
</tr>
<tr>
<td>Indigenous respondents to the COVID-19 Speak survey</td>
<td>12,335</td>
</tr>
<tr>
<td>Adults in the First Nations Regional Health Survey data</td>
<td>3,026</td>
</tr>
<tr>
<td>Indigenous respondents to a Patient Reported Experiences Measurement Survey of emergency departments</td>
<td>1,246</td>
</tr>
<tr>
<td>Complaints from Patient Care Quality Offices, Colleges and the First Nations Health Authority</td>
<td>430</td>
</tr>
</tbody>
</table>

LITERATURE REVIEW

- Submissions from health sector and Indigenous organizations
- Detailed investigation of specific ER allegations
- Investigation of other select cases
- Extensive literature review of previous investigations, inquiries, and academic or historic findings
- Dialogue with experts in Indigenous rights, Indigenous health/wellness, UNDRIP
- Review of existing anti-racism/cultural safety initiatives already underway
What we learned about racism at point of care

• 84% of Indigenous respondents reported some form of discrimination in health care

• 35% of respondents had witnessed interpersonal racism or discrimination directed to Indigenous patients or their family/friends. This was 59% amongst Indigenous respondents only.

• 52% of Indigenous health care workers reported experiencing racial prejudice at work. 42% of white respondents reported witnessing racial prejudice towards health care workers.

• 13% of (531) health care workers made racist comments in the survey

• Top reported reasons why racism persists: 1) employees not willing to speak up; 2) lack of accountability by leadership to stop racist and discriminatory behaviour; 3) insufficient numbers of Indigenous health care professionals

• Would any of these findings be different if examined in relation to the administration of justice?
Analyzing the beliefs, attitudes sustaining racism in health

**Good Health and Wellness Outcomes**

- Indigenous Systems, Knowledge, Practices

**Negative Health and Wellness Impacts**

- Colonialism
  - Systems of subjugation or oppression, and a set of beliefs intentionally cultivated about the inferiority of Indigenous peoples.
- Health Care System
  - Built on colonial underpinnings, history of segregation, racism, and discrimination.

**Poor Outcomes**

- Negatively affects health outcomes:
  - Higher suicidation
  - Higher stress
  - Reduced life expectancy
  - Increased rates of chronic disease
  - Higher infant mortality
- Negatively affects access to health care:
  - Unwelcoming environments
  - Lower GP/NP attachment
  - Geographic barriers
  - Mistrust
  - Avoidance of health care

**Discrimination**

- Widespread and ongoing stereotyping and racism:
  - Less "worthy" Drinkers/Alcoholics
  - Drug seeking
  - Bad parents
  - "Frequent flyers"
  - Non-compliant
  - Less capable
  - Get "stuff for free"
  - Misogynist views of Indigenous women

**Stereotypes**

- Leads to discrimination embedded in systems and experienced at the point of care:
  - Abusive interactions
  - Denial of service
  - Ignoring and shunning
  - Inappropriate pain management
  - Medical mistakes
  - Disdain for cultural healing

**Break the Cycle**

- Indigenous right to health
- Self-determination and Indigenous leadership
- Cultural safety and humility
- Anti-racism

**Indigenous Systems, Knowledge, Practices + Substantive Equality**
Any take aways for the Administration of Justice?

- Anti-indigenous racism has NOT been examined in any systemic way at point of interaction
  - Academic studies, police based justice stats, but not participatory assessment with file access
  - Experience of Indigenous peoples as described by Indigenous peoples with robust methodology

- Complaints and responding to racism—limited scope to address racism through quality of service complaints in justice system. Judicial councils, legal regulatory bodies and police accountability mechanisms have serious limits in relation to this subject.

- PIDA and workplace speak up culture? How much do we speak up?

- Anti-racism, cultural safety and humility training very limited
  - Racism limits opportunities for Indigenous peoples in leaders in the legal system, suppressing change

- Implementing UNDRIP requires examining systems and processes for consistency with UNDRIP
Conclusion: Take Away Questions for Reflection

• Do we need a review of anti-indigenous racism in the administration of justice in Canada?

• Do we need more action to eliminate individual and systemic racism and discrimination against Indigenous peoples in the justice system? What actions are most strategic and necessary?

• Are we confident evidence from other public serving systems is NOT present in justice systems?