

Confronting complexity and truth to improve health among Canada's Indigenous population

Grand Rounds in Family Medicine
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Faculty/Presenter Disclosure

- Faculty: Chantelle Richmond
- Relationships with commercial interests:
 - None

Disclosure of Commercial Support

- This program has received no in-kind support.
- Potential for conflict(s) of interest:
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Learning Objectives

- To learn about how contemporary patterns of Indigenous health are rooted in structural processes of colonialism
- To introduce the concept of environmental dispossession and its physical and political pathways
- To consider how this learning may impact your personal and professional practice (e.g., as a person and as a Doctor)

An aerial photograph showing a wide, light-colored river meandering through a vast, dark forested landscape. The river flows from the top left towards the bottom right. On the right bank, there is a small clearing with several small buildings and a dirt road. The surrounding terrain is covered in dense evergreen trees.

Biigtigong Nishnaabeg
“place where the rivers meet”



Indigenous Knowledge (IK)

The culturally and spiritually based ways Indigenous peoples relate to their local ecosystems *and to one another* (LaDuke, 2005)

Bushfood or “bushtucker” Australia



Kennedy Island, Western Province, Solomon Islands



IK is sustained by an oral tradition

- IK is an accumulated set of knowledges that are practiced, shared, and learned by doing



Fishing on the Nipigon River, Ontario



Midwife Darlene Birch, teaching about breastfeeding

Complexity

Indigenous populations affected by processes of environmental dispossession have experienced considerable cultural disruption and trauma

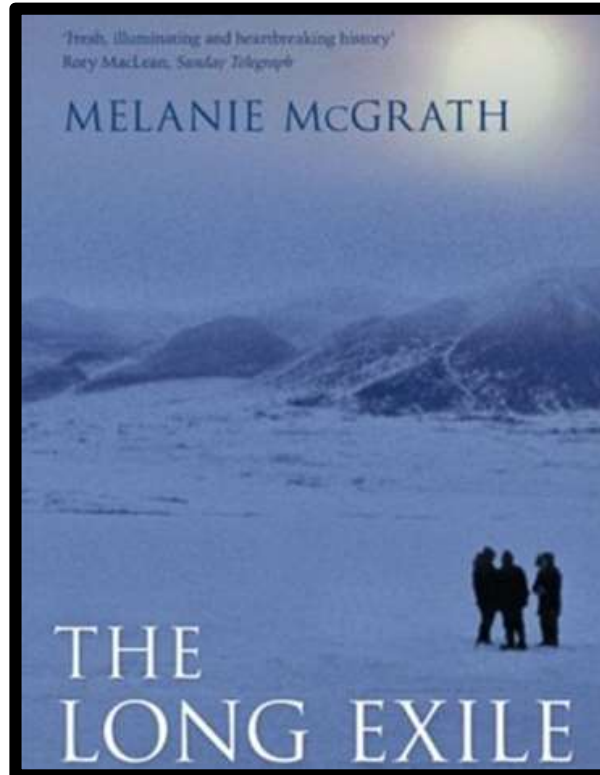
Processes of environmental dispossession

The physical (environmental) and/or political processes that alter or sever Indigenous peoples' ties to their traditional homelands

Sea level rise



Forest fires



Fort Qu'Appelle Indian Residential School, 1884
(Saskatchewan, Canada)



These processes have destabilized IK systems

- Reduce environmental confidence and limit opportunities to observe, share or practice IK
- Led to considerable changes in way of life for Indigenous peoples



Indigenous health in Canada



"The government spent 150 years trying to get rid of cultural resiliency, so it becomes a precious commodity. The notion that '***My culture is alive, and I am my culture***' is deeply important... When communities have a sense of their collective past and have the tools and resources to navigate toward their future, those are the places that support youth health and well-being better than others."

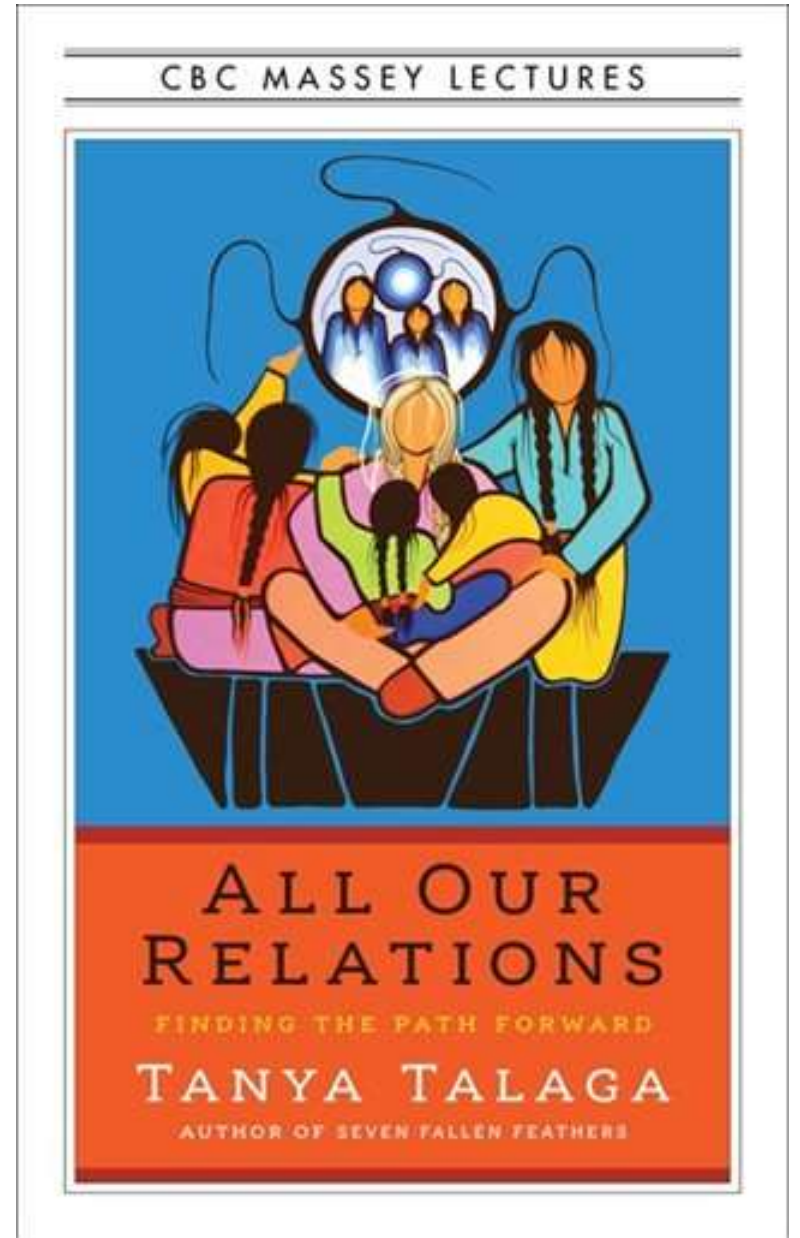
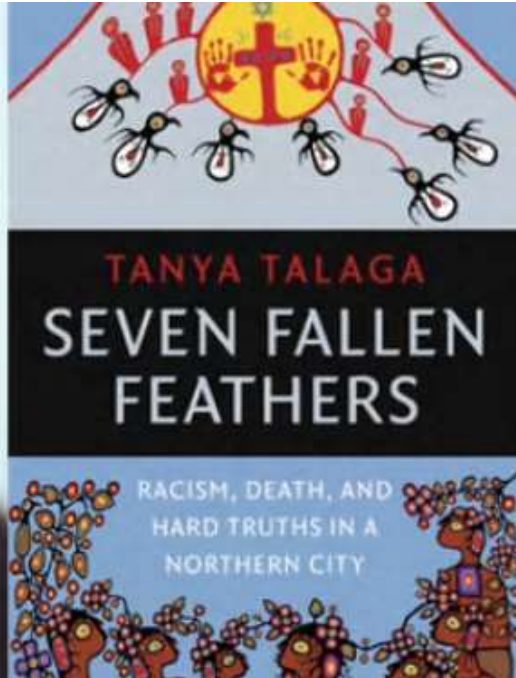
Professor Chris Lalonde

Seven students have died in Thunder Bay, Ontario while attending high school (since 2000)

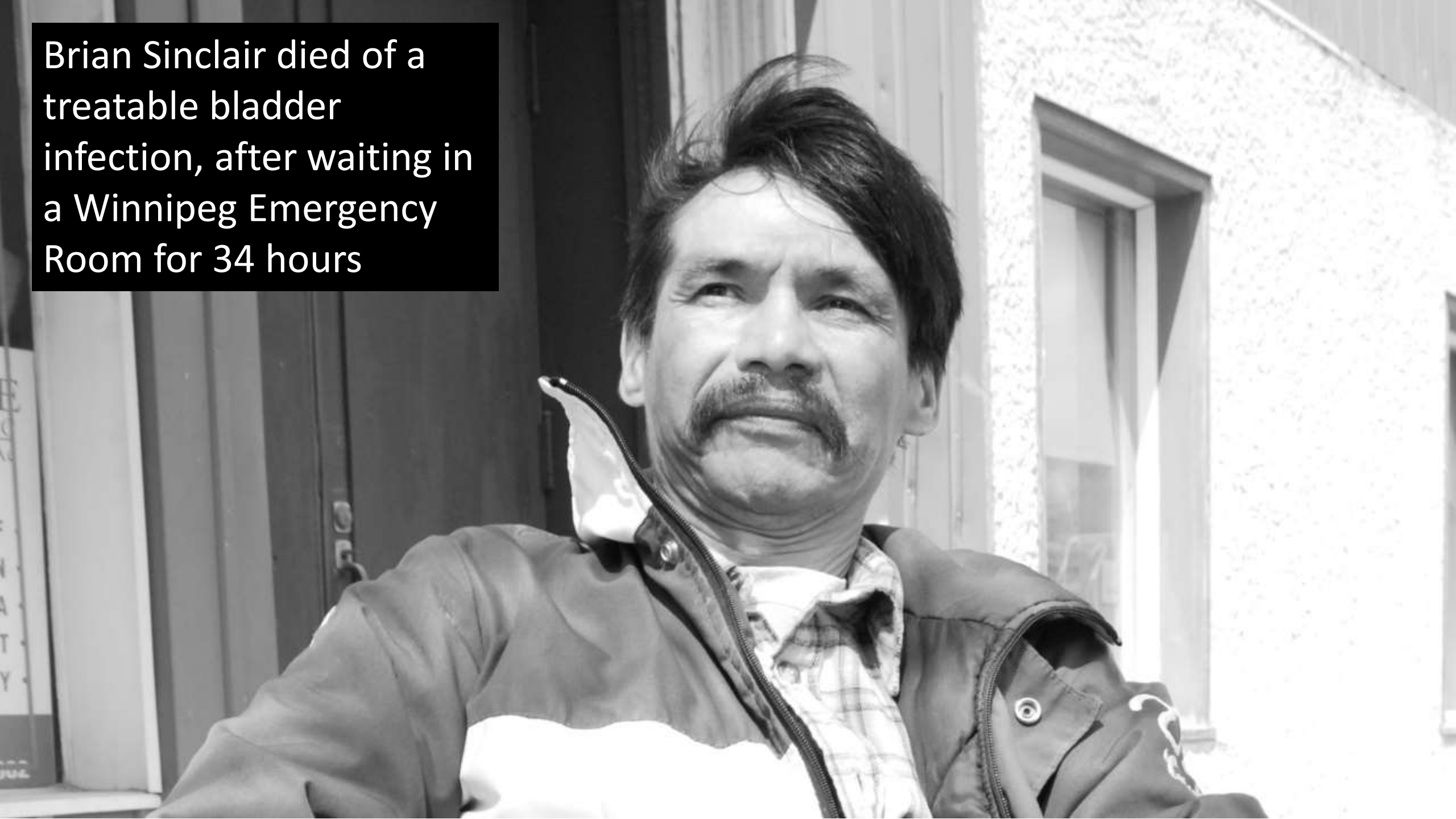


Reggie Bushie
Jethro Anderson
Paul Panacheese
Robyn Harper
Curran Strang
Kyle Morrisseau
Jordan Wabasse





Brian Sinclair died of a treatable bladder infection, after waiting in a Winnipeg Emergency Room for 34 hours



Lacking access to
safe drinking water



65% of First Nation
communities had some
kind of drinking water
advisory in place
between 2004 and 2014

76 of these advisories are
long term



Why can't Indigenous peoples move on?

Why can't they “get over it” already?

Truth

Canada was founded on the structural
disempowerment of Indigenous people

The Indian Act (1867 -- present)

- Fundamental goal: to “civilize the Indians”
- Assumption of the Act: Aboriginal people and their ways of living were “*inferior, unequal and uncivilized*”
- Provisions of the Act extended across the social, cultural, economic, political, gender and even spiritual dimensions of Indian life
- Indian Agents ordered to use “as much force as necessary”

“Indigenous health disparities are related to economic, political and social disparities — *not to any inherent trait* — but because of the limited autonomy Indigenous peoples have had in determining and addressing their own [health] needs”

Naomi Adelson (2005, pp. S45–S46)

Truth

These issues are not historic

These inequalities have been
normalized across various sectors of
Canada's public life

So how do we move forward?

In health and health care?

As people?

Truth
Indigenous
health is a
complex and
challenging
reality



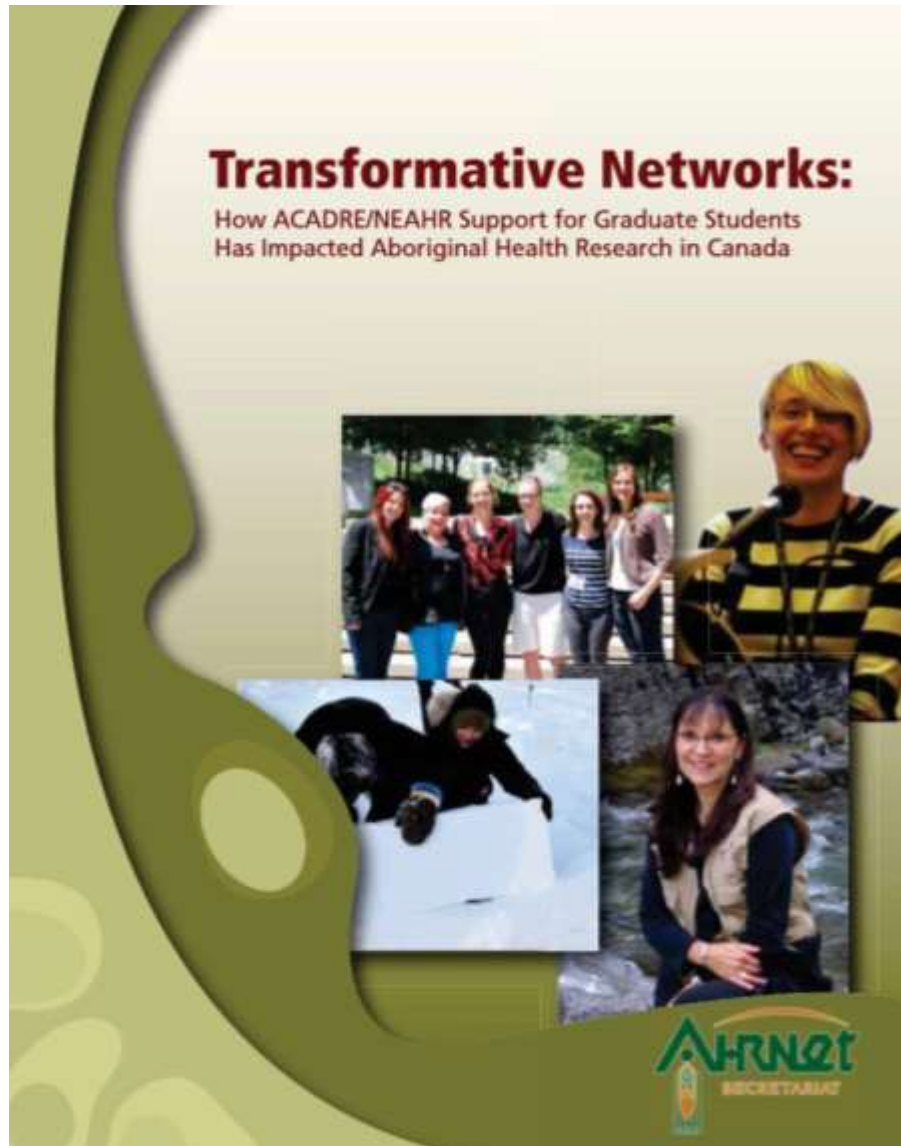
Building academic and research pipelines for Indigenous health futures

Ontario's Indigenous Mentorship Network Program:

www.imnp.uwo.ca



Summer School Participants and Mentors
Laurentian University (June 2018)



Indigenous health training environments

2003

The Aboriginal Capacity and Development Research Environments

2008

The Network Environments for Aboriginal Health Research

2016

The Indigenous Mentorship Network Program



IMN-Ontario's objectives

1. To provide high quality integrated mentorship, support and training in Indigenous health research, especially as it relates to community-based approaches;
2. To build a comprehensive Indigenous health community in Ontario;
3. To serve the research needs and capacities of Ontario's Indigenous communities;
4. To foster interdisciplinarity among scholars and trainees in Ontario;
5. To support academic and applied learning about Indigenous health research.

IMN-Ontario's Main Activities

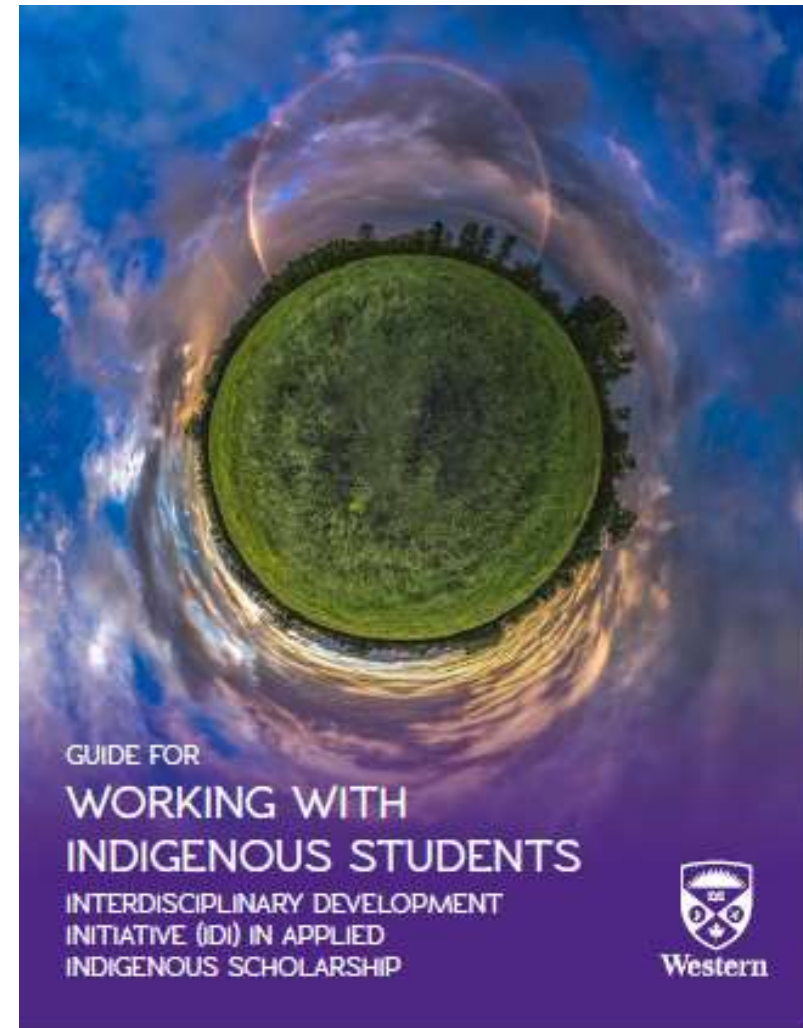
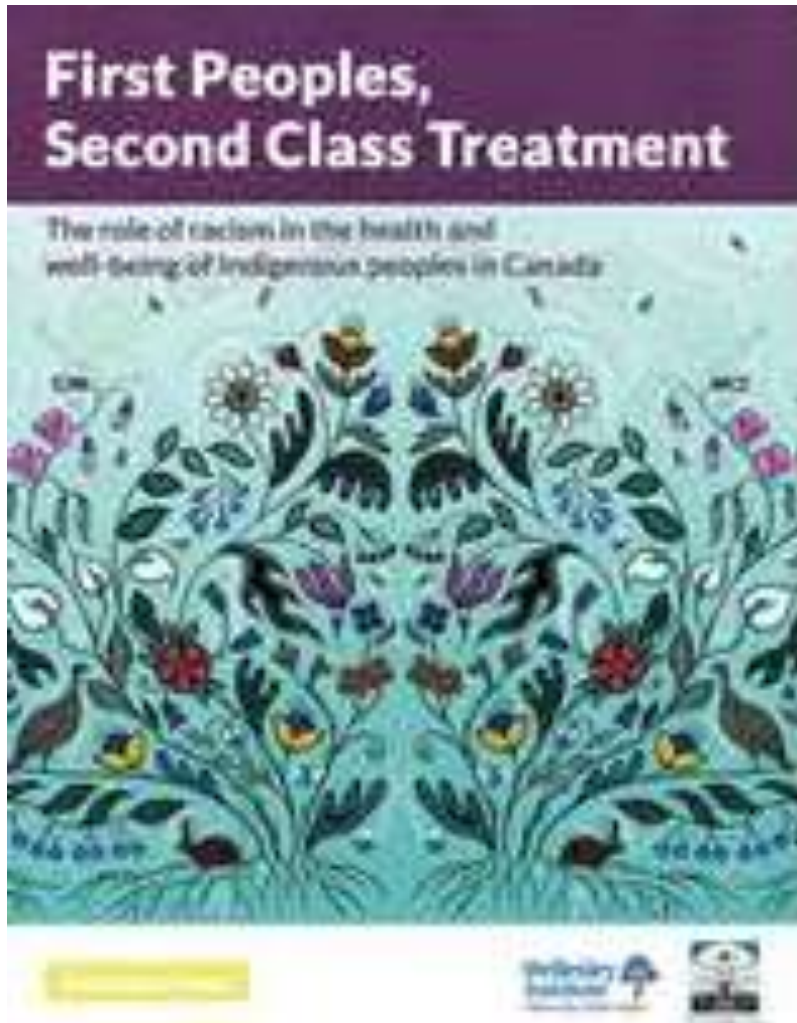
Learn more:
imnp.uwo.ca



Confronting Complexity

- Reframe our questions, approaches and ideas
- Think critically about the basis of our assumptions
- Approach issues and people with honesty

Working with Indigenous students and patients



We are here today because of the courage,
knowledge and love of our ancestors



Adeline Michano and Theresa Michano (around 1985, Pic River)

Reconciliation will require truth and bravery

“

**We need to wipe our tears from
the stains of the past so that we
may see each other as equals
once and for all**

”

Richard Hill
Hon. Doctorate recipient - Social Sciences





Indigenous Health Lab (1st generation)



Indigenous health Lab, 2nd generation

Indigenous Health lab,
3rd generation



Miigwetch | Nya'weh | Mahalo | Merci | Thank you

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