



National Day of Truth and Reconciliation, 2023


“Racism, a lot of people use that word, but what are you going to do? How are you going to deal with it?”

--Elder Jean Wasegijig

For the National Day of Truth and Reconciliation 2023, the Post-Graduate Medical Education office has interviewed three Elders, Dr. Elder Roberta Price, Elder Jean Wasegijig, and Elder Yvonne Rigsby-Jones. Before continuing this letter, we would like to state a content warning for discrimination, breach of bodily consent, and violence from and associated with residential schools.

We at the FoM PGME office want to highlight 2 Calls to Action from the Truth and Reconciliation Commission:

“Call to Action 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 health care rights of Aboriginal people as identified in international law, constitutional law and under the Treaties.



Call to Action 21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.”

We hope the reminder of these two Calls to Action ground the reading and purpose of this letter.

“We still have a lot of healing to do. During the Truth or Reconciliation Commission time, Murray Sinclair used to talk about when the residential schools were operating; **the Indigenous children were being taught that they were less than. You know, those messages are really hard to undo and our survivors still live that,** because it's way deep in their heart. And even when they've done a lot of healing, it's a really hard piece to still overcome sometimes those triggers. They're still carrying it in their beings.

There's so much damage that's been done, and I have not given up hope -- that with education, we can create something different.”

--Elder Yvonne Rigsby-Jones

As Elder Yvonne said, immense damage and harm has been inflicted into Indigenous peoples by the Canadian healthcare system. One of the many current and historical harms of medicine experienced by Indigenous people

within Canada are the non-consensual nutritional experiments on Indigenous children during residential schools, which led to illness and death for many Indigenous children (Mosby & Galloway, 2017a). The survivors of residential schools and their children now have had metabolic changes from childhood hunger, which has contributed to an increased chronic disease risk both in adulthood and in succeeding generations (Mosby & Galloway, 2017a). In part, one of the physiological results of these intergenerational experiences was early-onset insulin resistance and diabetes observed among Indigenous peoples in Canada (Mosby & Galloway, 2017b). Additionally, diabetes could be further exacerbated by traumatic historical relations as trauma could be triggered when physicians lack education about residential schools, which could occur through care that is not trauma-informed (Jacklin et al., 2017). Most often, the result of these biased encounters has materialized in avoidance of healthcare systems, mistrust of physicians, and resistance to other health service providers (Jacklin et al., 2017).

“You can sense that within your mind, your body, your spirit when somebody is discriminating against you.”

--Elder Jean Wasegijig

Another form of historic and ongoing medical violence against Indigenous people closer to home is coercive and forced sterilization of Indigenous peoples. Indigenous women, femmes, transgender men, Two-Spirit, and other Indigiqueer peoples are disproportionately targeted for sterilization, compared to other racialized groups (Stote, 2015). In British Columbia, the

Sexual Sterilization Act was established between 1933 and 1979 from the government-run B.C. (UBC, n.d.). Eugenics Board stripped people away from their reproductive rights by deeming certain individuals “mentally deficient”, and unfit to be parents (Campbell & Lawford, 2020). The board’s fundamental purpose was an active act of genocide rooted in colonialism, eugenics, and white supremacy. At this point, the board had the right to make decisions to sterilize people living in government-run mental support institutions without the patient’s consent and knowledge of what was happening.

“It’s institutional and, and structural and built into many, many systems throughout Canada and throughout the world that have been colonized. And that part of the struggle in addressing this is that the leaders within these institutions could recognize that this has been ongoing for centuries.”

--Dr. Elder Roberta Price

Unfortunately, the federal department and Indian Health Services were aware that Indigenous Women were being sterilized by physicians without proper legal channels of consent (Harris-Zsovan, 2010; McLaren, 1990; Stote, 2015), while Indigenous peoples still had their reproductive rights governmentally mandated until 1979. Although the Eugenics Board has been dissolved, the material consequences still manifest today. The cycles of violence, harm, and mistrust have created an environment today where many Indigenous patients feel and experience deliberate harm when entering healthcare spaces.

“[Indigenous patients] should be treated with kindness and compassion because of everything that's happening that has happened to Indigenous people for the past 200 years.”

--Elder Jean Wasegijig

“Before I was taken away from my family when I was 6 and before that, I was healthy, happy...[Now,] I will be called in for the hospitals with my work. **And if you'd given me a choice and ask me, I would have said, no, no, I'm not going there. I'm not going in the hospitals.**”

--Dr. Elder Roberta Price

“I personally within my family have experienced many negative visits in the hospital in the town where I lived. **And as much as there's been really really bad doctoring, there's also been some angels** in the healthcare system. And I'm very grateful that they're there too, and so my wish and my prayers is to have way more angels.”

--Elder Yvonne Rigsby-Jones

The wounds created in the past are perpetuated by institutional harm and continue to rupture many lives today. “We at the FoM recognize that the “health inequities suffered by Indigenous peoples today are but one consequence of



this egregious history and its continuing legacy.” As a step forward, Dr. Elder Roberta Price, Elder Jean Wasegijig, and Elder Yvonne Rigsby-Jones have provided some recommendations for our current residents and practicing physicians:

Recommendation 1: Recognizing who’s land you’re currently on

“[I recommend, especially from leadership,] spend some time to **look back in the history of this country they call Canada**. It is not my history. It is not your history. It is our history together.”

--Dr. Elder Roberta Price

A helpful resource to see which First Nations’ land you are on right now can be found at: <https://www.whose.land/en/>

This tool was specifically developed for inhabitants of Turtle Island, and can be used all across Canada.

Recommendation 2: Leadership accountability

“There’s gotta be some changes and usually the changes come from the top and it really filters down to the bottom and I really think that they have this opportunity. **These leaders, they have the opportunity to make some changes you know**, within the system so that, we can get rid of the racism because that's what it is. We know we can, slowly erode it as the years go by.”

--Elder Jean Wasegijig



“I know that it starts at the top, so if we start at the top to educate and have those top leaders accept that that these changes need to happen, and they accept it with respect and they bring that in. I truly believe [experiences of medical injustice] will become less and less and less.”

--Dr. Elder Roberta Price

As leaders, we must recognize both the power we hold in our roles, and also how to leverage that power to support marginalized individuals. We are in a position to actively advocate for curriculum change, structural inclusion, and facilitate authentic and deep relationships. Our Elders ask that we hold ourselves accountable to one another in hopes of ensuring a more equitable future.

Recommendation 3: Relationship building

“I would say that, **education is really, really important**. And, and **talk to some Indigenous people and get to know their story**. It's always good if you could just talk for the people personally, on a personal level and it really changes your outlook on, on, you know, on the people.”

--Elder Jean Wasegijig

UBC is situated on Indigenous territories that were touched later by colonial expansion, compared to the territories and communities in the

east coast of Turtle Island. Land is central to the process of decolonization, and re-righting relations. The inextricable relationships between land and Indigenous peoples are well-preserved and speaks to the resurgence and everlasting presence of Indigenous peoples on their territory. We highly recommend that staff, faculty, and residents begin to cultivate intentional relationships with community members and participate in land-based learning exercises.

Recommendation 4: Try to be a better doctor

Below are tangible and concrete ways Elder Yvonne advises residents to do better and to align themselves more with Indigenous solidarity:

“Over the years, **it's been a painful, painful process to watch somebody that you really love, be mistreated.** So what I'm asking is this part of my ask is **really paying attention and assess the symptoms.** Maybe take some time to **talk to their family.** I ask, **please communicate. Ask questions. Please be a kind human being.** Doesn't matter what colour you are. And remember, if someone's in care because of a terrible pain, they may not be able to talk very well. So I'm asking you, please, **always be kind, listen, watch. Please don't judge.** Please, please **have an open mind and an open heart and do proper assessments. And if you're tired, ask for help!**

--Elder Yvonne Rigsby-Jones



Recommendation 5: Inclusive education

“To actually make those institutional structural changes by being more inclusive in education”

--Dr. Elder Roberta Price

There are two branches to these recommendations. The first recommendation relates to incorporating Indigenous ways of knowing into the current curriculum, and the second branch speaks to the necessity of offering courses with Indigenous-led frameworks and methodologies.

For the first branch:

“...going back to the drawing board about what's being taught in the medical schools...to actually embed, embed all of those teachings right within the curriculum right within the beginning and not to make it an optional education and training.”

--Dr. Elder Roberta Price

For the second branch:

“I teach an Indigenous perspectives course and I really believe that was needed for people to understand. And even though [colonization] 200 years ago, I think it's still valuable information to know today because what's happened 200 years ago is still ongoing today.”

--Elder Jean Wasegijig

While these are two separate branches, they are rooted in the same idea, that knowledge and un/learning is incredibly important.

The practice of hope and dreaming within relationship building and mending is a radical act of resistance when faced with historic and ongoing institutional violence. “All of our flourishing is mutual” (Kimmerer, 2015, p. 166), and we must honor the interconnectedness of nature and recognize that humans are responsible for contributing to and bettering the world. Dr. Elder Roberta reminds us all to remember to hope:

“What makes me feel hopeful for all the people who are learning is that there's open hearts. There's open hearts and open minds and opportunities for the learners to feel safe, to ask questions for us Elders, and to be curious. So really, really makes me feel hopeful for all the open hearts and open minds and that goes for all the levels. **Although there's been some experiences that weren't so great, there are many, many people out there that have open minds and open hearts and that makes me feel very, very hopeful...**My youngest granddaughter's 8 and I hope that she will never have the experience that many of us have when she enters in the hospital perhaps when she gives birth to my great grandchildren. **That's my greatest hope; for health and healing for all. ”**

--Dr. Elder Roberta Price

“All my relations”



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