



By Dr. Mary Ellen Turpel-Lafond on the one-year anniversary of the release of *In Plain Sight*

One year ago, Minister Adrian Dix and I stood together in the virtual presence of First Nations and Métis leaders, the public and the media to release the full and summary reports of the independent review of Indigenous-specific racism in British Columbia’s health care system. These reports clearly described the evidence – *In Plain Sight* – of widespread interpersonal and systemic racism oppressing Indigenous Peoples in B.C.¹ Drawing on direct engagement with close to 9,000 individuals; data on experience, system performance and outcomes; first-of-its-kind analysis of complaints; and a literature review, these reports (and the follow-up data report released in February 2021) also described the widespread efforts across the health system to enhance Indigenous cultural safety through efforts grounded in anti-racism and cultural humility. The 24 recommendations of the report were designed to enhance systemic coordination and “hardwiring” of Indigenous human rights as described in the *United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration)*.

I have been closely monitoring progress on these 24 recommendations over the past year. There are some signs of progress:

- Of note were the apologies issued by health system leaders and regulatory bodies, with continued commitment to recognize the power of apology in ongoing work to challenge anti-Indigenous racism and build trust (Recommendation 1).
- Earlier this month, we saw a critical amendment introduced to the *BC Human Rights Code* to include Indigenous identity as a protected ground from discrimination (Recommendation 2).
- Indigenous senior leaders have been recruited across the health authorities and the Ministry of Health, bringing the necessary capacity to lead system change from the inside (Recommendations 13 and 14).
- I have been paying special attention to the efforts to advance anti-racism and cultural safety system and practice standards (Recommendation 8). I will continue to monitor this closely and urge regulatory bodies, the Ministry of Health, and Health Authorities to endorse and apply these standards within their organizations and across the system.
- I observe some nascent progress in the establishment of both a First Nations regional data centre (Recommendation 9) and a centre for cultural safety tools and resources (Recommendation 19).

¹ <https://engage.gov.bc.ca/govtogetherbc/impact/addressing-racism-in-b-c-health-care-results/>

- I am pleased that a Memorandum of Understanding has been signed between Musqueam, Squamish, Tsleil-Waututh, and Providence Health Care with respect to an Indigenous Wellness and Welcoming Centre (Recommendation 10).
- Finally, some early efforts appear to be emerging on the governance issues highlighted in the Review – an independent Chiefs’ committee has been struck to engage on the First Nations health governance structure (Recommendation 6) and a Letter of Intent describes the creation of a Métis relationship table (Recommendation 7).

It is important to use this progress as motivation for the work ahead. At the same time, we must not congratulate ourselves on a job well done. The fundamental issues remain in plain sight. I continue to receive disturbing complaints about racism occurring at the point of care, and about the ongoing inadequacy of complaints processes, despite Recommendation 5. Recommendation 24 envisioned a Task Team composed of a small group of subject matter experts to help accelerate progress in early implementation of the Review; instead, much of the past year has been spent trying to figure out who sits on what committees. In the meantime, Indigenous Peoples have continued to be disproportionately harmed and oppressed, and they continue to die as a result of the impacts of racism and the twin public health emergencies.

As well, the Review’s calls and recommendations to utilize the tools and uphold the obligations under the *Declaration on the Rights of Indigenous Peoples Act (Declaration Act)* have not been implemented. In fact, the *In Plain Sight* report recommendations were carefully designed to establish a roadmap for implementation of the *Declaration Act* and the *UN Declaration* in the health sector. The *UN Declaration* describes various aspects of the Indigenous human right to health:

- The right to traditional medicines and to maintain health practices (Article 24)
- The right to access, without any discrimination, health and social services (Article 24)
- The right to enjoyment of the highest attainable standard of physical and mental health (Article 24)
- The right of self-determination and the inherent right of self-government (Articles 3-5)
- The particular rights and special needs of Indigenous Elders, women, youth, children and persons with disabilities, including full protection and guarantees against all forms of violence and discrimination (Article 22).²

The *Declaration Act* establishes tools to achieve these rights: clearly articulating the need for consultation and cooperation directly with Indigenous Peoples in B.C.; creating space for consent-based decision-making agreements between the Province and Indigenous Governing Bodies; describing the obligation for the Province to take all measures necessary to ensure the laws of B.C. are consistent with the *UN Declaration*; and, establishing an action plan to advance the Indigenous human rights described in the *UN Declaration*. I take this opportunity to renew calls to address anti-Indigenous racism through using the tools under the *Declaration Act*.

² https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

There has been little, if any, movement as per Recommendations 3, 4, 6, 7, 13 and 14 of *In Plain Sight* to undertake the required work under the *Declaration Act* to realign relationships between the Province and Indigenous governments. Fundamentally, eliminating racism – and indeed the future of reconciliation in this Province – rests upon our ability to make rightful space for Indigenous decision-making and sovereignty. The Province must build relationships directly with Indigenous governments as related to *In Plain Sight* implementation, including co-creating law and policy and establishing and structuring relations with the Representative and Advocate, Indigenous Provincial Health Officer, and the First Nations Regional Data Centre (and Métis data centre, should one be established). Existing partnership agreements and Indigenous institutions must be updated and aligned to provide for structured relations and authorization directly from Indigenous governments as related to health governance decision-making.

In relation to aligning health sector law with the *UN Declaration*, as noted above, there have been recent gains with the introduction of *BC Human Rights Code* amendments, and public commitments to an *Anti-Racism Act* and anti-racism data legislation. These cross-sector efforts are critical. Also critical will be efforts to align health sector laws and policy as raised in Recommendations 2, 5, 8, 9, 11, 18, 20 and 21. I see particular opportunity to embed cultural safety and anti-racism into our very definitions of health care quality, to embed the need for anti-racism reviews and restorative approaches in health care complaint and incident reviews, and to require health professionals to speak up and report racism when they witness it occurring.

Of course, Indigenous-specific racism and failure to uphold the *UN Declaration* exist in other sectors. As I noted when releasing *In Plain Sight*, I received many complaints and received much evidence about systemic racism in the education and child welfare systems, amongst others, which were beyond the scope of my mandate. While there are some initiatives in those sectors to address these issues, the systematic processes of investigation and examination of the root causes and extent of this racism, and how to address it through upholding the *UN Declaration*, have not yet advanced. At the same time, we also have examples of initiatives, such as in relation to children with special needs, that appear highly problematic and discriminatory, including particularly for Indigenous children with disabilities.

Earlier this year, the Province released a consultation draft of the action plan required under the *Declaration Act*. The consultation draft spanned a five-year period and re-emphasized the Province's commitment to fully implement all recommendations of *In Plain Sight*. Given that efforts over the past year, while positive, have not meaningfully disrupted the status quo, I take this opportunity to very clearly describe what I see as the current opportunities for priority action. These actions must be advanced on a foundation of properly structured decision-making relationships between the Province and its health entities and Indigenous governments:

- First and foremost, more focused efforts are necessary to respond to the impacts of public health emergencies on Indigenous Peoples, including jurisdictional impediments faced by Indigenous governments; enhanced resources and supports for initiatives to increase vaccine

confidence; and evidence-based expenditure of funding for mental health and wellness services for those in highest need (per Recommendations 15 and 17).

- The Indigenous Health team within the Ministry of Health should collaborate with the Vice Presidents of Indigenous Health and health and medical programs across B.C. to address standardized, low-barrier gateway training available to all health workers and students in B.C. (per Recommendations 20 and 21).
- The Ministry of Health and Health Authorities must enable the immediate application of the *Public Interest Disclosure Act*, as part of a broader movement to support ‘speaking up’ against racism in health care (per Recommendation 11).
- All new health capital projects should be required to include partnerships with local Nations and Indigenous Peoples, to ensure Indigenous human rights are built into the design, and meaningful benefit accrues to Nations on whose territories these facilities are located. This includes follow-through on the commitment to an Indigenous Wellness and Welcoming Centre on the new St. Paul’s Campus, particularly given the Catholic Church’s need to respond meaningfully to its unfinished work in truth, justice, and reconciliation (per Recommendation 10).
- The establishment of a First Nations Regional Data Centre and the ethical governing of data that produces timely disaggregated data about health system performance and outcomes (per Recommendation 9) should be accelerated.
- The health system performance and outcome data examined in the *In Plain Sight* data report should be refreshed and released by Nov. 30, 2022.

In my view, undertaking a momentous review like *In Plain Sight* comes with a continuing responsibility to the Indigenous patients, residents and families that shared their personal and intergenerational experiences of racism and injustice in a system designed for health and healing – a responsibility to continue to speak up against racism and for justice and Indigenous human rights. First Nations, Métis, and provincial government leaders have endorsed the report, yet ineffective collaboration has slowed improvement where it is needed the most. Urgent streamlining is needed to empower and resource those who are carrying out the work, ensuring their accountability directly through properly structured relations with Indigenous governments.

Media Contact

Jeff Rud
250-216-4725
jeff.rud@rcybc.ca