

## Policy, Polity, and Indigenous Health: Examining Political Determinants of Health | Text Transcript

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"Policy, Polity, and Indigenous Health: Examining Political Determinants of Health" was recorded on March 26, 2021. This event is the third in the Indigenous Scholars Lecture Series 2020-21, a student-led initiative within the Department of Political Science in support of the University of Guelph's commitment to action on equity, diversity, and inclusion. The event was moderated by Joanne Moores. The guest speakers were Jonathan Dewar, Dawn (Sii-yaa-ilth-supt) Smith, and Kiera Ladner.

Transcript:

### Joanne Moores:

Okay, good morning or good afternoon depending on where you're joining from. My name is Joanne Moores and I'm the lead organizer and the moderator for today's session. So, I'm gonna get things rolling since we just have an hour and I know some of you will still be joining the session but let's get this going.

So again, my name is Joanne Moores, I'm a PhD candidate in the Department of Political Science here at the University of Guelph, and I'm also a settler and I'm an immigrant from Bristol, England. My PhD research is in comparative Indigenous politics and public policy and my focus is on looking at how policy processes can be decolonized. And today we have three great speakers joining us from across the country who are going to help us discuss and learn about the political determinants that affect the health of Indigenous peoples.

But before we introduce them, I want to make sure that we set our discussion in the right context and so I'm going to do that by acknowledging that this event is being hosted from the ancestral homelands of the Attawandaron people and the treaty lands and territory of the Mississaugas of the Credit First Nation and I also want to acknowledge our Haudenosaunee, Métis and other Anishinaabe neighbours.

And further honour our territorial host, the Anishinaabe, on behalf of all of us organizing today's webinar, we pledge to live and act in accordance with the seven core values of the Anishinaabe people, which are honesty, humility, truth, love, wisdom, respect, and courage, and so with that, I will now ask the chair of our department, Troy Riddell, if you would please introduce our speakers. Thanks, Troy.

### Troy Riddell:

Thank you Joanne and Joanne I'd just like to begin by really thanking you for organizing this seminar series in this particular event. We really appreciate graduate students such as yourself taking such an active role in allowing us to engage in these important questions so thank you, thank you very much.

So, it's my pleasure to introduce our speakers today and I'll just go in the in the order that I have on my on my sheet professor Kiera Ladner is the Canada Research Chair in Miyo we'citowin, Indigenous Governance and Digital Sovereignities in the Department of Political Science at the University of Manitoba.

And in the file from "it's a small world," Kiera emailed me last year to say that she'd been visiting southwestern Saskatchewan and where her family lived and started talking to some folks and discovered she was talking to my uncle and aunt so it's a—Kiera, nice to have you have you here, both on a professional and personal level.

I don't think I have personal connections with our other two speakers, but want to welcome them nevertheless. Jonathan Dewar is the chief executive officer of the First Nations Information and Governance Centre (FNIGC), and he received a doctorate from the school of Indigenous and Canadian Studies at Carleton University, so welcome, Jonathan.

Dawn Smith, or Sii-yaa-ilth-supt, received her doctorate of education and leadership and policy at the University of British Columbia and this summer she's going to be taking up an assistant professorship at the University of Victoria. So, welcome you all and thank you very much for participating in this event today. Joanne, back to you.

### Joanne Moores:

Okay, perfect, thanks so much Troy, and thank you panelists for joining us. We're looking forward to hearing your perspectives on the political determinants of health affecting Indigenous peoples and the kinds of changes that are needed in political and social relations in order to support Indigenous health. And so before we get going I just want to briefly set the context for what is meant by the political determinants of health.

So, as you may know the idea of the social determinants of health as opposed to strictly the biomedical determinants of health is a concept that's kind of only begun to be more widely accepted about 20 years ago, so it's now quite widely recognized that the underlying social conditions are needed for good health—they include access to clean water, food, housing, and also the nature of our social interactions and relationships.

But the idea that community well-being is linked to personal well-being has always been central to the worldviews of many Indigenous peoples and it goes further than that. Community wellness is closely linked to self-determination and self-governance, but this is only starting to be more widely understood and acknowledged. So what we're getting at here is that the idea of the social determinants of health does not go far enough.

It's not a holistic approach nor is it an approach that takes Indigenous knowledge or worldviews as a starting point for understanding health. The idea of the social determinants of health also does not include other fundamental factors such as spirituality, relationship to the land, geography, culture, language, or knowledge systems.

The extent of self-determination and self-governance in Indigenous communities today has been and continues to be greatly impacted by settler colonialism and the politics of state

sovereignty and this needs to be understood as continuing to be one of the main influences on the health of Indigenous peoples.

For example, Dr. Ladner, you wrote about band council governance structures imposed by the Indian Act as setting up local governance as administrators of government programs without real autonomy or resources and that this is connected with community issues of community well-being.

It's also important to consider that support for the health of Indigenous people in the mainstream biomedical health system is also very negatively affected by systemic racism which is another ongoing effect of settler colonialism we could argue.

And a couple of other factors we shouldn't forget about environmental racism is another important effect of settler colonialism and is also related to neoliberal economic policies that directly impact the health of Indigenous peoples. And then I also do want to mention that gender relations is another key aspect of health I would argue for Indigenous communities as well as for settler communities.

So, as we can see there are many different elements that need to be addressed and of course we only have an hour here today so we're not going to be covering any of these comprehensively, but I just wanted to provide and I hope that provides a sufficient context for our discussion today.

So, with that I'd like to ask each of you to share with us your thoughts and information about work and scholarship and projects that you're working on in this connection and have roughly about 10 minutes each to do that, so once again, thank you so much for joining us and I believe Jonathan Dewar, you agreed to start us off, thanks so much.

### Jonathan Dewar:

I did, thank you. So, I have some slides that our colleagues are going to put up on the screen here and as soon as we see that we can we can get going. I'll start by introducing myself as we do that.

So, I'm a person of mixed heritage and my First Nations heritage is through my maternal grandmother and her family and specifically the community of Wendake and that's part of the Huron-Wendat Nation in Québec and so I'm very pleased to join you today from Ottawa, unceded Algonquin territory, both traditional and very much contemporarily unceded Algonquin territory.

I had the pleasure of being born and raised here in Ottawa. I've moved away many times and have come back many times and because I've spent a lot of my educational career and my professional career in this area I've really you know, I've grown under the leadership of Algonquin leaders and knowledge holders and so certainly want to honour them in the words I share with you today. You can go ahead to the next slide.

So, I'm gonna approach this issue from a bit of an institutional perspective. So, the story I'll tell is the story of the First Nations Information Governance Centre, so a bit of context to start and then I'll briefly unpack who we are and what we do. I think this is a useful

approach because we are an organization, yes you can call us an organization because that's really what we are, but we've been asked to act like an institution in many ways, both by our First Nations leadership but also by the federal government, who provides a great deal of our funding, particularly for the national survey work that we do and the research work that we do.

So, I'll unpack that issue of organizations and institutions in a moment, but suffice it to say that the politicians, that is to say First Nations leadership, give us a direction and we carry out that direction. We are public servants serving First Nations leadership, First Nations communities, nations, and of course grassroots people.

We're serving First Nations people regardless of where they reside, though you'll possibly hear me talk about the on-reserve/off-reserve/northern First Nation dynamic in the work that we do. So why does an organization or institution like the First Nations Information Governance Centre exist?

Well, it exists in large part because of this legacy and again I won't read everything that's on the slides, I'll endeavour to go through them quite quickly so that we can get on to my colleagues and then to hopefully some discussion of the issues that we all raise, but there is ethical research and information gathering and if you go to the next slide you'll see that the First Nations Information Governance Centre actually has quite a long history, you know, we are approaching 25 years of doing this work of national surveys and upholding the principles of OCAP—ownership, control, access, and possession.

More recently, my national board has focused our work within the rubric of First Nations data sovereignty and you're going to hear me repeat this a few times and probably come back to it as we talk about what my colleagues have to say and what some of you have to say in your questions and comments afterwards.

So, what is First Nations data sovereignty? Well, data sovereignty of course is connected to First Nations sovereignty, that is the first hurdle of many, many hurdles that non-Indigenous, non-First Nations folks, you know, really have to get over when it comes to understanding the way that First Nations are approaching the relations that they have in these lands that we call Canada more recently.

And again, there are some ways that we particularly articulate that as a national organization that works to represent the interests of First Nations from coast to coast. So, First Nations have the right to have authority over their information. If a First Nations community can be identified, then they own control and have the right to access and possess their information.

Next slide. I mentioned the 20—nearly 25—years of our history doing this work, of course FNIGC, the organization that I currently run, is only 11 years old, stood up almost exactly 11 years ago, but the work that predates the standing up of this stand-alone organization started in the mid to late 1990s when First Nations beyond reserve and Northern First Nation population was going to be left out of three key population surveys by Canada.

This of course created an incredible challenge for First Nations, but it also created an incredible opportunity for First Nations, and so the leadership of the day—and I include the

thought leadership in that characterization—lobbied for, successfully lobbied for, a truly First Nations for First Nations approach to population surveys. That led to what we now refer to as the regional, regional health survey.

And so, region by region, there are regions I won't say at that time. A region-by-region national survey and again I'll unpack that in a moment when we get to that last bullet. But suffice it to say that prior to our being stood up as a stand-alone organization, there was a national body in the form of a committee that oversaw this work, that was the body that developed the OCAP principles.

The OCAP principles were ultimately embraced by First Nations leadership at a variety of levels but certainly at the national level, and that's the guidance we've been given now for over 20 years. So, I'd like to refer to the bar having been raised by First Nations years ago, and it's not just First Nations and First Nations entities that have a great deal of experience with where that bar is at and how we can continue to raise it but it's also folks who work with First Nations.

We're not letting you off the hook, we know you know this stuff because it's been over 20 years and so you too have been raising the bar and collectively we have to continue working at that. There will always be new people, there will always be new partners that come on, institutional or otherwise, who have to learn these things anew and that's fine.

That's in part why we exist because we have an education and training mandate of course we also want to see this done in post-secondary institutions and all kinds of educational institutions and you know perhaps my colleagues in this meeting, there's quite a few of now, quite a few of you now who have joined who I imagine are in educational settings can also carry that.

So, it's important to know that we refer to our work as by First Nations for First Nations, we are guided by principles, research ethics, and a cultural framework that was developed over those initial years and has been refined over the past 20 years and really this is what's important. We're a national organization working out of Ottawa, that's not how I want you to think of us because that does make you think of a top-down approach or a national organization, Indigenous in this case, First Nations in this case, as a stand-in for government and it's really not that.

We only exist because regions, the First Nations regions, choose to come together to do work that is best done or necessarily done at a national level so this idea of national statistics that picture somebody has to do it but it cannot be done without centering relationships, and in this case it's regions for us and then of course within regions, the regions tend to those relationships between nations and communities as they overlap in complicated ways as all of my colleagues on the phone can attest to. Next slide please.

So, in the last three and a half years, that's the time that I've been with the organization, we have developed a new, refined vision and mission. I'll focus on the vision, here you can see that it very much centres First Nations data sovereignty with this important distinction that every First Nation will achieve data sovereignty in alignment with its distinct worldview.

This is yet again to underscore that idea that a national organization, whether you're in Ottawa or not, a national organization does not determine how First Nations will guide this work, it is this centering of relationship that determines how we proceed. So, our vision in seeing First Nations data sovereignty realized is for nations to realize data sovereignty and they will tell us how that looks, building on their worldview and whatever other approaches they need or want to take in furthering that. Next slide please.

So, again following the vision is the mission, following the mission as our core strategic objectives and I'm going to just linger on that first bullet there, you'll see this as well throughout our website and in the data governance strategy document that I'll end the presentation talking about briefly. Our approach is community-driven and nation-based, so I have just talked about how regions come together to do this work nationally, well, our vision is actually that nations come together to do this work.

So right now, we are using, as per the bylaws that were established for us when the chiefs and assemblies stood us up as a standalone organization, we are using those regional distinctions that the Assembly of First Nations uses. But our approach is community driven and nation-based. So what do we mean by community? Well, we mean all the complexity of community in First Nations country, but we first and foremost mean a community is a place where people live, regardless of where you live, you're part of a nation.

You may be a member, you may be a citizen, depending on the terminology is depending on how the terminology is used, or you may not, but be connected by a kinship or by some other type of relationship, but these distinctions are very much essential. Next slide please.

So, the elevator pitch on what we do: national surveys, you can see I outlined some of the ones there I've already mentioned, the regional health survey, we also have a mandate to do research, this is research first and foremost that aligns with the strategic direction and the principles and priorities that have come out of our 20 years of doing national survey and research work and then of course importantly we also do work on data sovereignty, information governance, information management, everything that you would find under that umbrella.

And then as I mentioned we have an education training and capacity development mandate as well. We are advancing First Nations data sovereignty in many ways. We take many approaches to educating and training more formally on information governance and management, those OCAP principles which I'll say a bit more about in a second and of course the data governance strategy which I'll end with. Next slide please.

So, the First Nations principles of OCAP, I hope you've all heard of these, I hope they're all on the tip of your tongue as you do work with First Nations. OCAP stands for ownership, control, access, and possession, as I said earlier. OCAP principles are a set of standards that establish how First Nations data should be collected, protected, used or shared.

So, it's important to note that we talk about the OCAP principles but here's another essential distinction that you need to know: so a national organization such as ours, one that is strictly technical, strictly apolitical, not a rights holding entity, right, we serve rights

holders, rights and title holders, we are not that ourselves, we take direction and like good public servants, we do the work that is set out for us.

We work at the level of principle; these are principles for us and so we can educate people on what ownership, control, access, and possession means. But ownership, control, access, and possession can be defined and implemented by rights and title holders, so that's the distinction that you need to know about OCAP. So, what does this mean in theory and what does it mean in practice?

Well, rights and title holders will determine what they mean by ownership, control, access, and possession. So never lose sight of that distinction. It is not okay to put in your research documents, you know, ethics applications, or otherwise that you have checked an OCAP box in some way. It means much more than that and again we don't have time to go into all of it but that's why we have an online course among many other approaches to educating and training around OCAP. Next slide please.

So I mentioned the First Nations data governance strategy. This was work that developed over several years. This is not a new conversation for any of the First Nations across the country that we have worked closely with on these ideas. We often refer to the national chiefs in assembly resolution that called for a national strategy we could certainly also reference to reference federal budget, which provided funding to FNIGC to develop a strategy, in fact the conversation started years before that.

These are just simply the most recent signposts on that journey to where we are now. So, a year ago, one year ahead of schedule, we delivered this report that included the strategy framework to the federal government, so I think we're just about at the, I think tomorrow might be the one-year anniversary since we submitted it to Indigenous Services Canada.

Nonetheless, this is a document, there is there is a shorter 12-page executive summary in the much longer document on our website, but we present a framework that is a vision for achieving these broad outcomes that we set, we clearly articulate that this is a strategy that meets both First Nations objectives as articulated over those many years, but also objectives of our partners in this nation-to-nation relationship. So, the federal government, provincial, territorial governments and other entities.

We include a set of eight high-level guiding principles which are further broken down as some sub-principles, we might say, underneath those eight themes. We have nine strategic pillars, two are what we call enabling pillars and then seven are functional or data stewardship pillars. Again, not enough time to go into all of it so you know I'm happy to unpack this with you as we go forward. Can you still see and hear me? Sorry my screens just all went blank.

Joanne Moores:

Yep, now we can hear you, Jonathan.

## Jonathan Dewar:

Okay I am coming to the end so that may have been that may have been the universe giving me a cue. Next slide please. At the centre of this strategy is institution building, so what we have proposed and again this goes to the direction that we've received from national and leadership—regional leadership over many years we have proposed a network of what we call regional information governance centers.

These centers so at least perhaps more if the work we're currently doing determines that regions need to be redefined, that's the work that is ahead of us, but we have proposed at least regional information governance centers so these would be centers that are semi-autonomous in the sense that they are able to autonomously do the work that the nations and communities in that region require but these regional information governance centers continue to form a network so regions continuing to choose together—choose to come together to do work that is best done or necessarily done at the national level so in that sense we are proposing a continuation of the type of work we're doing now but rather than a patchwork of different kinds of entities doing this work, these would be, for lack of a better term, statistical institutions built by and for First Nations in the image of the nations in those regions and then at the national level in the image to the degree possible of all the nations across the country to do that work at the national level. Next slide please.

So that's it for me, again, there's way more that we could unpack here I would love to have the whole hour another time, but I can do that one-on-one or my colleagues can do that with groups of people by the many avenues you can connect with us. So, my contact information is on the screen there. I look forward to hearing from people and I very much look forward to hearing my colleagues speak and getting to the conversation with all of you to the degree that we can in one hour. Miigwech. Thank you.

## Joanne Moores:

Great. Thank you so much, Jonathan. That really helped us to see some of the concrete work that's going on in terms of these sovereign efforts to govern data across the country and to collect data. Dawn, do you want to share your screen and we can move on to your presentation? I'll just take a moment, yeah—no problem.

## Dawn Smith:

I struggle to find what it is on my desktop. Okay, I don't know if it's going to work. I'm just going to try and drop it... no, it's not going to work. I don't want that to stop me from my talk, recognizing the time constraints. So, (Dawn speaking in Indigenous language), good day, everyone. Sii-yaa-ilth-supt, my name, my family name is Sii-yaa-ilth-supt.

My English name is Dawn Smith and I'm coming to you from the beautiful territories of the Lekwungen-speaking people, and I just really want to acknowledge and thank you, Joanne, and my cousin, Rachel for putting my name forward to have this discussion that we're gonna have today, and thank Jonathan as well for his talk and I look forward to hearing from Kiera as well. I am going to talk about Indigenous people, racism, and health in Canada.



That's generally the topic that you would see if I could share my PowerPoint. I want to thank Camosun College for giving me the opportunity when I was working for them to delve into racism or anti-racism. So much of what I'm going to share to you today comes from that endeavour—seven months of taking this on as an education strategist with the college and so, however, you know before we can move forward and this is where having you know the, the PowerPoint becomes powerful, but the following screen is an acknowledgement or a dedication of people who have died as a result of racism in this country.

So, the slide is entitled “say their names.” Say their names, say Brian Sinclair, Colten Boushie, Joyce Echaquan, Chantel Moore, and the baby of—the unborn child of—Sarah Morrison. We'll say those names and continue to say those names until justice is served. Yeah.

And the next slide is a quote that I came across that I felt appropriate to share. It reads “But all our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth... You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.” And that is Ta-Nehisi Coates that shares that from “Between the World and Me.”

And so, part of my journey has been to spend time with a report that's come out in 2020, entitled “In Plain Sight,” a report by the honourable Dr. Mary Ellen Turpel-Lafond, entitled “Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care.” The report—I'm just gonna go back to my slide—the report speaks to an incident, and you may have heard this, the game called “Price is Right,” a game played by health care providers to determine alcohol levels of Indigenous patients that arrive to the hospital.

The report paints a picture of BC healthcare systems and widespread systematic racism and Indigenous people resulting in a range of negative impacts, harm and even death. The report recommends that BC apologize to Indigenous people and implement anti-racism programs and work together to improve overall health and care services of Indigenous peoples. And so I would encourage all of you to... I mean that's just a real snapshot of what that report gets into... there's stories and you need to be prepared to read it, and you need to be prepared to delve into a topic of racism.

Racism, you know, is a disease, it's complex, it's layered. It takes courage and it's what we're confronted with. It's the most important issue that we are confronted with as Canadians today. So I want to introduce you to phrases that helped me along in my journey and so the phrases are they're informed by authors or scholars like Robin DiAngelo and Resmaa Menakem.

A structural and institutionalized racism, it's embedded in state policies and practices so we see that what we're actually dealing with is embedded in the policies and practices of the state. This is how healthcare, how healthcare providers come to know and embody this sort of behaviours because it's been designed that way. The other important term to come or to learn I guess is white body supremacy, it elevates the white body above all other bodies, the white body is the supreme standard against which all bodies are measured.

White fragility refers to the discomfort or the low stamina white people encounter when discussing or having conversations of racism. And the last important term and the most, I'm going to say the most important because for years I've wanted to talk about racism but I didn't actually know what was happening, and by way of gaslighting, which is a form of psychological manipulation in which a person or a group conversely sows seeds of doubt into a target individual or group making them question their own memory, perceptions, or judgment.

And so, I feel like, you know, this is like an introduction to terms that will expand our understanding of what we're actually dealing with when we talk about racism and I, unfortunately, I've spent some time trying to track the source, I couldn't, but I will certainly do my best to track the source of what I'm about to say next.

So, how I've come to understand racism and hatred and that sort of thing by—from my own experience and the trauma associated with it is by tracing racism back to its source of it, and pain is actually the source of racism and hatred and that pain, if you get into the literature will tell you, that it actually—and this is where white body supremacy, we can come to understand it is the actual violence that occurred in Europe and how those bodies came here and how that's been perpetuated and continues—I mean Resmaa says that we all live with white body supremacy, we've all been traumatized.

So that's like a starting point for I think understanding what we're actually dealing with here, and that this kind of hatred is a self-hate. You know, we're lacking self-love, because if we loved ourselves we could never bring that kind of harm to other people. And some of this is informed by Brené Brown and Elizabeth Gilbert and I've been listening to podcasts and just immersed in this, in this the discourse of I'm going to call it racism I can't call it anti-racism because that downplays and that doesn't serve the people that have died as a result of racism.

We need to name it and address it as an issue that is affecting all of us. So I ask for us to think about this to actually get beyond our anger and our, you know, the hostility of somebody like me talking about racism and white supremacy and that sort of thing to actually... think about—think about it in a way that helps build your stamina to have these conversations, and you know to learn to recognize your own bias and your prejudice, you know understand that and, and listen to shame.

And that's something—there's a TED Talk by Brené Brown about that—listening to shame. And so... and I'm just gonna cut out a whole bunch of the other things that I was sort of going to talk about because it's such a difficult and challenging conversation to have. It's my first one, really, publicly. Indigenous people, people of colour are encouraged not to do this work because of the consequences, the repercussions of actually talking about it.

But I have spent my entire life wanting to talk about it and the opportunity is here and the stories have to be told, and there are so many stories that it can paralyze you, it can actually paralyze you. So, I just want to say, you know, when I talked to my uncle, Tim Paul, this morning... he was my mentor, he's a knowledge keeper, he's a well-known Nuu-chah-nulth artist. He really helped ground me and helped bring me back to who I am and what our teachings would say. Our teachings tell us that we need to know whose land we're on.

We need to know where we are because these lands have beautiful people and beautiful teachings that actually help us learn to live and become human, and those teachings tell us to live (indiscernible), to be of good heart, good mind, all the time, to be this way. Not to bring harm to any living thing, anything. That is a way of being and so we'd ask you: think about, this is how we behave, this is how we live every day.

So, we would ask you to think to live in a way that honours where you're at because that is what is sustaining you. And we have to recognize that it's— we're all connected. “Hishuk ish tsawalk” is our Nuu-chah-nulth term for “everything is connected.” It's relational, it's reciprocal, it's the core value of who we are.

We recognized that, and it was Chief Bobby Joe that said as a keynote years ago, and that was so profound for me at the time. He said “colonization isn't just an injustice to us as Indigenous people, it's an injustice to everyone, and we need to start to see that what is done to us is done to everyone.”

And this work is critical, it's at our doorstep, it's calling all of us to do it, it's not the work of people of colour, it's all of us, we're all here, and I can't do it for you, you know. It's something that you have to take upon yourself, it requires vulnerability, the willingness to put yourself out there to do the hard work of listening to learn to be empathetic, to become an ally. It really begins with self, it doesn't begin anywhere else, it doesn't begin with the chief and counsel, or with your professor, you know.

I can help, we can help, this is our job, is to facilitate knowledge, but then it becomes your own responsibility. I was in a conference call once and one of the elders said, she's like “you're either an Indigenizer or a colonizer,” and I don't necessarily apply that, but you know for me it was so profound.

And I... because I don't want to draw binaries, but I want us to think about maybe perhaps where we stand, and I have a number of resources and so hopefully that we can share those resources because it's the resources that have helped me along my journey. One of them is the National Film Board “We Will Stand Up.” That was gut wrenching and super paralyzing, it is about Colten Boushie, it's... yeah, that's a starting point. “Colonized Classrooms: Racism, Trauma and Resistance in Post-secondary Education” by Sheila Cote-Meek.

“Me and White Supremacy: Combat Racism, Change the World, and Become a Good Ancestor” by Layla Saad and “How to Be an Antiracist” by Ibram X. Kendi and Resmaa’s book “My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies.” He does a podcast with Krista Tippett. I encourage you to listen to that as well. And a book by Desmond Cole, a recent book, 2020: “The Skin We're In: A Year of Black Resistance and Power” and finally, Robin DiAngelo's “White Fragility.” Also “In Plain Sight,” the report on health care, specifically on health care.

And UVIC has just released, and I haven't had an opportunity to read it myself, but it's called “Challenging Racist ‘British Columbia’: 150 Years and Counting” and that's likely something you might find on the website, if not I can forward the PDF, but really in a nutshell, that's where I'm at with respect to understanding racism as it exists in its entirety, but how it also is killing Indigenous people, whether it's in the hands of healthcare providers, or police, or

civilians. I don't think we can isolate those, but we can definitely say that Indigenous people continue to experience discrimination and racism at the doors of health care... you know, the hospital, the office, so on and so forth.

So, and it's particularly... it's obvious in 2020 and during the pandemic—sorry—like that there has been an increase, and we can just go to those people I've named, to see Chantel Moore, wellness check, Sarah Morrison, arriving to the hospital and being turned away and her baby dying, and these are all within that short period or this year of the pandemic, but I'm gonna say that I think we're gonna expect it to get worse before it gets better, so I would ask you all to think about what part are we gonna play to create the change that is necessary so (saying goodbye in Indigenous language).

**Joanne Moores:**

Thank you Dawn, that was courageous and thank you for sharing that with us. That was where— that was the discussion that we needed to have or that was part of— that was such a critical part of the discussion that we needed to have today, so I really want to acknowledge you for the courage to bring that forward. So last but not least, Kiera, would you like to...

**Kiera Ladner:**

Sorry, I was muted. We should all be over those faux pas. Is that sharing my screen?

**Joanne Moores:**

Yes.

**Kiera Ladner:**

Excellent. (Kiera saying hello in Indigenous language). It's great to be here today. I come from you from Treaty One lands in Winnipeg, where we sit at the forks of a lot of people's territory, so it's a... and woke up with snow today, so very different experience than many across the country.

I want to also acknowledge where I come from. I come from... my family comes from Saskatchewan. I come from a land of Okimaw Ohci with ties to Cypress Hills and Nekaneet First Nation and as the introduction said, I share land with Troy because I stopped to see where I grew up, which is now his aunt and uncle's farm, so it's nice to see those connections always, and so I pay tribute to that, and to those ancestors on whose lands I walk today.

I want to talk just a couple minutes on political determinism but then I'm going to switch to talk about that health issue that is so far on our minds today, that is why we're all in our houses and that's COVID. Political determinism to health, as I've talked about in several articles over the years, one on MMIWG and political determinants of why we have... why women go missing and women are murdered, which I wrote I think 15 years ago or 14 years ago—it seems like a long... a lifetime ago—and then the political determinants of health and healthcare.

That I looked at really the political system and how the political system really impacts health and health outcomes and just general well-being, and I think that that's really what I concentrated on is... is that that idea of people's wellness and well-being. So we have political determinants, the band council system, we have under funding, we have a legacy of policies which were really meant to do nothing more than provide a literal genocide towards Indigenous peoples.

We have the current realities of jurisdictional footballs, we have systemic racism, we have conditions on reserves, we have the legacy of colonialism and need I go on? And the outcome of that is the stats that came out yesterday on COVID in Manitoba were sitting at in five communities with over 31 percent test positivity rate in Northern Manitoba, in two different regions with multiple communities.

We have a 12 percent test positivity rate on-reserve. We have a 4 percent test positivity of First Nations off-reserve, and we have an overall provincial rate of I think 3 percent. You can see that political determinants of health are very much part of the issue that we see with the pandemic, and I got involved in this project almost a year ago.

A colleague of mine was working on a weekly survey of COVID impacts dealing mostly with newcomers and Canadians, and we expanded that and got a CIHR grant, looking at the differentiated impacts of COVID on Indigenous peoples and newcomers in Canada, the US, and Mexico, and Jonathan is also part of this. I just want to recognize the partners that funded us and that we do this work with—and my screen doesn't want to go forward.

Lori Wilkinson is a co-applicant on this, Jack Jedwab from Association for Canadian Studies, and this is who we do this research with. I'm not a stats person. I don't do survey research, so what I'm going to present is really not in my wheelhouse, but I'll get to, really my part of this research at the end. But I thought I'd share some of the results that we've come off of in our first two surveys.

We're doing six to eight surveys over 12 months followed by some qualitative interviews and surveys with First Nations, refugees, and other peoples in Canada, the US, and Mexico. Most of our interviews or most of our work with Indigenous people in Mexico will be face to face. Just our first sample that was October with 7,800 respondents on an online survey about the impacts of COVID.

Our second survey, which is still in the field, with 4,100 respondents, and I must say just reiterate, this is still in the field, and it is in the field because we are over sampling for Indigenous people, newcomers and other racialized minorities and we did not get the sampling of Indigenous peoples that we needed so it is still in the field and I'll present on some stats from this but really incomplete stats so I just want to reiterate that this is in process.

The research questions that we asked on this project, I'll let you just go back and read, they're also available on our website and I'll put that up at the end. There's a couple really interesting parts that we can raise out of the data that we've pulled so far. And I think that it's really interesting to take a look at issues of government trust and this is on our survey

which is out, which is not complete. The non-Indigenous sampling is complete, but the Indigenous sampling is incomplete.

And what it shows that by and large we have not extremely significant, but still a significant distrust in government compared to non-Indigenous people. This is really telling when we go from region to region, and here I picked up on two. One is trust in Indigenous governments, now this is trust in band councils in British Columbia versus trust in band councils in the prairie region.

I want to go into this at some point in turn and time because I wonder if this data is also significant for two parts. One, we have a number of communities in British Columbia that are self-governing, we've also had a government in British Columbia that has seemed to work more consistently with Indigenous people and there's been a higher vaccination rate and a higher working with Indigenous communities.

So I'd really like to get into the data on this but of course that will wait until we get into our qualitative research. One of the big features that we've talked about in our research is vaccination, and intentions for vaccinations. And what we see here is in October to March we see some change in intention for a vaccination and, just to note, remember this is not a complete listing, but I think it's vaccine intent or vaccine decision making, as I think we should call it, not "vaccine hesitancy," but "vaccine decision making" really shows a difference between Indigenous and non-Indigenous people.

That gap is lessening in some ways, but that gap is actually quite significant in other ways, and the reasons why there's differences in vaccine hesitancy or vaccine decision making is quite significant in on a couple fronts. Here, we see Canada and the US vaccine hesitancy or vaccine decision making, and this is based upon our October survey.

And it's interesting because if we put Indigenous people versus non-Indigenous people, and this is based upon coding of an open-ended question on the survey, we start to see that very different rationale comes up for many people we have less of an issue of anti-vaxing or religious reasons. Instead, we have political reasons, a lack of trust in government, we have issues of misinformation, but we also have this idea of being too rushed, but in that category, that too rushed, also contains comments, and it was an open-ended comment question, where we have comments that it's too rushed.

"We do not know about the negative results," "I do not want to be a test subject," and this equivalent or this relating of test subjectivity to experiments that were done on Indigenous people on both sides of the borders for many years during the residential school era and beyond.

And so, I think that we have to look at some of the histories in order to understand this vaccine hesitancy, and that vaccine hesitancy is very much related back to political determinants and health, and that would be systemic racism, jurisdictional footfalls, policies that included experiments on children in residential schools. We also see a lot of misinformation, but I can maybe answer some questions on that.

That data is really prepared by one of our RAs, Avery and my apologies that my slides keep going back. I'm not sure why. My own interests as a— I'm a political scientist. I do

constitutional law and politics, I really don't do data, but my own interests in this have always been about community sovereignty.

So, in doing this work I'm more interested in looking at narratives of how Indigenous communities on all three borders have taken up their sovereignty and their jurisdiction, looking at how this has had an impact on communities' ability to deal with COVID, both in terms of social and economic indicators as well as issues of health in general. And how have governments, other governments reacted to Indigenous communities taking up this jurisdiction?

I want to bring up one case in point here: Peguis First Nation. Peguis First Nation, located north of Winnipeg... interesting community history in terms of Winnipeg, but what has been really fascinating is that Peguis has exercised what I would call, and I'm increasingly calling, stealth sovereignty, coming out of the Native Nations Institute and other scholars there, the scholars that also work on data sovereignty.

But the whole issue of stealth sovereignty and exercise of self-sovereignty from the start. Peguis, without any approval, without any communication with the federal government or the provincial government, put up roadblocks almost immediately, disconnecting their community from all infection. Peguis has not followed Manitoba guidelines or federal guidelines on health.

They have gone their own way and they have presented what are really the health guidelines in health, public health indicators and public health guidelines for their own, in terms of their own sovereignty and for their own citizens. This meant that Peguis citizens could go home for Christmas, and they could have family gatherings for Christmas, this was raised—huge hoopla by the province—our premier, MLAs all reacted so negatively about this, “how can Peguis open up its borders and allow extended family and students to come home for Christmas?”

Peguis said that it was within their own rights in their own jurisdiction to do so. They designated dates, they designated process, and they were supported by both ministers, CIRNAC, as well as Indigenous Services, both Marc Miller and Carolyn Bennett, who commented widely that they had the right to do so, that they were not under provincial guidelines for health measures.

This has been really startling for some communities, and this has been really startling for some provinces. So unlike what has happened at Peguis, where the province has kind of acquiesced, we have communities such as Tsilhqot'in or Chilcotin that have fought tooth and nail for rights recognition, and jurisdiction recognition, and territory recognition in BC, won a supreme court case upheld—upholding their rights in 2014.

Yet, even last week, they were fighting with the RCMP because the RCMP refused to uphold Tsilhqot'in laws and policies that were in place, restricting access to community, and restricting access to territory. And so, we have rising up, as I say in point three, jurisdictional issues that have become these jurisdictional issues or this jurisdictional football has become increasingly a matter of a political determinant of health and well-being on reserve and also off-reserve.

I want to leave off with something that comes from my territory, Treaty Six. Treaty Six includes two clauses, as well as others, that are really important to considerations on thinking about COVID and determinants of health, and that is the treaty contains provision for medicine chests on every reserve or health care. This is taken up by so many to be a treaty right to health care, so when you hear that, most people think back to Treaty Six is establishing those rights.

Treaty Four and Seven also have some discussion, although it doesn't appear in the Crown's copy of the treaty. Funny that—the crown didn't put everything that it promised on its paper. We also have a clause of pestilence and starvation—that the crown will provide assistance during times of pestilence and starvation. And if there was ever a pestilence, it is now.

That clause came in because Treaty number Six was signed in a time of a massive pandemic of smallpox and so that pestilence and starvation clause was there right from the beginning, and so there's some treaty rights that have to be discussed. And we see that in terms of how governments are responding and in some of the federal response in the last few days about the army coming into Northern communities to assist in vaccination.

And so we have the army going into twenty-three communities— 100,000 shots in the next 100 days and we'll see what happens. So, just thank you. I'm sorry I went overtime. I've just listed our website there for the COVID Impacts Project [[covidimpacts.ca](http://covidimpacts.ca)]. You can find me online, just Google me and I'd be very happy to discuss this project or just generally political determinants of health and thank you to the organizers and to the other speakers. It's been an honour.

### Joanne Moores:

Great, thank you so much, Dr. Ladner. Yeah, so we are out of time, but I don't regret anything, I think that these were three wonderful presentations that brought different aspects of this discussion on political determinants of health very effectively into the space and... I especially appreciate the way that you wrapped this up, Dr. Ladner, by looking at this stealth sovereignty and bringing forward these ways in which self-determination is being asserted during this COVID pandemic.

And many different pieces of our history are being revealed in different ways... in the way that different institutions and communities are reacting to the current crisis and, you know, I would have loved to have a discussion about where we are sort of at this very point in time where we have issues of systemic racism really coming to the fore and we at the same time we also have issues of, or we have examples of different communities like the Peguis community that you mentioned asserting sovereignty and I think that's actually happened in many communities in Ontario as well with the roadblocks and the controlling of who's coming in and out during the pandemic.

But we are at the end of our time today and I want to respect that for you and for all the people that are participating. So, good news though, we have recorded this session, and we are planning to have a web page which we will endeavour to let all of our participants and speakers know how to get to this page and we'll also take some of the links and the information that you left in case anybody wants to follow up on specific points, so.



Thank you so much for taking the time to come and have this discussion with us today. We really appreciate it on behalf of everybody at the Department of Political Science and the University of Guelph. Miigwech! Thank you so much.

Dawn Smith:

Thank you.

Joanne Moores:

Have a great rest of the day.

Kiera Ladner:

Thank you!

Jonathan Dewar:

Thanks!

[End of Transcript]