iCON-VCH Indigenous Health Round – Nov. 27, 2024:
From Cultural Genocide to Cultural Safety

Speaker: Derek K. Thompson - *Čaabaťʼ Bookwilla*
Moderator: Dr. Kendall Ho

https://youtu.be/dotmtFl-xu8

Kendall: Thank you very much everyone for joining. This is our Vancouver Coastal Health Indigenous and iCON Health Round. And many of you are really old friends that you've been joining us for many times, also, many of you are new friends. And so we want to welcome you to this Indigenous Health Round. My name is Kendall Ho. I'm moderating this session today. And I would first like to acknowledge that this session today is occurring on the shared unceded, ancestral and traditional homelands of the Musqueam, Squamish, and Tsleil-Waututh Nations. I myself today is actually joining you from a different territory. I'm very fortunate to be in the land of Australia. I like to therefore begin also by acknowledging the traditional owners of the land here in Australia. I'm calling in from The Gadigal of the Eora Nation as the traditional custodian of the place, today, we call Sydney, Australia. And I'd like to join folks here and to pay respects to the people, the culture and the elders, past and presence on this land as we are also acknowledging this round being in Vancouver and in the British Columbia together. Very exciting today, we are very fortunate to have Derek Thompson, Čaabaťʼ Bookwilla from the Ditidaht First Nation, 1 of 14 Nuuchahnulth communities along the west coast of Vancouver Island. Derek, my sincere apologies for not pronouncing the names right. And I look forward to having you teaching me further on that. And we're also very fortunate to have our knowledge keeper and speaker Shane Pointe from the Musqueam first nations joining us today and he will be beginning the session with an opening prayer. And also, we'll be introducing Derek when times come for the discussion. And so maybe at this time, let me hand the time over to Shane, Shane. Thank you so much for delivering our open prayer. Let me hand time back over to you.

Shane: Thank you, sir. [opening prayer]. In the chant, I'm asking the infinite to please open all of your hearts and your minds to the Snuw'uyulh, the teachings that you're going to hear, asking that you listen carefully to the questions and most importantly, the answers. And I'm also asking the infinite to please lift up your spirits, to help them to be strong. Thank you. Thank you. Thank you.

Kendall: Wonderful. Thank you very much. really appreciate this, Shane. So, I'd like to first do a couple of housekeeping things. First is just to remind everybody that this session is recorded as we have done so for many previous sessions so that we can preserve these learnings so folks can revisit and also many are watching these videos. This session overview, also to remind all of you that we really appreciate the question and answers and dialogues and please use the Q & A and also the chat as well. We will have the formal part of presentation in which is a question-and-answer dialogue and interview form and then we'll go to all your questions. So please at any time, if you have any questions, please use the Q & A function to do that. I'd like to acknowledge that this round is organized with the Vancouver Physician Staff Association, the Engaging Physicians and Indigenous Health Cultural Safety Task group. There's a group of members there. I won't go through the name now, but perhaps a little bit later on, we will, but really appreciate all our colleagues working together to organize these rounds including today, being able to invite Derek Thompson to join us. We are also very grateful for the foundational support of the B.C. Ministry of Health, Patients and Partners Initiative. with whom we've developed a long-standing relationship over the past 10 years on this and the government is committed to the truth and reconciliation process. And in this work, Ministry of Health continue to address recommendations from the TRC of Canada, call for action, and the in plain sight report. For more information, please visit patientsaspartners.ca, for any additional events and resources there. I'd like to acknowledge our partners at Vancouver Coastal Health, Indigenous Health. VCH plays a critical role in upholding the Declaration of the Rights of Indigenous Peoples Act, the truth and reconciliation commission of Canada and in implementing the 24 recommendations of the in plain sight report. And together we committed to celebrate indigenous ways of knowing and being. We also would like to acknowledge the support of the Vancouver Physician Staff Association as we work together to engage the physician community and our health professional's community together to build a more collaborative, inclusive and caring community to support the best patient care as we can deliver. Also, with the first nations Health Authority. I want to really acknowledge them joining us as part of the Planning Committee with Dr. Terry Aldred and also their commitment to work together on this area. And so with that, I'm going to now invite Shane to introduce our speaker, Derek Thompson today, Shane. Back to you.

Shane: Thank you very much, sir. To all of our friends and relatives who are here with us today. I want to say it's a great honor and a privilege for me to introduce Čaabať Bookwilla Ditidaht. I've known this young man all of his life. He's one of very few in his age group who has taken seriously his role as a hereditary leader. He knows his songs, he knows the dances, he knows the protocols. More importantly, he knows and recognizes all of those

who are a part of his genealogy. It's been a great pleasure for me to watch him grow over the past 50 years, watching him interact, not only with his family and community, but the entire Nuuchahnulth people, I've watched him support his father to the best of his ability in any moment that his father chose to stand up and say who he was. It's wonderful to know and to be a part of this today to share with you that Bookwilla take seriously the redistribution of wealth. The rattle that I use today comes from my nephew, his aunt made it for him, and I admired it one day and I didn't mean anything by it, but I admired it and Bookwilla gave it to me and that's a part of his heritage is to be generous. And I'm grateful for that. He's not only generous with me, he's generous with his siblings, his nieces, nephews, grandnieces, grandnephews, the entire nation and the Nuuchahnulth people. I look forward to supporting Bookwilla as best I can in my life to achieve his goal as someone who is a hereditary chief who redistributes wealth, wealth of the spirit, wealth of the intellect, wealth of the heart. So I want to say to all of you today: listen to his words, listen to his words. He's not merely an educated man and who he is as Bookwilla, but as well. He's an educated man in direct regards to health, our health as first nations people and the health of all people in British Columbia. He is making a contribution, which is his role as Čaabaťh. So thank you all for listening to me. Enjoy the words of the one who's gonna ask the questions and hold on to the words of the one who's going to give the answers. Bookwilla, thank you, my friends. Thank you, my relatives. Enjoy.

Kendall: Thank you. Wise words. Thank you so much. Can you hear me now? Really appreciate your wise words, Shane, and wonderful introduction. Derek. Thank you so much for joining us. I know you as senior advisor to the Faculty of Medicine, but throughout the preparation of this. I've learned so much from you. I am also very much looking forward to learning with you today. I know folks today we're going to use a session where we're going to do a bit of Q&A and questions and interviews. And so basically, I'll just be asking a short question and then we want to listen to Derek's wisdom in sharing his thoughts on those particular questions. Perhaps before I start, Derek, any kind of a few words you want to say before we kind of jump into the interview itself, maybe I want to open up a bit of space for you if you have any words of introduction that you like to say.

Derek: Yeah, thank you, Dr. Ho. It’s not lost on me just how important it is and completely respectable and relevant for my Uncle Shane to be here. And I just want to thank him from the bottom of my heart and soul for his words and for his welcome.

Kendall: Great. Thank you very much Derek. Derek, I know that you are very involved and have provided great wisdom and advice to the Faculty of Medicine and to UBC and also obviously outside of the university campus. And there are many indigenous cultural safety training initiatives happening now. And I'd love to hear your thoughts that in these training that you have observed that you yourself implement and guide in their implementation. What are some of the core principles that we should look for in them? Because as health professionals, we need to learn about cultural safety. And so what are some key principles and how do we know if these trainings are helping us as health professionals to improve our services with indigenous patients and community members. Perhaps start with that and love to start hearing your thoughts on and guidance on this.

Derek: Yeah, thank you. That is an excellent and important question. I'd like to consider first the title that I provided for this talk "From Cultural Genocide to Cultural Safety." I wasn't being flippant but rather, I am being mindful of the colonial and neo-colonial context. That's brought us to this point in the narrative between those who are from here and those who've arrived here to stay and by here, I mean, British Columbia and Canada. So genocide means any of the following acts committed with intent to destroy in whole or in part a national ethnical racial or religious group and as such A. killing members of the group; B. causing serious bodily or mentally harm to members of the group; C. deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; D. imposing measures intended to prevent births within the group; and E. forcibly transferring children in the group to another group. Cultural genocide is the intentional destruction of a culture that includes such acts as a legal and legislative effort to eradicate any and all activities of first nations indigenous cultural and spiritual ceremonies, material culture and artifacts, languages and long-standing traditions. One such effort of was the Indian residential school experience in Canada. A systematic and premeditated, hell bent endeavor to, to destroy first nations and indigenous structures and practices until there is not a single Indian in Canada that has not been absorbed into the body politic. And there is no Indian question, no Indian Department and no Indian problem, make no mistake about the intent, motive and means to terminate union people in this country. There's a systems wide approach at UBC called Inclusive excellence. And this method states that true excellence is an institution is unattainable without inclusion. And so from the specific perspective of reconciliation, one of the challenges with the word "reconciliation" just as a word is that it suggests we're repairing a once functioning relationship. I'm not sure that's what we're doing. I would suggest that we've never really had a functioning relationship. So what we need is "conciliation", the building of a functioning relationship and not repairing what is in many ways irreparable. Yet another

term in an era of truth and reconciliation is indigenization. Many of the so-called descriptive methodologies out there use a pan indigenous or a two-eye seeing approach that limit the potential for true and just transformative change, especially change that is experienced by us as indigenous peoples. And to this extent, I think it's time to get to work to really understand the unique features that define B.C. first nations, first nations in Canada, Inuit and Métis peoples and communities. And yet another term decolonization, it's a misnomer to dismantle the many forms of domination and control over an entire group of indigenous peoples, when there's all kinds of evidence of neo colonialism, including the still governmental control over first nations through the Indian Act, the bureaucratic Systems of the Department of Indian Affairs, any of the current statistics about our people in any given system, current and historical provincial and Federal Supreme Court, legal arguments regarding our rights and titles and so on. The list is never ending. Finally, cultural safety and humility, whose culture are we trying to make safe or safer? To what extent are training programs effectively coming to terms with the balance between awareness and attitude and curriculum and clinical guidelines. Regarding all of these matters, it's important to consider that a major requirement for undoing what has been done is full recognition of what has been done, any commitment to undo which leaves the “what” unspecified is an empty gesture and as such is not a commitment at all. Notably, and generally speaking, the Canadian public continues to express skepticism concerning our collective grievances with respect to our treatment, even in an era of truth and reconciliation and to this I state and with a weight of directness, it's time for Canadians to educate themselves. Nathan Rutstein was famously quoted as stating that prejudice is an emotional commitment to ignorance. And I've often refer this reference as your ignorance is an emotional commitment to prejudice and sustained ignorance is an emotional commitment to racism and discrimination. And sustain prejudice, racism and discrimination are emotional mental and maybe even spiritual commitments to beliefs that are anchored to ignorance and in turn become principles and principles that ultimately guide policy legislation and the deliberate efforts of this country to terminate Indian people. James Baldwin famously said and to quote “I don't know what most white people in this country feel. I can only conclude what they feel from the state of their institutions. I don't know if White Christians hate Negroes or not. But I know we have a Christian church which is white and a Christian church which is black. I know as Malcolm X once put it the most segregated hour in American life is high noon on Sunday. that says a great deal for me about a Christian nation. It means I can afford to trust most white Christians and I certainly cannot trust the Christian church. I don't know whether the labor unions and our bosses really hate me. That doesn't matter. But I know I am not in their unions. I don't know if the real estate lobby has anything, anything against black people. But I know the real estate lobby is keeping me in the ghetto. I don't know if the Board of Education hates black people,

but I know the textbooks they give my Children to read and the schools that we have to go to. Now, this is the evidence you want me to make an act of faith, risking myself, my wife, my woman, my sister, my children on some idealism which you assure me exists in America and which I have never seen." So if I can borrow from the greatness of James Baldwin, I can only conclude what I feel from the state of the institution in which I work. Although I'm a romantic at heart, I'm a realist by mind and I would say that we are at the starting line of a marathon that many of us have never trained for, but we're in it. So we better strengthen our resolve to attain these goals over the immediate and long term. Now, you have to appreciate that I've been leaning on this metaphor since I started working at UBC in the summer of 2021. I would say in further response to your question that there remains much more work to do in an effort to come to terms with the so-called actions to embed the work of reconciliation, cultural safety and humility, indigenization, decolonization. And it must include first nations Inuit, Métis peoples in an effort to create true understanding and efforts to implement the processes that we call cultural safety and humility.

Kendall: Thank you so much. I really appreciate it, and I love the emphasis on the principles, not just the buzzwords, like inclusive, excellence, reconciliation, and digitization and decolonization, but really, you have explained the depth of it and the nuances and also understanding the action of the states, all the institutions and the people speaks louder than an emotion of this. And so we appreciate those, those are really key principles that you've identified. Now as health professionals, we need to uphold and fulfill the legal and legislative oaths that we have swung by, for example, Hippocratic Oath and we need to fulfill them in our practices. How do we put these principles that you have spoken to in practice in indigenous cultural safety and patient care context? And we advise the faculty and in these educational programs, what are ways that you want to make sure that help professionals get it in moving these principles into action? What do you think?

Derek: Yeah, that's a really important timely and relevant question. I often think about in the context of this question, the lead up to and the resulting consequence of the death of Joyce Echaquan in the province of Quebec. This beautiful first nations woman literally recorded and documented the timing of her death as a direct result of prejudice, racism and discrimination with her mobile phone. And if you read the literal transcript of that exchange between Joyce Echaquan and the attending emergency registered nurse. and we're not talking back in, you know, mid 1800's when it was okay to hate Indians. We're talking five or six years ago in all of our lifetime. So the there's a point where she's literally

dying of a rare heart disease and the nurse is in her racist rant belittling and is completely and utterly indifferent to her need for care and health care attention, says something like "it's your own fault that you're here." How would you feel if your kids found out the attending RN is going on in this racist rant in a stereotypical fashion in what I said in my first response in complete and utter racist and in ignorance against somebody who is trying to access a health care system and has the right to access that health care system in accordance with the Canada Health Act and the Regional Provincial Health Act by virtue of her health care card. Because guess what? Her health care card proves that she's paying for that service. But this racism against indigenous first nations, Métis and Inuit peoples continues, and it continues in a cruel and painful fashion. So, racism against our people, from health professionals, people who are charged with upholding professional, ethical and legislative doctrines. So, you know, it's not enough to just say, well, I went to school, I got this degree. I graduated with honors. I got a specialty and so on and so forth. But the fact that you've signed the letter of offer, the fact that you find you've signed a Hippocratic oath, by virtue of your signature, you've agreed to take on legal and legislative doctrines to uphold your profession. So you know, if you're Joe Blow, walking down the street and you choose to be racist, who cares? There is not much consequence to it, but the balance of that, the health systems in this province and across the country have proven that there is little to no effect. There's little to no legal upshot to a health professional being racist towards our people. They often get assigned to some kind of internal process. They often take a cultural safety and humility course, so on and so forth. with almost none to little legal effect or consequence of racism against our people, right? So this only serves to worsen this experience and move it from cruel, harmful and from painful to irreparable. The implications of perpetuating racism and discrimination against indigenous peoples is that we do not want to come to terms with our sensibilities about our own white privileged Canadian identity, individually or collectively. And in the absence of meaningful redress in the cloak of your health professions will only reproduce racism marked as culturally safe and discrimination as an act of humility. Canada's history does not need to be retold, but it does need to be set to a memorial of our most sincere apologies, our greatest actions and our best efforts to redress the tenants of patient care models and of the affinity, social, political and self-determination between those who are from here and those who arrived here, and between health professionals and indigenous patients. We must not pass off impudence as reason. Bigotry is ignorance, denial is indifference, Cruelty is kindness, painful is a standard. And we all must work towards unmasking all of the cruel and painful guys that cloaks itself as unified and multicultural and as patient centered and collaborative to that of a renewal that places the past and present into an authentic sensibility of who we are and where we come from as indigenous peoples, as Canadians and as health profession.

Kendall: Thank you very much and in fact, it makes me reflect that, you know, sometimes we say it's the health system, but we really need to examine ourselves as individual health professionals, as we act, as we deliver our care, how can we self-examine to really understand what we need to do, to know. You also raised a very important issue. And that is obviously the experience of our patients, of the indigenous patients and their caregivers as they go through the health system. Derek, how can we learn from the healthcare experiences and journeys from indigenous community members? Not only, you know, as a group, but also as we encounter with them. What are some of the important insights and perspectives that we need to be mindful of as we move forward to be authentic on this journey?

Derek: Again, that's a really an important timely and relevant question. I want to first start off by saying and referencing the key word in your question and that is “authentic”. This past summer s June, I was asked to come and present to Dean, Doctor Kelleher's, the dean's executive team with Faculty medicine as part of their annual summer retreat. So I did and it was a wonderful promising, encouraging and inspiring time with the dean and the executive team. And during the course of that dialogue, there was a member of the dean's executive team that spoke quite eloquently in regard to that keyword, authentic. And part of the summary that he described as a person of the so-called marginalized member of society who is Chinese by his ancestors, and Chinese by his descendants, quite eloquently and profoundly described that in a key leadership role. as somebody who's identified with other people like himself, who is Canadian, who is Chinese, who is in a key leadership position in the health system, so on and so forth. Very profoundly described how difficult it is, the foundation of that work is to be authentic, you know, the, the bits and pieces that make up your leadership role are the job description, you know, there's a strategic plan, there's a work plan, there's all kinds of the bits and pieces that make your job obvious. The not so obvious part is what he described in terms of being authentic, that there's a limit to being his true authentic self. And I thought that's a pretty incredible thing to say. It's a very honest thing to say. And I think that's often missed or lost or I don't know how to describe it on non-indigenous folks who are in these roles within the health system that above and beyond trying to provide this much needed service to our people, that there's a limit enough to be your true authentic self. And when I think about that, I often think about our people in their journey within the health care system and their experiences. I think about the people that I come from, the Nuuchahnulth people that I come from, the community that I come from. When we think about that, I think about in relation to our material culture of

Nuuchahnulth people. So creating beautiful things is only a small part of who we are. And the beauty is only a reflection of the respect we have for our inheritance, for our culture and our value as us people, as real living human beings. We make things because things need to be made. And outside of these kinds of spaces, our treasures are often danced and worn and used as tools to uphold our sovereignty, our title. and most of all our sacred roles and responsibilities and creation. So if you think about it, about 13.8 billion years ago, a cumulative effect of particles no bigger than a grain of sand ignited, what we now know as the Big Bang. There's a Nuuchahnulth rattle in a muse somewhere and it's a carving of a Raven and in the mouth of its beak is a red circular object about the size of a marble. And it represents our milky way galaxy. On the back of the raven are two large killer whales, and under the belly of the raven are two superhuman figures and they're each holding a similar red circular object. It's a beautiful round and it's used to call upon our ancestors, our čɛʔa, our Yakwiimit. Our čɛʔa are our ancestors that we knew in life, and they're now gone. Our Yakwiimit are our ancestors that we never knew in life, but we know we're connected to them, our čɛʔa, Yakwiimit to come and be with us, to be seated with us, to dignify us in the work we are to do. So if the red circular object in the raven's beak is our galaxy, then what are the other four circular objects? What's the Raven? What are the two killer whales and the two superhuman figures? When we sing our ancient prayer chants, when we show our masks and headdresses, we invoke the spirits of our ancestors. We are literally collapsing time. The Nuuchahnulth have been anchored to a fixed geography for a few 1000 years. And our oldest known origin stories hold epic allegories of us coming from no place else in the world. We are literally from the west coast of Vancouver Island from Brooks Peninsula in the north to point, no point in the south and all of the shoreline and land eastward is combined in Nuuchahnulth territory. So the unique combination of who we are and where we come from, created a well-defined hierarchy, responsive in every way to perpetuate our political, cultural, social, economical and academic institutions and enacted through rich expressions of ancient songs, intricately and highly stylized masks and headdresses of supernatural beings, and an impressive capacity to orate history a long time ago. In the time before time, a legendary super woman cried for four eternities and through her grief, she created the first Kuu-as real living human being. There are about 400 billion stars in our galaxy and there are about two trillion galaxies in the observable universe. The Charles have only ever adhered to living our way of life in our part of the world. All the while acknowledging that we are inextricably connected with all living things here and beyond, and we call this [inaudible 41:04]. So we come from one root, but we're also aware that we are limited by the simplicity of being human, often driven by the desire for greed, ego and loathing. The Nuuchahnulth people understand that the story of the universe is our story, that our time here on earth is brief within the space time continue. All of life is fleeting and that darkness is infinite. And perhaps that's why the superhuman woman cried for four

eternities. We Nuuchahnulth accept that we are collectively a single grain of sand within the formidable expanse in the arrow of time. So if we think about the question, how can we learn from the health care experiences and journeys from indigenous community members and what are important insights and perspectives that we need to be mindful of? I think it's important to reflect, to consider, to mull over, to think about, to dream about just the complete unique and expanse of the individual and collective richness of the people that we generally identify as B.C. first nations. And that we more generally identify as first nations from Canada. And then above that, we identify as indigenous peoples. So way before anybody showed up on our shores, pre-contact, we have been developing this long-standing hierarchy whether it was social, political, cultural, economical or otherwise. And that evolution was drastically and expedited interrupted. And we find ourselves today an era of truth and reconciliation trying to establish or re-establish the so-called relationship between those who are from here and those who arrived here. So I think it's important to be mindful of that, there were rich and complex cultures prior to contact and the people in front of you as a health professional today in 2024 come from that richness.

Kendall: Wow, amazing. Derek. You make me really think deeply about the word mindful. And also thank you so much for taking the time to explain the depth of the culture, the thinking, the hierarchy. And really, there's so much for us to learn to be more and more mindful as we go forward. Let me invite the crowd, we will be momentarily opening it up. I may have one more question for Derek. We welcome your thoughts and questions you may have for Derek or comments that you have. And also, I was struck by one point that Derek made and that is there are times where health professionals feel limited in being the true, authentic self in practice. And I welcome folks around the table, have you experienced those moments? And perhaps would you be interested in sharing those moments that you feel? And so really welcome the audience thoughts. You are very welcomed to put your comments on to the chat so that we'll also share it. And then we really have a good dialogue together on this. Derek. Perhaps we talked about the fact that, you know, it's important for us to learn and help professionals to change our attitude, our knowledge. But how do we know that our health system and our professionals have improved on delivering culturally safe care? What some of the things that will be important for us to understand and observe and act. And perhaps, you know, as an academic, I am very trapped in my thinking, you know, are there ways to, are there metrics or evaluation frameworks to measure this cultural safety piece or should we think in that framework, or do we think differently? Again, welcome your wisdom on that.

Derek: Yeah, I think that's a very important question and it's certainly a question that I asked prior to coming into my role with UBC. So before I started working here with the Faculty of Medicine, I was the Director of Health for Ts'ewulhtun Health Center with Cowichan Tribes situated in Duncan in the Cowichan Valley on Vancouver Island. And I was there for about seven years, and you know, the makings of the so-called cultural safety and humility movement were really starting to shape in that time. And to me, no matter what was out there, I always had the same question. Well, how do you measure that? How do you measure when somebody is culturally safe and what culture are you measuring their actions against? How do you know when somebody is being humble? How do you know when it's an act of humility? So in the evolution of cultural safety and humility, I turned to my mom. My mom is just absolutely graceful. She's highly intelligent and just is completely generous of every aspect of her behavior. Her name is Maude Thompson. My mom was not only a survivor of the Indian residential school experience in Canada, she was a survivor of two Indian residential schools when she was four. She was four years old. She was sent to the Saint Michael's Union Residential School in Alert Bay. And about four years later, she was shipped off to the Alberni Indian Residential school where she stayed until she was about 16. And not long after that, just when she turned 17, she gave birth to me. So my mom in recent years, as she's progressed in age, she's had some definite health challenges with her knee, her hip, her thyroid, so on and so forth. And I laugh every time because anytime she ran into some kind of a health challenge, her foundational grievance was that it just sucks getting old. And so I often played a sort of an advocacy role for whether it was her family physician, whether it was a specialty appointment or a trip to the ER, or a hospital visit. I would make sure that she actually went and make sure that she was receiving the standard of care promised to her, not so much as an indigenous person or as a first nation person, but as a British Columbian, as a Canadian. Because guess what, Her B.C. health care card provides a level of certainty that provides access to care that is unfettered of prejudice and discrimination because as a British Columbian person who's carrying a B.C. health care card, that service that she's accessing is paid for. The fact that she's first nations doesn't mean that it's free. So it goes back to my original response to your question that sustained ignorance, sustained racism and discrimination becomes part of your belief system. And that belief system then creates the stereotypes. One of those stereotypes says, well, all Indians gets everything for free. That's not true. So anytime a B.C. first nations individual with a B.C health care card access some kind of B.C. health care service, that service is paid for, in federal health transfer dollars, it's not free. So I think it's important always to consider the context that's brought us to this era of truth and reconciliation. So you have to question, I think you always have to question, why are we here? Why do we need cultural safety and humility? Why do we need in plain sight? Why do we need truth and reconciliation? Well, this country is on a deliberate effort, whether you

like it or not, know it or not, acknowledge it or not. This country and its elected governments, its elected officials have put us on a trajectory, a legal and legislative trajectory to establish, to re-establish, to reconcile to concile the relationship between first nations and indigenous peoples and Canadians. So I think it's important, it's an important foundational context we're here because we've committed to these processes So, I think aside of that, as far as I know, not many institutions, organization systems have begun to figure out how do we create the frameworks, the metrics, the measurement tools to determine, to ascertain whether we're reaching that mark or whether we need to do more work. The Doctors of B.C. is the only organization that I know of because I've been contacted by them, they are currently developing an evaluation framework in the context of cultural safety and humility. So I think it's important to balance what is awareness and attitude and what is curriculum, what clinical guidelines or health regulatory kind of legislation that is set and for health professionals to follow. So I think we're early on in the game. I think by this time next year, I'd like to be invited back to talk about that. But I just think that we're quite literally at the beginning of that journey to figure out how do we measure these types of processes.

Kendall: Oh, fantastic, Derek. Well, I got out of it. I think one key tenant is that, you know, all indigenous community members should and expect to receive the standard of care promised to them as a B.C. and as Canadian. And I think you add something really important and that they also have the level of certainty of being able to receive that care when they need it. It's not just receiving it but the certainty that it will be there. I think that's such a powerful concept for us to grasp. And so framework need to measure that from individual attitudes to curriculum and learning to health regulation etc. that all points towards that.

Derek: Yeah, absolutely. I think it's important for health professionals and generally the Canadian public to come to terms with the fact that this country has committed to and upheld many legislative commitments including the United Nations Declaration on the rights of indigenous peoples to reconciliation commitments, 94 calls to actions so on and so forth. We're in this journey and there's no room really, there's no space or opportunity for the naysayers to say, well, that's bunk. So you don't get to hold on to those long-standing racist prejudice, discriminatory beliefs that you once held against Indian people in this country. That's not gonna happen. And there are gonna be people like me, and other people like me in the indigenous community and our co-conspirators in the non-indigenous communities that are gonna start calling out those naysayers especially in health systems

to say there's no room for that. And if that's not enough for you to believe, if you don't believe me as a first nations man, then talk to Chinese people in this country. You don't believe me, go talk to Japanese people. You don't believe me, go talk to black people. You don't believe me, go talk to Jewish people. You don't believe me, go talk to Hindu people, Pakistani people who've arrived in this country and made themselves Canadian and are proud to be Canadian. So, you know, if you don't believe me, fine, you're not gonna make or break my day whether you believe me or not, but there's all kinds of evidence, not just against indigenous peoples, but other minority groupings of people who have come to this country who have faced similar if not more horrific onslaught of oppression, assimilation, racism, discrimination in this country, right? So I think there needs to be an effort from this point forward. And you know, if reconciliation means anything, it's that we're holding the pen for the narrative, I get to write the story. So 50 years, 100 years from now, you know, I'm writing about truth and reconciliation, or people are writing about truth and reconciliation. You know, do you want me to write -- Well, we tried reconciliation. Most Canadians remained indifferent and there wasn't a whole lot of effort so on and so forth already, or do you want us to write -- Wow, we've really made some inroads, we've really brought about transformative change. We've really brought about reconciliation and truth telling in the systems that we now operate. Well, the answer is obvious, right? I just think that if we're to elevate the principles, the efforts, the strategies, the plans, the commitments. That work seems to me to be less of a cost than the cost of perpetuating racism. Thank you there.

Kendall: Let's open up for some questions before we do. There are a few poll questions. I know that folks, some of you may have to leave at one o'clock. And so really appreciate you being here. This round goes to 1:30. And I welcome folks filling up those poll questions as we start moving into the Q & A session. Lots of great comments again. Thank you so much for the audience members to do land Acknowledgments. I see a lot of that. I appreciate that the first comment came from Summer. Thank you very much at 12:21 p.m. If you guys want to scroll with me back to that, if you choose. Derek, Summer was saying that true change needs to be accountable for language and lack of indigenous perspective in acknowledging the current narratives. And I think she was really resonating with what you were saying at that particular point. Any additional comments you have on those particular comments, Derek?

Derek: No, I think it's important to always keep that in mind, right? It’s important to consider and prioritize what's at the forefront, what's important in this work. And I think individually that if we consider these kinds of things and reflect on these kinds of things

within this work that we call in an era to reconciliation, then that becomes a collective kind of energy. Tt's kind of drawing on the basic law of physics, right? You can't, you can create an energy, but you can't undo it. So if you were to use that energy, if enough people are creating the energy, and putting their hearts and souls and their best of intentions into it, then that's the energy we want to create.

Kendall: Thank you. Benson, thanks for your comment at 12:26. What could the return of sovereignty and governance of health care to first nations Metis and Inuit look like? How can health authorities participate in such a process for that return of sovereignty and governance? What do you think?

Derek: Yeah, I think to a certain extent each of the regional health authorities are, if I'm not mistaken, each of the RHAs in the province has appointed a key senior leadership position and those key senior leadership positions in Indigenous Health have begun or are continuing to develop teams of people to bring about transformative change within each of those health systems. I know, for certain that the RHAs have a partnership accord with the First Nations Health Authority and the First Nations Health Council. So I think if you compare that to about 2008, 2009, none of the regional health authorities in 2009 had aboriginal health as part of their existing mandate. So in our lifetime, right, so we've gone, I think in a very concise time period from having aboriginal health is not a priority to these now existing partnerships with the FNH A in the province, I think is a marker of success and a marker of momentum that we need to build on.

Kendall: Excellent. Thank you and I appreciate it. I think Christine, thanks for sharing some resources including reflexive practice and the non-indigenous clinician researcher working with aboriginal people by Rick and Wilson. That's at 12:36 folks. If you want to roll back and look there and also thank you also very much for sharing the paper about relationship centered care. And that's at 12:50. Here's Derek, Leia's question. What about formalizing an indigenous advisory committee alongside the Health Authority collaboratively developed to help hold the health authority accountable for that measurement of cultural safety. What do you think about those suggestions? And also you know, in B.C., there's a uniqueness of First Nations authority also, and how do you see that suggestion that they are made in thinking about achieving that sovereignty and attaining that standard?

Derek: Yeah, I think as long as that sovereignty applies to all British Columbians, right? I think what's unique about B.C. First Nations approach is that although we've been quite deliberate in our effort to reach and define some semblance of self-determination in our communities, that we're also critically aware that the folks who've arrived here, either as colonial settlers or new settlers, it looks like you guys are here to stay. There are all kinds of evidence that those folks aren't going anywhere. So we've been cognizant of the fact that we want a relationship that is based on reciprocity. We want a relationship that is based on elevating our health status to that of the average British Columbia. So there's all kinds of evidence now that that points to the past and linking that past to our current health status and we broaden that health status with the defining of the social determinants of health. So I think we're now in an era where we can elevate all of that work that provides those types and levels of services that not only meet the needs of our community but meet the needs of the average British Columbian. So if you look at Island Health as an example, Island Health's vision statement says something like excellent health and care for everyone everywhere every time. So if you're to live up to your vision and the mission and the principles embedded within that vision and mission, then it seems to me that we're not that far off the mark from meeting the needs of first nations and Indigenous peoples and arguably not that far off the mark from meeting the needs of the average British Columbian. So I think health systems like the regional health authorities and the leadership within are certainly cognizant of that. And I think that's why they've tried to build capacity around indigenous health or first nations health. So I think we're quite literally at the beginning of that marathon and I certainly have some hope and confidence that we will, you know, midway through the marathon be where we need to be as opposed to being behind the mark. And not ahead of the mark, but right where we need to be.

Kendall: Thank you, Derek, I welcome you after the rounds, certainly look through the comments. There are many comments, thanking you for sharing your wisdom, for really sharing the background. And many folks are very happy that we are able to have recorded the session that some of them would actually want to look through it again. For sure. and also spread the word. Chelsea made a comment 12:59 that he left a quote, saying that there's no true reconciliation without a changed action. I thought that really speaks well to the theme of this. and also the fact that, you know, we need to take action on making those changes. I also struck with Derek; you said this phrase a couple of times now in our lifetime. And I imagine that's a signal of change, a change in our lifetime that something is happening and taking action. Welcome your thoughts about, you know, in our lifetime, taking that change. And how do you see that dynamic moving forward?

Derek: Yeah, I think that's an important marker, right? If you think about, I was having a conversation a couple of weeks ago in my role as Director of Indigenous Engagement with the UBC Faculty of Medicine. So the UBC Faculty of Medicine is preparing to celebrate its 75th anniversary as the Faculty of Medicine. So in 1950 they quite literally started the U BC Faculty of Medicine in 75 years. it's become one of the leading faculties to create medical doctors in the world. And I was asked to be a part of that process, and you know, ask what are your thoughts about that? And I said, oh, my thinking is that it's important to celebrate. But I also think it's important to acknowledge that celebration in the context of the faculty's commitments to truth and reconciliation. Right? So in June of 2021 the UBC Faculty of Medicine made a formal apology for its part in the oppression and assimilation of BC first nations and indigenous peoples. And they made the reconcile plans and strategies to come to terms with the 94 calls to actions and its part in truth and reconciliation. So my take on it was well, if you're gonna celebrate, do that, you should celebrate that. That's a monumental consideration. But it needs to be acknowledged that that celebration came at a cost, and it came with privileges because in 1950 most, if not all of the residential schools in this province were still operating. Both my parents, my mom and my dad were in an Indian residential school when the UBC Faculty Medicine was created. And in the first couple, maybe three decades of the faculty of medicine, Indian people were denied access to be a student, to be a medical doctor, so on and so forth. There's, there's all kinds of racist discriminatory implications there to consider. But if you're gonna celebrate, acknowledge that celebration came with privileges, right? So I always think it's important that there's a duality, there's a tension, there's a tug of war. And I think, well, if you're gonna get in a tug of war, one's always gonna win, one's always gonna be the strongest. So if you find that you're in that tension, then I think it needs to come to a compromise and just drop the rope, drop the rope and start really enacting and livening, breathing life into the principles that we call truth and reconciliation. And that, you know, 75 years from now as we celebrate the 70 150th anniversary of the Faculty of Medicine, we then get to say we have, you know, x many indigenous or first nations doctors that we've graduated since we really were true to our commitment, right? So I just think it's important to consider that you can get stuck in the past and focus on the past and really anchor yourself to all things in the past. But if you do that, you don't move very far. And I think it's important for us to be cognizant of the present, the work we're doing now and the contributions we can make individually and collectively.

Kendall: Wonderful. Elizabeth, thanks for your comment at 1:05. I would like to see in the future some orientation or on boarding that is mandatory for all employees in B.C. to be

educated through our first nations communities. Do you see evidence of that, Derek? And do you see how perhaps that, especially on boarding and you know, participating in the health system that this can be mandatory, your thoughts.

Derek: Yeah, absolutely. As an example within the UBC Faculty of Medicine, we have UBC 23-24, right? So it's a requirement for all medical doctors' students to participate in UBC 23-24. And this is a program and curriculum intended to provide the context that I talked about in the last hour and a half about the relationship between indigenous and BC first nations and British Columbian Canadians. I think more broadly, each of the regional health authorities are designing or have designing and continue to implement some kind of cultural safety and humility program or a curriculum. The Provincial Health Services Authority continues to provide its San'yas program and evolve it over time. You could throw a rock in the air these days and find some kind of facilitator and cultural safety and humility so on and so forth. But I think it's incumbent on all of us. Whether you're a health professional or not to really start thinking about what it means to be a Canadian, what it means to be a British Columbian. I have a sister by oath. She's a beautiful, wonderful, intelligent human being. Her name is Maya Nakajima and she's a Japanese Canadian. And she has a beautiful daughter named Sophie and she's in kindergarten. And I love Sophie to pieces. And I consider her my niece. A couple weeks ago, Maya sent me a video of Sophie this beautiful little kindergartner singing a coast sailor song that she learned in kindergarten as they were learning to plant trees. And I just think, you know, it brought me to tears to listen to this beautiful little Sophie singing this beautiful co sailor song in an effort to come to terms with the so-called relationship between those who are from here and those who arrived here. So, you know, if you do that, if we were able to predict that Sophie is gonna become a doctor someday, she sat on the right course. And I just think that all of us have the opportunity to be Sophie despite your age and your circumstance or you can hold on to long held stereotypes, and racist beliefs about Indian people. It's up to you. I'm not here to change anybody or convince anybody. What I do know is that this country has committed legally and legislatively the effort to, to rewrite the relationship between indigenous peoples and Canadians.

Kendall: Thank you, Derek. I do apologize to the crowd, my lack of skills as a moderator. I forgot to look at the questions in the Q & A. In fact, there are many excellent questions there. I'll try to get through them. Derek is my fault on that. These are some really good questions for sure. How do you address efforts to dilute or whitewash the racial principles

of cultural safety that you and others like Dr. Ransom are advocating for? What do you think when you face those challenges?

Derek: Yeah, I think it's important to acknowledge that the overarching effort or efforts plural is there, right? A couple of years ago in the last couple of years. As an example, I was invited to work with a person named Dr. Sarah Jassemi who works at BC Children's Hospital in pediatric care. She brought together a group of folks to work on a social justice curriculum, specific to indigenous people and indigenous health. And I thought, that's kind of an amazing thing to do because she's taking what's an overarching commitment and making it specific to her role as a pediatric doctor. So she's actioning what is an overarching general commitment and grounding it, anchoring it specific to her role and the people that she works with. And more importantly, the children that she works with who are mostly indigenous. So I think there needs to be a real effort within the faculty, within health systems to take what are overarching commitments, strategies, apologies and to say, how can I make that mind? How can I make it relevant to my role? How can I make it relevant to my work and how can I make it relevant to the health of first nations people, indigenous people?

Kendall: Thank you. At 12:50, land acknowledgments are set at most medical meetings and functions. however, they tend to be more performative rather than transformative. Do you have any advice on how to meaningfully incorporate land Acknowledgments into meetings such as these or health professionals' meetings?

Derek: Yeah, you need to start inviting my uncle Shane Pointe your meetings. That's something I grapple with all of the time. I often think that the so-called land acknowledgements are at the very minimum, a good place to start, right? But it shouldn't be the only place you arrive at. So if you look at the context, the historical context of this province and of this country, I'm reminded of when I was Director of Health with Cowichan Tribes. We at one point hosted the Island Health Board of Directors at the Health Center and they were there for the day. They had their meeting, we fed them, we gave them a tour of the health center and the community so on and so forth. It was a good day. And at the end of the day, we were outside our health center. It was a warm sunny day, and we were arranging ourselves for a photo opportunity. And while we were doing that, one of the board of directors was talking to me and we were, we were looking towards the city of Duncan and she asked me, Derek, how much of this is Cowichan Tribes territory? And I looked at her

and said, what are you talking about? All of it is Cowichan Tribes territory. You're the guest here. It's not the other way around. What happened was a very aggressive onslaught of oppression and assimilation to segregate Indians to Indian Reserves. And so I always think in, at least in that exact moment, there's not only a, an ignorance of who we are as Cowichan Tribes people, but there's a complete ignorance of who you are as a British Columbian. So many, arguably, if not all of the existing municipalities in the province of British Columbia, including the city of Vancouver was created because you segregated Indians to Indian Reserves. That's a true British Columbia and Canada historical fact, all of the first nations in this province were moved from their so-called traditional territories to where they are now in Federal Crown Indian Reserves. Why? To make way for white people so that white people could set up camp and white people could buy cheap or free land and set up the very municipalities that we know today across the province. So if you're gonna do land acknowledgement, I always think it's important. Well, what about yours? Don't just acknowledge the first nation, acknowledge Vancouver. I live in Vancouver in Kitsilano, and I could throw a rock and hit Macdonald Street, three blocks down from Macdonald Street is Trutch. Trutch was an Indian agent that sold most of the Indian crown land to the white millionaires and the Musqueam people won a Supreme court case called Grun. So I always think it's important to know and understand and study and research the context. So if, you're in a given first nation territory, well, what's the history of the non-first nations? So how did they get here? And why aren't we acknowledging that history?

Kendall: Excellent. Again, thinking about not just say the words but the understanding behind it. And then what action would be good to take that forward? Sarah, thanks for your comment at 12:50 in the Q & A, "I'm an indigenous social worker in a hospital setting and I chair our social worker-specific indigenous cultural safety group. The group was open to learning but it's exhausting to try lead by example for other members of larger teams. apart from taking cultural safety courses. Do you have any recommendations how to engage other health professionals to appreciate the specific needs and experience of indigenous patients and families? And genuinely curious how to get that buy in from other team members. What do you think there?

Derek: Yeah. To me that's not just an important question. I think it's the question. As part of my work here with UBC, I've created a program called the Indigenous Speaker series and that was created in November of 2021. And my first guest was Chief Wayne Christian. And this was following the very first National Day for Truth and Reconciliation. So the government formalized September 30th as an annual National Day for Truth and

Reconciliation. And in that year, the Prime Minister skipped out on the first National Day for Truth and Reconciliation, and he was holidaying in Tofino. And this despite him being invited by Chief Casimir of the Kamloops Indian Band to attend a ceremony on September 30th in Kamloops because just that spring, the Kamloops Indian Band announced the 215 grave sites at the former site of the Kamloops Indian residential school. So following that news, a lot of people internally were asking me, hey, Derek, what do you think about the Prime Minister skipping out on the first National day for truth and reconciliation? And I thought, well, who cares what I think. I wanna know what Chief Casimir thinks and I wanna know what Chief Christian thinks. So I invited them. Chief Casimir was supposed to attend but she didn't because there was flooding in her region at that time. But Chief Christian showed up and it was an amazing conversation. And I've been hosting a speaker every month in the academic year ever since. And since then, I've hosted speaker just this past spring, I hosted President Natan Obed of the National Inuit Organization. I've hosted Paul Chartrand, former Commission for the Royal Commission on Aboriginal peoples. Joanne, I've hosted in December 2022. Who's the senior lead for Community services, British Columbia. But there's a wealth of information because all of those engagements are recorded. But each of those speakers have provided some input into that question about the experience when our people access some kind of health service, whether it's emergency hospital or otherwise that I think people need to tap into. So in January of next year 2025, I'm hosting my mom, Maude Thompson for a couple hours in January of 2025 as part of the speaker series because my mom has had some definite health challenges as I mentioned earlier. But my mom as a survivor of the Indian residential school experience will tell you that she has a really hard time with people physically handling her, physically touching her and an even harder time if those health professionals are white people and that's not because she's racist or she has anything against white people. It's because of her experience as a child in an Indian residential school. So I just think it's important to consider what are the nuances? What's the minutia that defines not so much the person that's in front of us that we're trying to help as a patient. But what does it say about us? What does it say about me as a health professional? What does it say about me as a British Columbian? What does it say about me as a Canadian? What does it say about me as a human being of the person that I'm trying to help? So I think it's really important to really reflect on and bring into these conversations, the patient experience voice. We had an excellent conversation this summer with Dwayne Jackson and his daughter Cooper. I often think those types of conversations need to be heard so that we can breathe life into some semblance of humanity as we engage between the patient, and some kind of health professional.

Kendall: Well, thank you there. I think we'll have to, unfortunately, we'll have to stop there. Despite the fact that there are many excellent continuing questions that has come. And again, let me immediately acknowledge my shortcoming in not getting to all the questions and also missing Q & A. So my apologies to the audience. But Derek thank you so much for your excellent, excellent teaching today and the wisdom that you share. For the audience, we're gonna post a link on the Q & A. We love to get your feedback. Anything that we miss doing, you know, things that you can help us to, to learn more and to make these rounds relevant for you and for our learnings, it will be very important. And I do want to acknowledge first that Derek thank you so much for taking this time. Also having Shane here. I also want to now acknowledge our VPSA, the engaging physicians and indigenous cultural safety task group. Without this group, we wouldn't have come to this round, and we want to thank the membership: Dr. Terry Aldred, Cathy Almost, Dr. Susan Burgess, Dr. Sylva Fink, Cooper Jackson, Dr. Janella Lee, Sherry Mercer, elder Gilda Morgan, Dr. Jay Slater, Dr. Shannon Turvey. I really appreciate this group coming up with the ideas and moving these rounds for such as the one that you heard. And I really want to acknowledge Betsy Leimbigler, Alex Fung, and Puloma Gupta for organizing these rounds. And so Derek, I'm gonna end with the words that you've inspired us, that in our lifetime, we need to make this commitment, not only to be performative, but actually to perform with action, to move ideas and principles into action. Yes, we at the end of the day need to work together and learn from the indigenous community to create this true cultural safety and support our patients, Indigenous patients get the standard of care that they need. Derek. Thank you very much on behalf of everyone. Really appreciate your time and again, thank you very much everyone for your participation. Looking forward to seeing you next time. Oh, Derek, one last thing, could you make available your series of speaker series? Are they available for participation? If so, we love to share it with this group so that they can also participate, especially listen to your mom in January.

Derek: I just put the link in there.

Kendall: Fantastic. Yep, folks. Thank you very much. Have a wonderful day and thank you very much again for joining us. See you next time. Bye everyone.