



2022 Advance Briefing

Saturday, June 11, 2022



overview

Skin disease continues to be a health crisis among Indigenous communities in Canada—a visible example of ongoing health inequalities.

After a year in which the brutal realities of Canada's colonial and racist history have been laid bare by the discovery of many unmarked graves at the sites of residential schools, the second annual **Indigenous Skin Spectrum Summit** is more important than ever when addressing the inequities and challenges faced by Indigenous people in Canada in accessing healthcare.

excess mortality

Life expectancy among Indigenous people in Canada is significantly lower than among the non-Indigenous population—by as much as 15 years, in the case of Inuit men. But First Nations, Inuit and Métis men and women all have shorter life expectancies than the general population.

These results stem from centuries of discrimination and unequal treatment and are among the ongoing effects of colonization on Indigenous people in Canada, according to a report released in Oct. 2021 by Statistics Canada.

“The impact of colonization has been internationally identified as a unique and fundamental social determinant of Indigenous health linked to all other health inequities of Indigenous people,” stated the report. “Also, the process of colonization has resulted in ongoing and entrenched racism against Indigenous peoples, which significantly affects their health and well-being, cutting across the social determinants of health and impacting access to education, housing, food security and employment, and permeating societal systems and institutions, including the health care, child welfare and criminal justice systems.”

Indigenous people are far more prone to die from chronic disease or violence, the report showed.

“First Nations people’s excess mortality, compared with their non-Indigenous counterparts, was caused by deaths from diabetes, heart diseases, chronic liver disease and cirrhosis, unintentional injuries, and intentional injuries (suicide and assault),” it stated.

northern communities

A 2018 report from the Public Health Agency of Canada showed that the rate of tuberculosis among Inuit people in Canada is more than 290 times higher than among non-Indigenous people.

“Half (52%) of all Nunavut residents live in social housing, often under overcrowded conditions,” the report stated. “Many experience food insecurity, with food prices in Nunavut that are twice those in southern Canada. Sixty per cent of Nunavut residents smoke. Challenges in health care delivery include the small, isolated communities, with few roads and difficult weather conditions during the long winters, which impede the ability to reach or provide healthcare, staff that arrive with little TB experience or cultural knowledge, multiple competing health care demands, limited resources and high staff turnover. The housing shortage is not only a social determinant of health, it also impacts the ability to hire new staff or mount an effective response in the event of an outbreak.”



According to the 2016 Canadian census, there were 1,673,780 Indigenous people in Canada as of that year, or 4.9% of the Canadian population. This included 977,230 First Nations people, 587,545 Métis and 65,025 Inuit.

Indigenous communities score much lower on the government's Community Well-Being (CWB) Index, which measures socioeconomic well-being in education, labour force activity, income and housing.

“In 2016, the average CWB score for First Nations communities was 19.1 points lower than the average score for non-Indigenous communities, which is similar in size to the CWB gap observed in 1981 (19.5 points),” stated a report from Indigenous Services Canada.

These effects are felt especially acutely among Indigenous peoples living on reserves in remote northern parts of the country. Rates of suicide, infant mortality, chronic and infectious diseases—including skin diseases—are particularly high in these communities.



As Dr. Rachel Asiniwasis—who will be chairing this year's summit—told delegates at the inaugural Indigenous Skin Spectrum Summit in March 2021, skin diseases are an epidemic in the remote northern communities in Saskatchewan that she serves.

“When you consider barriers unique to these remote populations—such as poor access to and inflated costs for basic skin care products needed for the fundamentals of bathing and moisturizing—and add environmental issues such as water restrictions and crowded housing, you end up with a potential disaster, and that's what we're seeing on these reserves,” she said.

Since that first Summit, the reality of the ongoing discrimination against Indigenous peoples and the horrifying history of colonialism have been made brutally clear to the Canadian public consciousness.

On May 28, 2021, two months after last year's conference, the unmarked graves of 215 Indigenous children were discovered at the site of a former residential school in Kamloops, British Columbia. During the following year, thousands more unmarked graves were found at residential school sites in B.C., Alberta, Saskatchewan, and Manitoba, including 751 unmarked graves at a residential school site in Marieval, Sask. Searches of other residential school sites across the country are ongoing, with thousands more graves expected to be uncovered.

The first church-run residential school opened in Canada in 1831. Over the next 165 years, more than 150,000 First Nations, Inuit and Metis children were forcibly seized from their families and made to attend the schools. The last federally-funded school, the Gordon Residential School in Saskatchewan, remained open until 1996.



According to Canada's National Centre for Truth and Reconciliation (NCTR), at least 4,127 children are known to have been lost to the residential school system, and more than 38,000 were subjected to physical or sexual abuse. Thousands more are still missing and unaccounted for.

The Truth and Reconciliation Commission of Canada (TRC)—which ran from 2008 until 2015—concluded that residential schools were “a systematic, government-sponsored attempt to destroy Aboriginal cultures and languages and to assimilate Aboriginal peoples so that they no longer existed as distinct peoples.” The TRC described this as a clear attempt at “cultural genocide.”

The effects are ongoing, according to the NCTR.

“The schools hurt the children. The schools also hurt their families and their communities. Children were deprived of healthy examples of love and respect. The distinct cultures, traditions, languages, and knowledge systems of First Nations, Inuit and Métis peoples were eroded by forced assimilation. The damages inflicted by Residential Schools continue to this day.”

The racism of the residential school system continues to be perpetuated against Indigenous people in Canada's healthcare system today. After ER staff in B.C. hospitals were caught playing a game where they guessed the blood alcohol content of Indigenous patients, the provincial government commissioned a report that was released in Feb. 2021. The report, titled In Plain Sight, found a healthcare system rife with anti-Indigenous racism.

“A picture is presented of a B.C. health care system with widespread systemic racism against Indigenous peoples,” stated the report. “This racism results in a range of negative impacts, harm, and even death. The review also found that this widespread racism has long been known by many within the health care system, including those in positions of authority, and is widely acknowledged by many who work in the system.”

And the coroner who conducted an inquiry in Oct. 2021 into the death of Indigenous woman Joyce Echaquan concluded she would still be alive if she were white. Echaquan was admitted to hospital in Quebec in Sept. 2020 with stomach pains. She was insulted by hospital staff who said she was “stupid as hell” had “made bad choices” and was “only good for sex.” She died after going into cardiac arrest following the administration of morphine against her will.

Such attitudes are ongoing in the Ontario healthcare system, according to a report released in May 2022 by the Wabano Centre for Aboriginal Health and the Ottawa Aboriginal Coalition. It examined eyewitness accounts from more than 200 Indigenous people who received healthcare in Ontario's Champlain region.

The report made clear that a majority of Indigenous patients felt that racism affected the healthcare they received:

- 76% of participants felt they could have received better service if they were able to hide their Indigenous identity
- 26% of all reported incidents of anti-Indigenous racism also included one or more types of discrimination based on gender, sexual orientation, age, or disability
- 78% reported that they sometimes or always experience anti-Indigenous racism in the healthcare system
- 59% felt their experiences of racism and discrimination had negatively impacted their physical well-being
- 73% felt their experiences of racism and discrimination had negatively impacted their mental well-being

The report provides numerous examples of medical staff referring to Indigenous patients as stupid, as addicts and as thinking “they own the country.”



“Non-Indigenous health care providers working in hospital emergency departments and maternity wards especially, in paramedic services, and in community settings like clinics view Indigenous people as racially inferior; diseased, addicted, and mentally unwell; a burden; angry and aggressive; and bad parents,” the Wabano Centre said in a statement that accompanied the release of the report.

The Wabano Centre said that hospitals are particular problems for anti-Indigenous racism.

“Startlingly, the highest frequency of both overt and covert racism, negative stereotypes, and discrimination in the region occurs in hospital emergency departments and maternity wards (70.8% in Ottawa and 65.2% in rural communities), followed by community health clinic settings and paramedics,” said the Centre.

The statement called on Ontario's political parties to commit to enacting substantial change to address the racism and discrimination in the healthcare system shown by the report.

"Collectively, the findings clearly show that discrimination and racism are real and a part of everyday interactions with health professionals working in clinics, hospitals, social service referral agencies, and paramedic services within the region," said Mikki Adams, a member of the Ottawa Aboriginal Coalition. "This is absolutely unacceptable."

meeting agenda

Saturday, June 11, 2022 10:00am EDT | 8:00am MDT | 7:00am PDT

10:00am **Welcome & Learning Objectives**
Dr. Rachel Asiniwasis (*Conference Co-Chair*)

10:10am **Closing the Gap: Indigenous Dermatology in Australia**
Dr. Dana Slape (*Indigenous dermatologist, Australia*)

10:35am **Building a Priority Population Focused Dermatology Workforce**
Dr. Rachel Pugh (*Australia*)

10:45am **Review of Indigenous Dermatology in Canada**
Dr. Rachel Asiniwasis & Trisha Campbell

11:05am **Historical Context of Indigenous Health in Canada**
Dr. A. Blair Stonechild

11:15am **Treatment of Skin Conditions by Indigenous Peoples Prior to Colonization**
Dr. Marni Wiseman & Jonah Perlmutter
Sponsored by Pfizer

11:30am **Dermatology Basics for Richly Pigmented Skin Types**
Dr. Renée A. Beach

11:40am **Dermatologic Disease in North American Indigenous Peoples: A Systematic Scoping Review**
Dr. Rachel Asiniwasis

12:00pm **NIHB Coverage for Skin Conditions**
Andrea Brewer (*BSP, ACPR, CD, Indigenous pharmacist*)

12:15pm **Panel Discussion Part 1**

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12:30pm	Cases and Challenges in Remote Indigenous Communities Dr. Rachel Asiniwasis
12:50pm	The Role of Nurse Practitioners: Experience in a Remote and Northern Indigenous Community Rachel Johnson (<i>RN(NP), BScN, MN</i>)
1:05pm	Atopic Diseases and Barriers to Care in the Northwest Territories: Clinical Experience from an Allergist-Immunologist Dr. Kun Tian (<i>MD, FRCPC</i>)
1:20pm	US Experience in Teledermatology: Alaskan Indigenous Communities Dr. Anna Chacon (<i>MD, FAAD</i>)
1:35pm	Panel Discussion Part 2
1:50pm	Wound Healing for Indigenous Patients Dr. Gary Sibbald (<i>Conference Co-Chair</i>)
	Indigenous Dermatology: The Next Generation A section for Indigenous and allied students and residents to present on topics in North American Indigenous health
2:05pm	Diabetic Skin Complications in N.A. Indigenous Peoples Dr. Jordanna Roesler (<i>UBC Dermatology Resident</i>)
2:15pm	Photodermatoses in North American Indigenous Peoples Dr. Gregory Kost (<i>USask Dermatology Resident</i>)
2:25pm	Panel Discussion Part 3
2:35pm	Conclusion & Looking Ahead Dr. Rachel Asiniwasis

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