

COVID-19

INFORMATION IS MEDICINE

A resource for front-line health care staff



Hoti ts'eeda
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Government of
Northwest Territories



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Understanding the past can help us provide better care today

The COVID-19 pandemic is like nothing the world has ever seen.

In the Northwest Territories (NWT), front-line health-care staff are working hard to provide the best service they can to residents across the territory in a challenging environment.

Everyone is doing their best to cope, follow new protocols and requirements, and still provide good quality care in an environment of increased stress, fear, and anxiety.

For many Indigenous clients, there is more to this story than the fear and anxiety we all feel right now. There is a history of suffering, separation, death, and broken trust that we need to understand.

By listening with empathy, and providing information and care in a way that is sensitive to past and current trauma, we can make a real difference in how the NWT overcomes this pandemic. When we trust clients' experience and knowledge, we can work with them to find culturally-safe ways to protect public health.

Learning is healing

Cultural safety is...

What happens when an Indigenous person feels safe and respected, free of racism and discrimination, when they are accessing health and social programs and services.

We cannot change the past, but we can recognize how it has affected people and use that understanding to provide better care today.

During a pandemic, public health measures are especially strict. These measures can feel very similar to things that have happened to Indigenous people or their families in the past. This can make them feel culturally unsafe. It can even trigger additional anger, fear, or anxiety that may be hard to understand.

In some cases, it may be harder for health-care staff to gain the trust of clients and to help do what is needed to keep the client, their families, and their communities safe. For example:

- Having to isolate outside of a client's home community may trigger memories of people being taken away for other illnesses such as tuberculosis, and never returning.
- Being told to stay away from other people is the opposite of Indigenous ways of being and coping.
- Not being informed about illness in the community could trigger memories of lack of assistance and information from government and health authorities in past epidemics.

Did you know?



Indigenous people remember many past experiences of illness and disease in the NWT: influenza outbreaks, tuberculosis, and illness and disease at residential schools.

Some of these events were devastating to the families and communities of current clients, and bear some painful parallels to COVID-19. They also resulted in the loss of Elders, who were knowledge holders and often traditional healers. Because of this, cultural practices and knowledge were not passed down, contributing to a shift in belief systems.

In 1928, the
Mackenzie Valley
INFLUENZA EPIDEMIC
killed more than 600
Indigenous people
within months

During the summer of 1928, the Hudson's Bay Company's supply ship SS Distributor made its annual trip down the Mackenzie River, and spread a particularly virulent strain of influenza among the local Dene and Inuvialuit along the way.

Because Indigenous peoples had no acquired immunity, the spread was quick and deadly. An estimated 600 Indigenous people died, about 10-15% of each village. However, this estimate may be lower than the actual rate of mortality due to lack of documentation. In some remote camps the impact was far worse, and stories have been told of places where no one was left to bury the dead.

Communities lost their leaders.

Families were wiped out.

Children were orphaned and suffered the physical and mental effects of the disease for the rest of their lives.

TUBERCULOSIS has devastated Indigenous communities for decades

Tuberculosis (TB) came to Canada with European settlers in the 1700s and had devastating effects on Indigenous communities across the country. However, due to the remoteness of NWT communities, contact with settlers came later. The Dene and Inuvialuit were first exposed in the late 1800s and early 1900s.

Between 1937 and 1941, TB was found in some parts of the NWT at a rate **14 times the national average**, and pneumonia at a rate of more than double the average. TB death rates among children in residential schools were as high as **8,000 deaths per 100,000 children**. Until as recently as the late 1960s, TB patients were removed from their families and sent to sanatoriums in the south where many received poor care and some were abused at the hands of health care staff.

There are stories of patients not being allowed to say goodbye to families before being sent south. Often, when a TB patient died in the south, the family was not notified, and the dead were buried by the government in a southern cemetery. Some children were placed in residential schools while their parents were in hospital.

Before effective treatments for TB were developed, patients could be away for years, and many were never seen again.

A history of inequality, segregation, and racism

When engaging with Indigenous clients, it is important to remember that historically, the federal and territorial governments have:

- Taken control over almost every aspect of Indigenous peoples' lives, often in aggressive and authoritarian ways, imposing many rules and restrictions without consent;
- Provided more and better care for the non-Indigenous settler population;
- Maintained segregated “Indian hospitals” from the 1940s to the late 1970s;
- Imposed health measures without asking Indigenous peoples what they want or need;
- Delivered care based on racist views of illness and disease among Indigenous peoples;
- Created the conditions for illness and disease to spread; and,
- Responded slowly, if at all, to health crises in Indigenous communities.

A history of inequality, segregation, and racism

As a result of a legacy of colonialism in Canada, Indigenous peoples suffer disproportionate health inequities compared to the non-Indigenous population. These inequities vary between regions and communities but include:

- Higher rates of chronic disease (including physical and mental wellness concerns);
- Higher rates of poverty;
- Overcrowded housing; and,
- Lower levels of education and income.

Unfortunately, the health care system is also a source of inequity and distrust for Indigenous peoples due to an array of complex barriers. Some examples include:

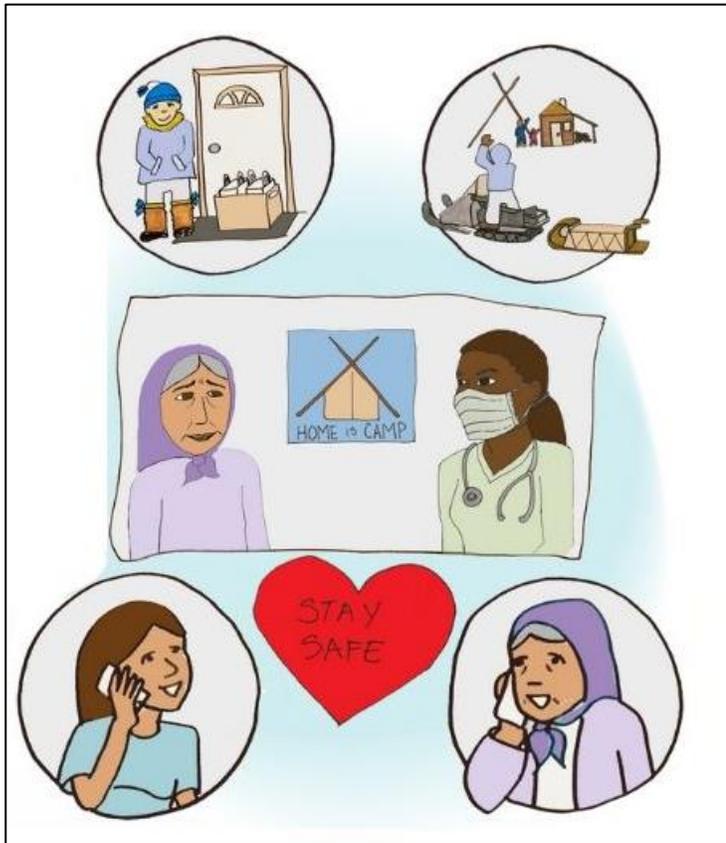
- Transient medical staff in the NWT;
- Unequal distribution of health services (centralized in Yellowknife/regional centres/Edmonton);
- Women having to leave their community for childbirth; and,
- Experiences of stereotypes and racism in the delivery of health services.

Taken together, inequities place Indigenous people and communities at increased risk for communicable diseases such as COVID-19.

Strong peoples, strong traditions

The Indigenous peoples of the NWT are resilient and draw strength from their cultures, knowledges, and traditions.

- Indigenous families and communities in the NWT have always taken care of each other.
- Indigenous nations remain sovereign nations in their own right.
- Indigenous peoples had their own medical practices and knowledges pre-contact, and continue to use cultural knowledge and medicine today.
- Dene, Métis, and Inuvialuit peoples used their culture and knowledge to deal with past epidemics, for example, by going on the land in smaller family units.



During COVID-19

What can I do
to deliver
culturally-safe
care?

The COVID-19 pandemic is creating increased stress and anxiety for all of us. But even in these difficult times, we have the ability to significantly improve NWT Indigenous clients' experience and outcomes.

What can I do to deliver culturally-safe care?

LEARN more about the health-related history of Indigenous peoples

- Check out one of the resources listed in this handout.
- Ask someone who knows about it.

BECOME AWARE of your own worldview and assumptions

- Learn to recognize and challenge your own assumptions and judgments about people and situations.
- Take a moment to ask yourself:
 - How does my life experience, training, and worldview influence the way I am understanding and dealing with this situation?
 - How is that different than what my client might be experiencing?
 - What might I be missing, or not understand?

RESPECT the knowledge, experience and autonomy of each client

- Take the time to explain what you are doing and why.
- Help clients stay in control of their health choices.
- Ask clients what they need and what they want to do. Consider options collaboratively.

What can I do to deliver culturally-safe care?

SET THE STAGE for calm, positive interactions

- Smile.
- Say something welcoming and positive (e.g. *“I am glad you came in, today.”*; *“It is good you came in to see us.”*).
- Try to keep a warm, steady tone of voice, even though you may be feeling stressed or anxious yourself.
- Remain calm and patient when reminding people of COVID-19 measures (e.g. using sanitizers, masks, etc.).

Give people PHYSICAL AND EMOTIONAL SPACE, if needed

- Be sensitive to potential past personal or family trauma.
- Watch for signs someone may be feeling uncomfortable.
- Ask non-judgmental questions (e.g. *“Is this okay with you?”*; *“Would you like me to give you a few minutes?”*).
- Don't press or pressure people for information.
- Allow pauses and be comfortable with silence.

What can I do to deliver culturally-safe care?

DON'T TAKE the reactions of others **PERSONALLY** and be compassionate

- Remember that each person's words and actions are usually a reflection of their own experience, not a judgment on your competency or character.
- Be aware that regardless of your intention, your words or actions, or what you represent, can still impact a client and trigger a reaction.
- Listen to client experiences and validate their feelings. Use language that describes what you are observing or paraphrase what a client is telling you, to show understanding without judgment. (e.g. *"It sounds like that was very frustrating/upsetting for you."*; *"So if I understand correctly, you feel like you are getting different information from different people and it is confusing, is that right?"*)
- When you feel like defending yourself, refocus by asking what you can do to help.

ACCEPT that you are playing a part in a longer process of **RECONCILIATION**

- There is no simple way to repair the trust that has been damaged over generations.
- You can only do your best to contribute to a longer process of rebuilding that relationship.
- You may not see the benefit of your efforts right away.

What can I do to deliver culturally-safe care?

Maintain healthy and safe
personal **BOUNDARIES**

- As always, take care of your own safety and wellness.
- Recognize if you are not in a good state to deal with a client and seek support from a colleague.
- Recognize when someone crosses the line into harassment or abusive behaviour and take appropriate action.

Interested in learning more?

NEWS CLIPS

[Dene filmmaker recalls NWTs first flu outbreak as COVID-19 rears](#) (News/North)

[Dene Nation seeks formal apology for TB treatment in 'Indian hospitals'](#) (CBC)

SHORT INFORMATION PIECES

[TB and Aboriginal people](#) (Canadian Public Health Association)

NWT Tuberculosis Manual, [Chapter 14 – History of TB in the NWT](#) (2014)

[NWT historic timeline](#) (Prince of Wales Northern Heritage Centre)

[The Sahtu into the 20th Century](#) (Sahtu Renewable Resources Board)

[150 Acts of Reconciliation](#) (Crystal Fraser and Sara Komarnisky)

BOOKS

[*We Remember the Coming of the White Man: Dene Elders tell the history of their times*](#) by Elizabeth Yakeleya & Sarah Simon et al, edited by Sarah Stewart

[*As Long as this Land Shall Last: A History of Treaty 8 and Treaty 11, 1870-1939*](#) by René Fumoleau

[*Truth and Reconciliation Commission findings*](#)



Mahsi !