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Decolonization the what, why and how: A treaties on Indigenous nursing knowledge

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Decolonization the what, why and how: A treaties on Indigenous nursing knowledge

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First, I acknowledge all of the Indigenous Peoples known as the original descendants, traditional right holders, and custodians, as well as their historical relations, to the lands upon which we live and benefit, still to this day. Specifically, I want to offer my respect and honor our *kíhtêhayak*—the Old Ones, Knowledge Holders, Elders, and the children of the past, the present, and the future, for they hold the memories and the traditions and the hopes of all Indigenous Peoples across Turtle Island. I pay special tribute to my own ancestral beginnings, the traditional unceded and occupied territories of Beaver Lake Cree Nation and my grandmother, Marianne Bearskin, and her children, my mother Elma Bourque Bearskin who gave me life and shaped how I live in the world today, and in the everydayness of my nursing work, and my children who have helped me to journey through a life of caring, healing, and love. My family comes from the lands known as *amiskosâkahikan nêhiyaw peyakôskân, ostêsimâwoyasiwêwin nikitwâsik* Beaver Lake Cree Nation, Treaty 6 Where the original signatories to the Medicine Chest Clause scripted their rights, titles, and privileges into the agreements with the British Crown in 1876. This health clause is one of the first health policies in Canada to influence the ethnogenesis of the Canadian Healthcare System as a Treaty Right to Healthcare (Craft & Lebihan, 2021). Finally, I provide a special tribute to the traditional and unceded and occupied traditional territories of Tk'emlups, to Secwepemc where I have lived and worked for the past 5 years.

In 2020, it was through an invitation to the International Caring Conference at the University of Victoria where I first met Peggy

Chinn, a tireless, passionate advocate of neutralizing power and privilege in nursing, and founder of the Overdue Reckoning of Nursing collaborative. It was during this first encounter that I was enticed to join her and other nurses who were finally openly addressing racism and normalizing this conversation by naming the tension and consequences. It is this group of leaders that I want to thank for inviting me to join this panel on Decolonization: The What? How? Why?

Intentionally, the purpose of this paper is to address questions surrounding decolonizing nursing, and this has led me to think more deeply about the impact of colonization on myself, my family, my community, and my nation, especially when I believe that nursing service aims to alleviate suffering, but I observe the truth that colonial acts of healthcare continue to contribute to the syndemic suffering of Indigenous Peoples in Canada (Stephans, 2020). These philosophical nursing discussions provoke me to draw on my own experience as a Cree/Métis woman, mother, auntie, and nurse, leaving me to question my role, purpose, and responsibility to interrupt racism while being a good human being. I pull from my own Cree/Métis ontological and epistemological points of reference, where knowledge is deeply connected to the experiences of colonization of the land, and the ensuing and related historical trauma intertwined with questions of identity, displacement, equity, power, privilege, and decolonization. These themes are articulated from my own wretched yet colorful experience, woven together and presented as my own bundle of knowledge.

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I had the privilege and honor to introduce 'What is decolonization?', to talk about truth and reconciliation, and to ask what you can do and what we can do together. Looking back, I see where we started historically, I see that our nursing education did not inform us of the nursing history in this country, and I see where we are now. So, what is colonization? In a basic sense, it's a process that can be described as establishing foreign control over targeted territories of people for the purposes of extraction and cultivation of resources, often through establishing colonies the foreigners themselves settling on the stolen lands (Battiste, 2013). Colonization is referred to as a large-scale movement that takes place under the false pretense of protectionism under colonial structures referred to as colonialism (Alfred, 2009). Colonization is directly related to growing inequities of Indigenous health and early death of Indigenous Peoples, such as the case of Joyce <https://www.cbc.ca/news/canada/montreal/joyce-echaquan-systemic-racism-quebec-government-1.6196038> and Brian <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3832555/> and Keegan <https://www.fnha.ca/about/news-and-events/news/remembering-keegan> to name just a few of the recent and most publicly-profiled cases in Canada. Further to this, Dr. Rupa Marya delivered a presentation at the Bioengineer Conference that highlights the impact of colonization in biological terms, and the influences of systems domination from a socioecological view. She concludes that the end result is trauma on the body, ultimately causing generalized inflammation. We know and can see the trauma intensifying daily in the increasing numbers of chronic diseases, such as cancer and diabetes, and Marya identifies the 'error of inflammation and the impact of social stressors' in her book *Inflamed Deep Medicine and the Anatomy of Social Injustice*: <https://blogs.bmj.com/medical-humanities/2021/09/28/inflamed-deep-medicine-and-the-anatomy-of-injustice-2/>.

Along with my understanding and interpretations of DiAngelo (2011), I think colonialism is really about white systems built on white supremacy expressed in many ways and outcomes, but it is white fragility that I am forced to contend with on a daily basis when discussing Indigenous health rights in nursing. As Tuhiwai Smith (2006) explained, 'western knowledge and science are 'beneficiaries' of the colonization of Indigenous Peoples' (p. 92). Colonizing knowledges has led to increased feelings of isolation, voicelessness and disconnection from identity, land, culture and economic poverties. Consequently, when we think or talk about colonization, we have to also think and talk about what decolonization means. Decolonization refers to that process of deconstructing those colonial ideologies of ownership, superiority, white privilege and western thought (McFarlane & Schabus, 2017).

On the one hand, decolonization involves a dismantling of structures that perpetuate the status quo, and on the other hand, it involves the acknowledgment, valuing, and revitalizing of Indigenous knowledge (Battiste, 2013). From Secwepemc (the land of Secwepemc), Arthur Manuel, <https://www.theglobeandmail.com/news/british-columbia/bc-aboriginal-leader-arthur-manuel-fought-tirelessly-for-rights/article33679268/> a United Nations leader, is well-known, for his advocacy on Indigenous rights within the context of colonization and discusses how decolonization can support the

repatriation and rematriation of Indigenous knowledges. It is really about the return of the land (Manuel, 2018) and 'Affirming further that all doctrines, policies, and practices base on or advocating superiority of peoples or individuals on the basis of national origin or racial, religious, ethnic or cultural difference are racist, scientifically false, legally invalid, morally condemnable and socially unjust' (United Nations, 2008; p. 3). When we think about that, what does that mean? For many people, returning the land is a difficult concept to understand let alone admitting that the foundation of the Canadian state is built on principles of genocide.

For purposes of clarity, a rethinking of possible questions might help us to understand the meaning carried within the United Nations Declarations on the Rights of Indigenous Peoples. The questions that I think about are: What factors contribute to and sustain oppression? What is your truth about colonization? About decolonization? How does it align with my truth? What will you do to reconcile towards a collective truth? How do we achieve epistemic justice to reduce epistemic exploitation and avoid epistemic appropriation and epistemicide. These are some of the key questions that require deep analyses conducted within processes of critical deconstruction and decolonization of meaning and lived experiences.

To understand how systemic racism works to sustain the oppression of colonization; we have to go back to the founding principles and beliefs of this country we call Canada. I am unsure if there remain any reasonable arguments against the claim that these foundations are deeply rooted in attitudes of white supremacy. We can still see those attitudes in present-day governmental and institutional relationships with Indigenous Peoples, where legislative forms and agreements continue to govern and dictate Indigenous Peoples' lives and well-being.

A good example, the Indian Act continues to represent the most difficult legislation to recognize or counter, particularly because it is perpetuated by institutions and lower levels of governments that do not understand that this policy, as the oldest, sexist, and most racist regulations existing in Canada today, was used to 'kill the Indian in the Child' (Milloy, 1999). <https://www.thecanadianencyclopedia.ca/en/article/indian-act#:~:text=The%20Indian%20Act%20is%20the,obligations%20to%20First%20Nations%20peoples> Still, many nursing students, including my own children, are left questioning their own understanding and wondering, in anguish, about how they were to reconcile 'taking the 'Indian' out of the Nurse' (Kennedy et al., 2021; p 2).

Nurses are very familiar with the health inequities in Indigenous populations and call for a new frontier, an avant-garde of nursing practice (Drummond, 2004) to bring back actions needed to address this health burden labeled as the legacy of Canada's colonization. Advancing Indigenous health knowledge and wellness practices offers a timely and irreplaceable opportunity for the resurgence of local traditional knowledges to help nurses move beyond the limits of Western healthcare systems. If Indigenous nurses were provided options to consider, and actively and safely explore the significance of Indigenous knowledge, their deeper understanding would be generated through first-hand experiences, languages, processes, and

relationships that would support the reawakening of their own embodied knowledge, along with Indigenous memories required to contextualize ancient and effective medical knowledge. Embodied knowledge is reflected in and embedded in our narratives; such narratives are carried through blood memory across generations, made strong through geographical connections, and activated by Indigenous Peoples' expressed relationships (Weber-Pillwax (2021).

The common understanding of traditional medicine is much deeper and more complex than basic knowledge of herbs and plants. Traditional medicine encompasses a wide range of other knowledge, addressing and including forms of wellness practice accumulated over thousands of years, and deriving from a groundedness of sacred relationship with the land. The current and common, but limited, understanding of traditional medicine persists despite decolonization efforts because nursing systems still function on the principle of extraction and exclusion of local Indigenous knowledge from their colonial sites of healthcare. In fact, Western healthcare centres are the bastions that uphold the structures of invisibility and silence surrounding traditional Indigenous medicine and wellness knowledge.

Nonetheless, through my own Cree/Métis ancestry and lived experience, I learned that these ancient forms of health knowledge and wisdom helped our peoples to survive the heinous acts of genocide. It will be this same wisdom that will prevent the erasure of Indigenous wellness knowledge systems today. I believe Indigenous Peoples' knowledge systems need to be protected from our western biomedical interventions and further, that we as health professionals need to support and afford Indigenous Peoples their full intellectual property rights in the context of healthcare and wellness knowledge and practice.

When we discuss Indigenous Rights and traditional knowledge systems within current health and social contexts without the authentic and/or authoritative voice of Indigenous Peoples to address that same context in full, this is a salient form of racism that reinforces the exclusion and epistemic violence being practiced against Indigenous Peoples globally (Brockie et al., 2021). Here within British Columbia, an independent review examining the impact of Indigenous-specific racism in the delivery of healthcare services highlights the continued impact of colonization that results in prejudice and bias-informed care that perpetuates poorer health outcomes for Indigenous Peoples (Turpel-Lafound, 2020). The report identifies the need for research related to Indigenous-specific racism in education and courageous conversations on the values of structures, policies, and programs that continue to guide and function within false notions of reconciliation, decolonization, and Indigenization.

The truth telling in a reconciliation process is intended to achieving an overall holistic and comprehensive response to the numerous government policies of assimilation, including the Indian Residential School legacy <https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525>, the Sixties Scoop <https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop>, Indigenous women's forced sterilization <https://jrcenter.org/forced-sterilization-of-indigenous-women-in-canada/>, Indian Hospital [\[thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada\]\(https://www.thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada\) and the current Child Welfare system <https://cwrp.ca/> to identify just a few. To move beyond these current practices, the government that legislated and installed these actions along with its own institutions of implementation, has been called upon to render unto Indigenous Peoples sincere acknowledgement of its actions and acceptance of its responsibility and accountability for the injustices perpetrated against Indigenous Peoples for multiple generations. The need for appropriate healing continues to be evident and unfulfilled, as the negative health and social data indicates unquestionably. This profound commitment to action can only be found in a renewed relationship imbedded in mutual authentic partnerships. These partnerships have to be strong enough to stand strong in the face of heart-wrenching truths, such as those associated with Tk'emlups to Secwepemc and its recovery of the 215 mass unmarked graves. <https://storymaps.arcgis.com/stories/cfe29bee35c54a70b9621349f19a3db2>](https://www.</p></div><div data-bbox=)

I do this work to honour those children, and my own lived experience as a survivor of the child removal era. I work to support the families, communities, nations, fellow colleagues and allies in this arduous task of revealing and understanding societal complicity with white privilege and how the purposeful blindness of white performative benevolence in the helping professions cripples all of us (Gebhard et al., 2022). Creating space for me and others like me to claim my own history, my own health and my own desire to uphold the sovereignty of Indigenous knowledge systems, intellectual thoughts lands and bodies is imperative.

I think it is important to remember that, as of May, 2022, the number of graves located with confirmed names of children has reached 4130. That number represents only 1 quarter of 139 schools that have been searched. The message I am taking from this is that we go back and ask the questions: how did we get here, and why are we not outraged and treating this as a crime scene?

It wasn't until the Supreme Court of Canada ruled in favour of the residential school survivors seeking compensation for the trauma inflicted from the Residential Schools that the Government of Canada began to take account and established the Truth and Reconciliation Commission (TRC). The final TRC report released in 2015 outlined 94 calls to action to address the trauma caused by Residential School policy. Since this time only 13 calls to action have been implemented (Yellowhead Institute, 2022). What does that tell us about Canada's commitment, in the name of Canadians, to reconciliation with Indigenous Peoples who suffered the injustices and violence of the Residential School experiences? Why is there such an emptiness in responses from Canada and Canadians? Is there a reason? Does there need to be a reason? Can we ask about the timeline for accountability?

Canada's exclusion of Indigenous people as the lifeblood of Canada is part of the ongoing legacy of cultural genocide in Canada (Startblanket, 2018), the Residential Schools era and the TRC's calls to action and responses are accurate indicators of the social position and attitudes with which Indigenous people are viewed today in Canada.

In the context of nursing, I thought deeply about those original Indigenous nursing pioneers and wondered about the reasons that I was never taught about Edith Monture, the first Mohawk Registered Nurse in Canada and a veteran of the First World War, <https://www.thecanadianencyclopedia.ca/en/article/charlotte-edith-anderson-monture>, or Rose Casper, the first St'at'imx Nurse in British Columbia, https://www.fnha.ca/WellnessSite/SpiritMagazineSite/SpiritMagazine/Spirit_Winter_2013.pdf.

Nor was I taught about one of our most celebrated leaders in Canada: Jean Cuthand Goodwill <https://www.thecanadianencyclopedia.ca/en/article/jean-cuthand-goodwill> who in 1974 was the first Indigenous nurse leader to hold a political position of advisor to the Minister of National Health and Welfare. It wasn't until the late 1990s that I even started hearing about these women in nursing education, or about the Canadian Indigenous Nursing Association. These women were all influential pioneers who ought to be held within the same respect and public honour as Florence Nightingale. As Indigenous nurses, and for all nurses, we need to acknowledge and give credence through formal public recognition of our own Indigenous nursing history and these persons who are important figures in our messages and practices of decolonization as unjust. We need to take up arms to disrupt white dominance in nursing (Bell, 2021).

In considering the importance of the role we play as healthcare providers, let me cite three examples of our recent history as nurses and Indigenous nursing care. I wonder how many will remember the screeching pleas of Joyce Echaquan, as these were released globally on social media. Or we can perhaps think about Brian Sinclair, who spent 34 h in emergency with a number of witnesses calling on healthcare staff to respond. But, in the end, he was neglected to death, due to a plugged catheter tube (Brian Sinclair Working Group, 2017). And remember Keegan Combs, who was restrained to the bed because the biases of healthcare staff led them to believe he could be dangerous (FNHA, 2022). These are not exceptional cases, in the views of ordinary Indigenous Peoples at health centers, these are three cases that drew public attention. The events demonstrate clearly how such responses from healthcare providers can reinforce the healthcare disparities in serving underrepresented populations and can bring about and contribute to the early deaths of Indigenous Peoples.

The clarity of theoretical concepts and cultural discourses is needed to bring up important issues of colonization and power that intersect with Indigenous social determinants of health; such clarity would heighten understanding of these intersectional experiences of Indigenous nurses across the globe (Power Wiradjuri et al., 2021). A similar history of colonization is revealed in the stories of Māori nurses who express various types of distress. For example, Mckillop et al. (2013) explain that the influence of a Eurocentric perspective has intentionally and unintentionally undermined their own Indigenous knowledge. The authors emphasize the underlying causes of poor health are linked and related to colonization, globalization, migration, and loss of language and culture, all of which are intensified by the displacement of Indigenous people from the land, disconnection from their identity, and the devolution of

self-determination over the last 150+ years. Dr. Sherwood (2009) noted that creating pathways in decolonization in healthcare requires 'personally critiquing and reflecting on the Western cultural paradigm of history, practices, and constructs that have informed all our assumptions and perceptions' (p. 27).

To conclude, I believe that the most pressing issue in society is our capacity to face the racism that is evident in every segment of our healthcare system. In coming to terms with my own racism fatigue, I believe the number one challenge is inadequate resources: human and financial. The most common institutional response to this request is that Indigenous people be brought onsite to do this specific Indigenous-focused work for them; we can describe this practice as epistemic exploitation (Berenstein, 2016). The burden on Indigenous professionals to always be responsible for teaching others about Indigenous rights and culturally safe care is extremely taxing and prevents Indigenous health professionals and scholars from focusing on their own professional development and scholarship. Financial resources are often extremely limited; when a nonindigenous argument is presented as 'This history is not our fault', that is very likely true. However, collectively as healthcare providers, it is our responsibility to unveil the hard truths and the intentions related to actions of racism, injustice, equity, diversity, and inclusion or exclusion. We need to be able to recognize the dynamics of these intentions and actions in order for ongoing and intergenerational transformation toward decolonization if it is to take root and thrive. It is not the work of Indigenous Peoples to decolonize our institutional systems and structures, we are only the litmus paper.

Nurses have an active role to play in the work against neoliberal ideologies that sustain oppression and racism in healthcare (Blanchet Garneau et al., 2018). The Canadian Nurses Association *Code of Ethics* states: 'nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good' (p. 17).

As Keteskwew (Dion Stout, 2012) reminds me, we need to come to terms with how First Nations, Inuit, and Métis journeys of social suffering, health inequities, and structural violence intersect with politics, cultures, economics, and social realities. We can believe that 'The poverty of one is the poverty of all', but we can also see that, in Canada, the adage does not hold true when we see the data relating to addictions, health and illness, food shortages, incarceration, employment, children in care and so forth, and most likely, in very few places around the globe. Keteskwew, explains that the experiences of *mipahi kayas* (-deadly past, colonization) have to be shifted to *wapatikewswin* (grass roots evidence) and *naskomowina* (on-the-ground solutions) to advance the paradigm shift from *atikowisi miyw-ayawin* (ascribed health and wellness), to *kaskitamasowin miyw-ayawin* (achieved health and wellness). If we are to move forward within the substantial integrity of our beings as First Nations, Inuit, and Métispersons, we can be assured that Indigenous nurses who are experienced and knowledgeable about the lived history, language, cultural beliefs and customs of their own Indigenous communities, as well as those of other peoples, will certainly be the compassionate caregivers that they aspired to be as Indigenous persons before they were Indigenous nurses.

Finally, I am reminded of, Murray Sinclair, Commissioner TRC, who stressed that education is the key; 'it got us into this mess and it can get us out'. It is important to learn from this hidden history of Indigenous Peoples across the globe because we can tell, this has not been the case. Strategic imperatives that include comprehensive approaches are needed at every organizational level, otherwise, 'When we try to implement trauma-specific clinical practices without first implementing trauma-informed organizational cultural change, it's like throwing seeds on a dry sand, on dry land' (Bloom, S. cited in Menschner & Maul, 2016; p. 3). In my case as a Cree/Métis nurse, this practice of denial and attention to risk maintains the salient and silent forms of Indigenous-specific racism and epistemic injustices. I share my own expressions and innate insight into my understanding of the impacts of colonization, some of which might bring hope that bears greater meaning. I still wonder about these reconnections as expressed in the following versification, my process for making meaning of living through colonization.

*We continue to resist the impacts colonization
Clinging to the land and our ancestor's relations
Living to relearn our language and customs
The warnings are clear and the water is dirty
Our earth is showing us its despair, and destruction
I hear a whisper; I see a dream, and feel the warmth
It is never too late to take up our original instructions
To dance life back into our human spirits and hearts
By lifting the veil, and walking the talk that raises others up
As human beings from time immemorial with compassion minds
We are all taxed with answering to the past and questions of tomorrow
Can the gifts of our economy lessen the impact of capitalism?
Will consumerism make us consume ourselves in the process?
As Nurses do we really respect the knower and the known?
Or is it more that we don't know how to partake in the unknown
As we see it is the Indigenous Peoples who are sharing their truths
So, the truth of the question remains at the heart of it all?
Is Nursing in search of better ways of knowing and doing?
Or will colonial acts of caring continue to be the norm?*

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CONFLICT OF INTEREST STATEMENT

The author declares no conflict of interest.

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