What is the impact of hepatitis C in first nations' communities? Is treatment reaching these patients soon enough?

CanHepC – February 12, 2020

Alexandra King, MD, FRCPC
Nipissing First Nation
Cameco Chair in Indigenous Health and Wellness
alexandra.king@usask.ca

University of Saskatchewan

The impact of hepatitis C in Indigenous communities in Canada and the need for reconciliatory responses

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Territorial acknowledgement

I respectfully acknowledge that I live, work and play on Treaty Six First Nations Territory and the Homeland of the Métis Nation.

Traditional homeland of the Métis

Treaty 6 pipe ceremony @ Waterhen River, SK

> "WE HAVE DESCRIBED FOR YOU A MOUNTAIN. WE HAVE SHOWN YOU THE PATH TO THE TOP. WE CALL UPON YOU TO DO THE CLIMBING."
>
> — JUSTICE MURRAY SINCLAIR

Manitoba Harm Reduction Network. Application and Action: TRC Reading Gide for Non-Indigenous Organizations. 2018.

Indigenous people in Canada and SK

Who?

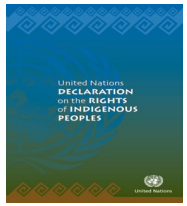
- Indigenous people refers to **"…**the individuals belonging to **the political and cultural entities** known as [Indigenous] peoples" (RCAP, 1996, pii)

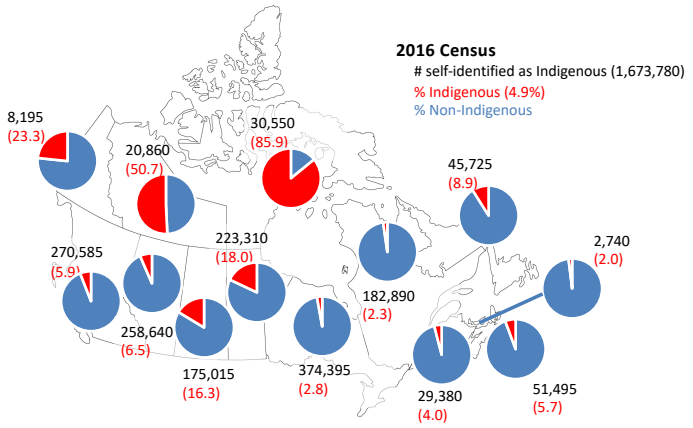
Political Status

Section 35 of *the Constitution Act (1982)* states:

" 35. (1) The existing aboriginal and treaty rights of the aboriginal peoples of Canada are hereby recognized and affirmed.

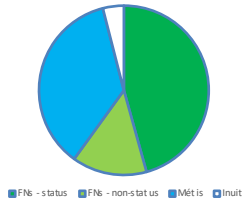
(2) In this Act, "aboriginal peoples of Canada" includes the Indian, Inuit and Métis peoples of Canada…"



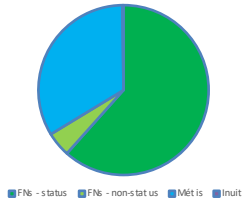


2016 Census – Indigenous people

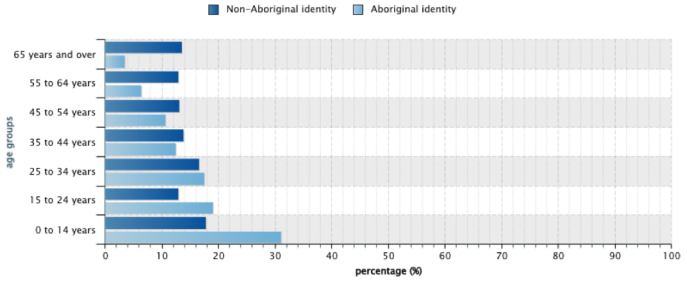
Canada – 1,673,780 (4.9%)



Saskatchewan – 175,015 (16.3%)

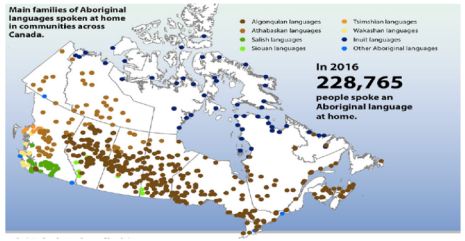


2016 Census – Age distribution (CD11-SK)



Indigenous Culture(s)

Wilson, S. (2008)

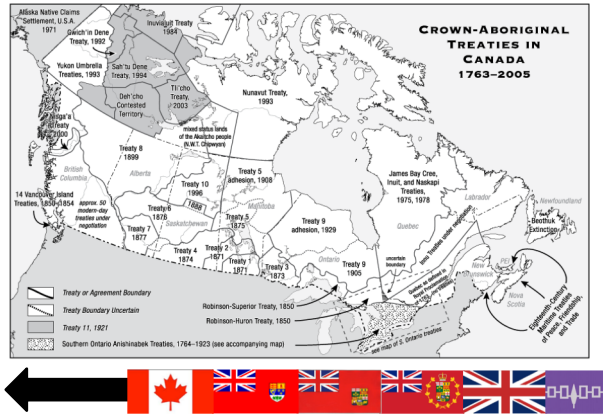


Source: Statistic Canada, 2016 Census Population

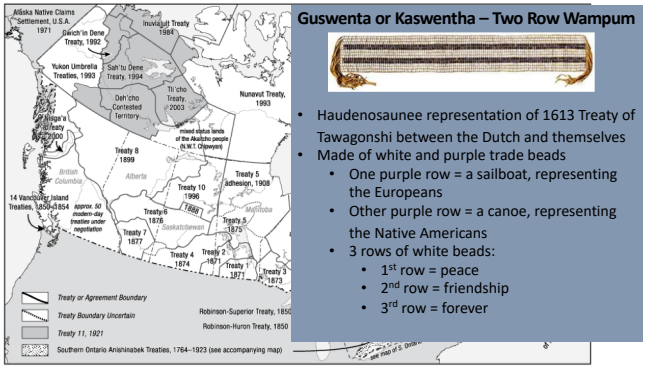
A Brief History of Canada:

What you need to know to understand where we're at

Pre-and post-confederation treaties



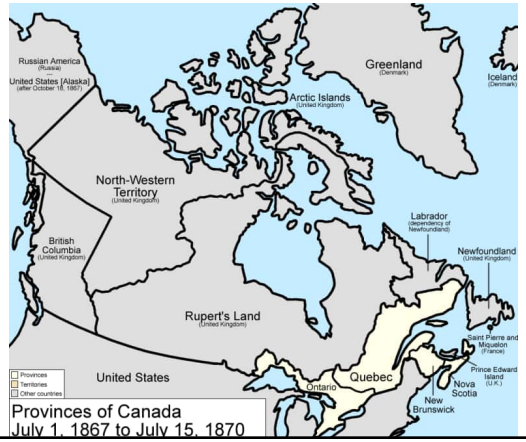
Pre-confederation treaties



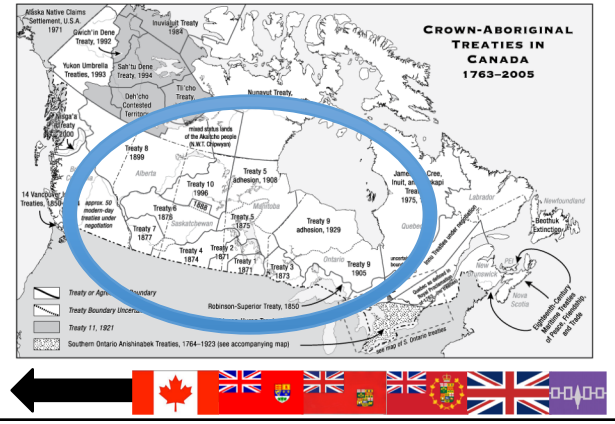
- Haudenosaunee representation of 1613 Treaty of Tawagonshi between the Dutch and themselves
- Made of white and purple trade beads
  - One purple row = a sailboat, representing the Europeans
  - Other purple row = a canoe, representing the Native Americans
  - 3 rows of white beads:
    - 1st row = peace
    - 2nd row = friendship
    - 3rd row = forever

Venables, R.W. *The 1613 treaty.*

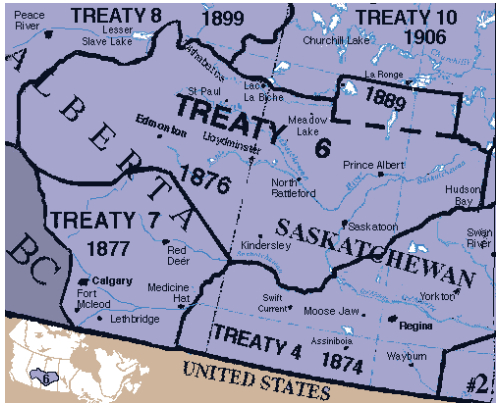
Canadian Confederation – 1867



The Numbered Treaties



Map of Treaty 6 (1876)



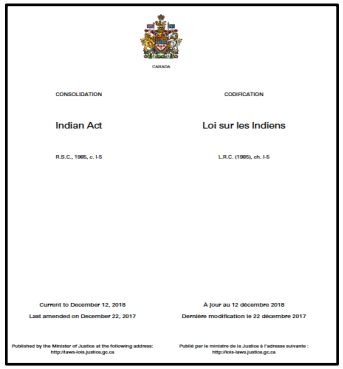
Treaty 6 included a *Medicine Chest* clause.
At the time the Treaty was made, all Medicine chests contained the contemporary medicines of the period, as well as all the instruments used to compound, measure and dispense the drugs.

The Treaty Commissioner representing the Crown committed the following: "What you have will remain intact and what we have to offer you is on top of what you already have."

The First Nations had medicine bags ("mewut") that contained medicine for the traditional health and health care system and the medicine chest is understood to provide for the contemporary health coverage and benefits.
https://www.fsin.com/treaty-right-to-healthmedicine-chest-task-force/

Displacement & Assimilation

Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.
Library and Archives Canada / NL-022474



CONSOLIDATION
Indian Act
R.S.C., 1985, c. I-5
Current to December 12, 2018
Last amended on December 22, 2017

CODIFICATION
Loi sur les Indiens
L.R.C. (1985), ch. I-5
À jour au 12 décembre 2018
Dernière modification le 22 décembre 2017

History of Colonization in Canada

The Royal Commission on Aboriginal Peoples grouped the history of colonization in Canada into four stages:

- **Stage 1: Separate Worlds (up to 1500 AD)**
  Indigenous and non-Indigenous societies developed on their own in lands far from each other, with different cultures and forms of social organization. This changed when Europeans arrived and began to settle in North America.
- **Stage 2: Contact and Co-operation (1500 to 1870)**
  A growing non-Indigenous population sought ways to foster co-existence, mostly in the form of trading and military alliances. Despite a steep decline in Indigenous populations due to diseases carried by settlers, this time was marked by mutual tolerance and respect, with each society left to govern its own internal affairs.
- **Stage 3: Displacement and Assimilation (1871 to 1969)**
  In this period, most of non-Indigenous society—now larger and more dominant—stopped respecting their Indigenous neighbors. Interventions in the lives and lands of Indigenous peoples grew as the dominant culture set up policies that forcefully absorbed Indigenous land and people into the Canadian mainstream.
- **Stage 4: Negotiation and Renewal (1970 to present)**
  Supreme Court victories for Indigenous peoples, along with the recognition that assimilation was a failure compelled non-Indigenous society to begin seeking change to the relationship through dialogue, consultation and negotiation. Meanwhile, Indigenous leaders regained greater control over their own affairs and re-established their own societies by healing the wounds caused by decades of domination.

FemNorthNet. (2016).

Resistance

A SNAPSHOT OF HCV AMONGST INDIGENOUS PEOPLES

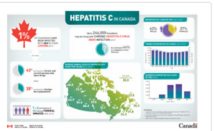
:a/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2018-44/issue-7-8-july-5-2018/ar...

UpToDate | MSP - MSC Paym... | Accuro | Med Access EMR | myeHealth | PACS | AlarmForce | Air Canada | Google Scholar

CCDR

Volume 44-7/8, July 5, 2018: Can we eliminate hepatitis C?

- Up to 246,000 Canadians may be living with Chronic hepatitis C virus (HCV) infection (2011) [1]
  - An estimated 44% are unaware of their infection
- 1% of Canadians have been infected with HCV in their lifetime (2011) [1]
  - Of those 43% are found in former and current persons who inject drugs while 35% are found in foreign-born populations
- 1 in 4 prevalence of HCV among federal inmates (2005-2012) [2]
- The Public Health Agency of Canada collects information on reported cases of HCV infection through Canadian Notifiable Diseases Surveillance System (CNDSS) [3].
  - Between 2012 and 2016, the average rate of reported HCV infection in Canada was 30.0 per 100,000 population.
  - Between 2012 and 2016 the average rate of HCV infection, above the national average (30.0), were found in Saskatchewan (60.2), followed by the Yukon Territory (48.8), British Columbia (44.9), Prince Edward Island (35.3), Alberta (34.6), Northwest Territories (33.7), Nova Scotia (31.8), and Ontario (31.1).



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Published by: The Public Health Agency of Canada

Issue: Volume 44-7/8 : Can we eliminate hepatitis C?

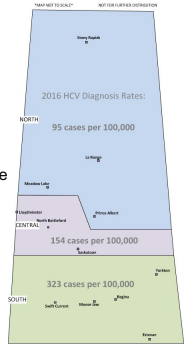
Date published: July 5, 2018

ISSN: 1481-8531

Subscribe to CCDR

Hepatitis-C epidemiology - 2016

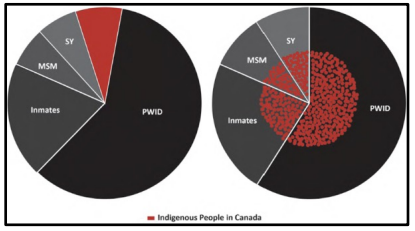
- 129 cases diagnosed in Saskatchewan First Nations communities in 2016.
- 2016 HCV diagnosis rate in Saskatchewan First Nation communities was 171.6 cases per 100,000.
- 33% of the cases in 2016 were age group 30 to 39.
- 65% of the cases in 2016 were male.



2016 HCV diagnosis rates for the SK province 61.4 per 100000.

GOVERNMENT OF CANADA > 24

Over-represented in Populations at Risk for HCV



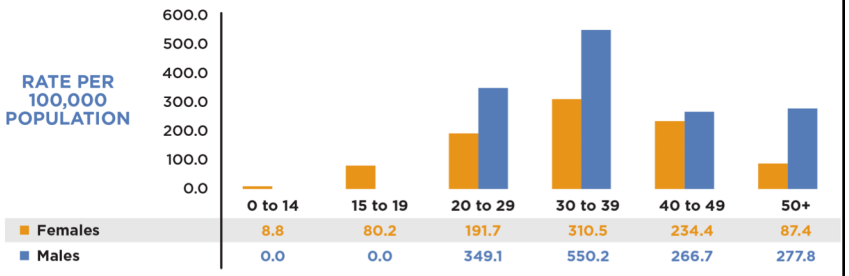
Non-Indigenous people in Canada

Fayed, et. al (2018)

Population	Indigenous Identity	Data
I-Track	36.2%	2010-2012
E-SYS	33.3%	1999-2003
Federal Inmates	25.0%	2014-2015

PHAC (2014). I-Track (2010-2012); PHAC (2006). Enhanced Surveillance of Canadian Street Youth, 1999-2003;
Correctional Investigator Canada (2014-2015)
http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20142015-eng.pdf

Figure 4.20: Hepatitis C rates by age group and gender, Saskatchewan First Nations communities, 2016



	0 to 14	15 to 19	20 to 29	30 to 39	40 to 49	50+
Females	8.8	80.2	191.7	310.5	234.4	87.4
Males	0.0	0.0	349.1	550.2	266.7	277.8

Source: ISC, FNIHB, SK and NITHA, SK Ministry of Health iPHIS (2016)

Under-represented in HCV Care

Gender & HCV in Indigenous Community

Young Indigenous people (24 yrs. or younger) represent **70%–80%** of HCV infections among PWID in Canada

Young Indigenous females are **the faces of HCV** in Indigenous community

Relevant research frameworks and approaches

What you need to know for ethical Indigenous health research

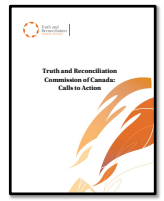
Indigenous Worldviews

- *Critical bond to land, nature*
- *Territory and natural environment reflected in our knowledge systems, social arrangements*
- *Part of and interconnected with our landscape*
- *Knowledge is experiential, observational, wholistic, ecological, systems-based*
- *Extensive kinship, including the spirit realm*
- *Time is cyclical and synchronical*

Truth and Reconciliation Commission

94 Calls to Action:

- Child welfare
- Education
- Language and culture
- ***Health (18-24)***
- Justice
- ***Reconciliation (43-94)***



Two-eyed Seeing: *Etuaptmumk*

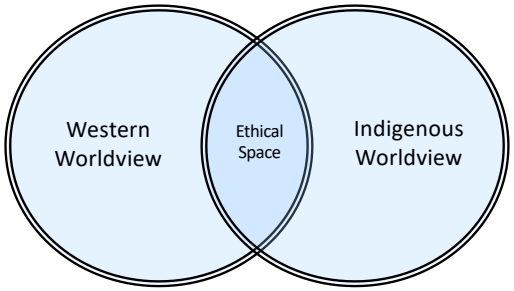
The perspective of "Two-eyed Seeing", as put forward by Mi'kmaq Elder Albert Marshall

To see from one eye with the strengths of Indigenous ways of knowing

And to see from the other eye with the strengths of Western ways of knowing

and to use both of these eyes together.

Ethical Space



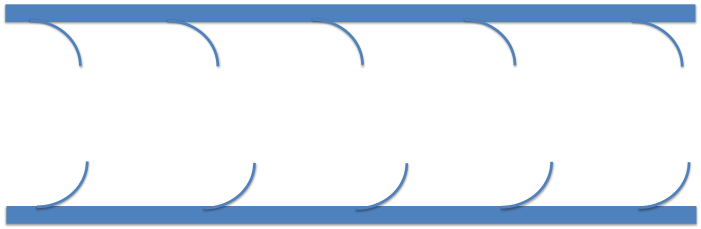
Ermine W. 2004. *Ethical Space: Transforming Relations.* www.traditions.gc.ca/docs

Considerations based on Two Row Wampum

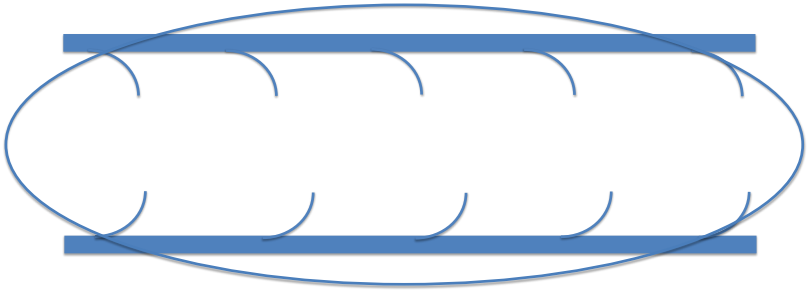
Indigenous Ways of Knowing and Doing

Western Ways of Knowing and Doing

Considerations based on Two Row Wampum

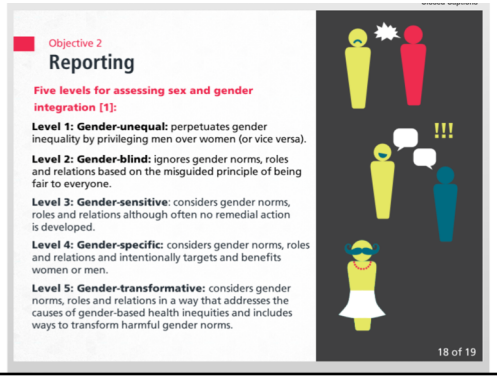


Considerations based on Two Row Wampum

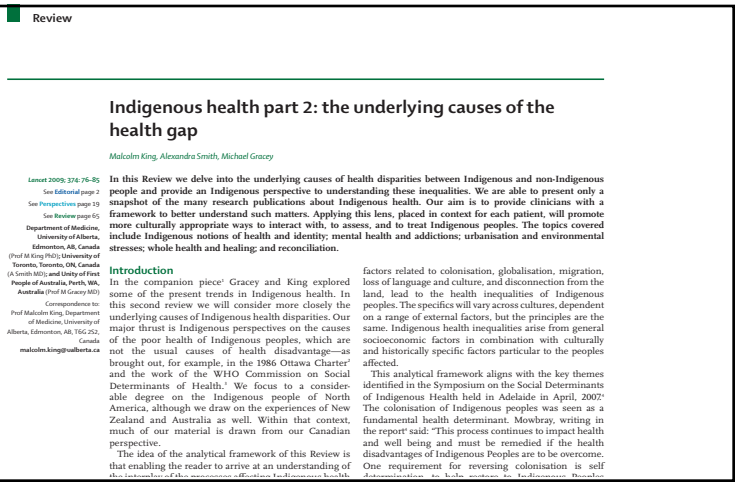


Considerations based on Two Row Wampum

Gender equity



Indigenous equity



Review

Indigenous health part 2: the underlying causes of the health gap

Malcolm King, Alexandra Smith, Michael Gracey

Lancet 2009; 374: 76–85
See Editorial page 2
See Perspectives page 19
See Review page 65

Department of Medicine, University of Alberta, Edmonton, AB, Canada (Prof M King PhD); University of Toronto, Toronto, ON, Canada (A Smith MD); and Unity of First People of Australia, Perth, WA, Australia (Prof M Gracey MD)
Correspondence to:
Prof Malcolm King, Department of Medicine, University of Alberta, Edmonton, AB, T6G 2S2, Canada
malcolm.king@ualberta.ca

In this Review we delve into the underlying causes of health disparities between Indigenous and non-Indigenous people and provide an Indigenous perspective to understanding these inequalities. We are able to present only a snapshot of the many research publications about Indigenous health. Our aim is to provide clinicians with a framework to better understand such matters. Applying this lens, placed in context for each patient, will promote more culturally appropriate ways to interact with, to assess, and to treat Indigenous peoples. The topics covered include Indigenous notions of health and identity; mental health and addictions; urbanisation and environmental stresses; whole health and healing; and reconciliation.

Introduction

In the companion piece[1] Gracey and King explored some of the present trends in Indigenous health. In this second review we will consider more closely the underlying causes of Indigenous health disparities. Our major thrust is Indigenous perspectives on the causes of the poor health of Indigenous peoples, which are not the usual causes of health disadvantage—as brought out, for example, in the 1986 Ottawa Charter[2] and the work of the WHO Commission on Social Determinants of Health.[3] We focus to a considerable degree on the Indigenous people of North America, although we draw on the experiences of New Zealand and Australia as well. Within that context, much of our material is drawn from our Canadian perspective.

The idea of the analytical framework of this Review is that enabling the reader to arrive at an understanding of the interplay of the processes affecting Indigenous health

factors related to colonisation, globalisation, migration, loss of language and culture, and disconnection from the land, lead to the health inequalities of Indigenous peoples. The specifics will vary across cultures, dependent on a range of external factors, but the principles are the same. Indigenous health inequalities arise from general socioeconomic factors in combination with culturally and historically specific factors particular to the peoples affected.

This analytical framework aligns with the key themes identified in the Symposium on the Social Determinants of Indigenous Health held in Adelaide in April, 2007.[4] The colonisation of Indigenous peoples was seen as a fundamental health determinant. Mowbray, writing in the report[4] said: "This process continues to impact health and well being and must be remedied if the health disadvantages of Indigenous Peoples are to be overcome. One requirement for reversing colonisation is self determination, to help restore to Indigenous Peoples

Lancet article – critical messages

- Self-determination (individual, family, community, nation)
- Connections with land, culture, language
  - Lost through colonization, residential schools, foster care
  - Regained through resilient action and reconciliation
- Indigeneity as a health determinant

Indigenous health determinants: Metaphoric analysis

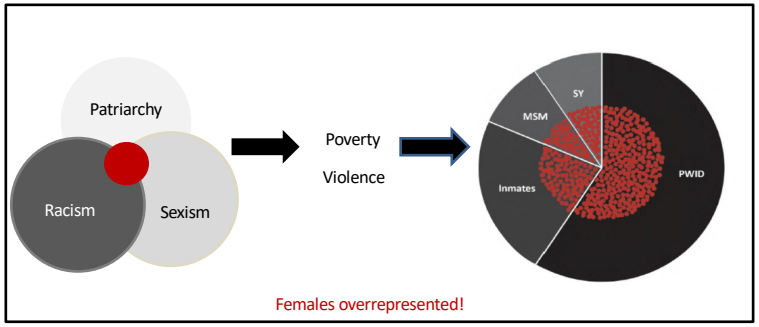
Material & Living Conditions
Income, education, employment, physical environments, food security/sovereignty, childhood development

Social Structure
Health system, education system, labor market, child welfare, justice system, government, gender

Indigenous Wellness Resources
Culture, self-determination, Indigeneity, spirituality, community, languages, land

Colonialism
Indian Act, residential schools, 60s Scoop, racism

HCV burden among Indigenous Females: Colonialism & Intersectionality



Females overrepresented!

- Indigenous people
- Non-Indigenous people

TCPS2, Ch9:
Research Involving the First Nations, Inuit and Métis peoples of Canada

Key concepts / principles

- **Requirement of community engagement in Aboriginal research**
- Respect for FN, I, M governing authorities
- Recognizing diverse interests within communities
- Respect for community customs and codes of practice
- Institutional research ethics review required
- Research agreements desirable, encouraged

TCPS2, Ch9: *cont'd*

- **Collaborative research – communities as partners**
- **Mutual benefits in research**
- Strengthening research capacity
- Recognition of the role of Elders and other Knowledge Holders
- Privacy and confidentiality
- Interpretation and dissemination of research results
- Intellectual property related to research
- *Collection of human biological materials involving Indigenous Peoples*

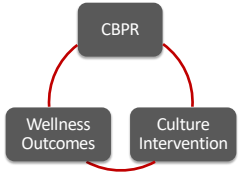
Reconciliatory Frameworks for HCV Care

Indigenous Healing: Conceptual Model

Harm Reduction (IDU)

Harm Reduction (Colonialism/HT)

Wellness-Centered Care



Fayed, et. al (2018).

Questions? Discussion