



# Fall: Seeing the Path



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## Introduction

**Seeing the Path** invites you to look back, within, and around to understand why Indigenous foodways involve so much more than food. This part of the journey aims to make you more aware of the complexity of integrating Indigenous ways of being and doing into health care in Canada. You will build on this awareness as you move through the seasons of this learning journey.

Indigenous communities have a long history of engagement with their local environment. **Indigenous communities across this land now known as Canada have always been dynamic, complex, diverse, and existing in relationship with the natural world.** Consider for a moment the range of environments across Canada, from Arctic tundras to West Coast rainforests to Prairie plains and Eastern shores. Prior to European invasion and settlement, each distinct Indigenous community existed in reciprocal relationship with these environments: they knew them intricately, stewarded the lands and waters, and sourced from them nourishment, medicines, materials, and teachings to maintain their livelihoods.

The process of colonization intentionally and systematically disrupted these relationships. Through colonization, Indigenous peoples and communities globally experienced (and in many places continue to experience) a series of traumatic invasions that have

had long-lasting and disastrous outcomes. Massacres, genocidal policies, disease pandemics, forced removal and relocation, Indian residential and boarding schools, assimilation policies, and prohibition of spiritual and cultural practices have produced what is now being recognized as cultural genocide. There exists cumulative intergenerational trauma, and an undeniable impact on the health and wellness of Indigenous peoples and communities today.

We cannot talk about reconciliation and culturally mindful health care until we understand these forces and the systemic disadvantages that persist for Indigenous communities in Canada. This part of your learning journey begins with an invitation to consider multiple perspectives and the personal orientations and biases that shape your own worldview. We will then present several historic and present-day examples of the colonial processes in health care that continue to marginalize and harm Indigenous communities. Only after acknowledging and understanding the systemic challenges can we move toward meaningful, systemic change.



# Learning objectives

This season will:

- Introduce and invite you to the space between knowledge systems, by providing guidance on how to apply a “two-eyed seeing” approach to learning and a systems approach to understanding
- Invite you to recognize and acknowledge the traditional peoples of the land on which you are situated
- Present an overview of the historical and present-day experiences of Indigenous communities with the health care system
- Examine examples of public policies and programs affecting relationships among Indigenous communities, their foods, and foodways

# Teaching 1: Embracing multiple perspectives

(30 minutes)



*Etuaptmumk*, or “two-eyed seeing,” offers a decolonized approach to thinking, being, and doing that recognizes and values both Indigenous worldviews and Western worldviews. This framework was introduced by Mi’kmaq Elder Albert Marshall and can be applied to any sector, including health care. Our current biomedical ideology and health care system is built on Western ways. In applying two-eyed seeing, we acknowledge that considering only the Western worldview leads to incomplete understandings and approaches. A two-eyed seeing approach challenges us to consider diverse and multiple worldviews in health research, planning, and service delivery.



**Core resource:** Watch this video featuring [Elder Albert Marshall: Two-Eyed Seeing Approach](#) (3 minutes)

## Journaling prompts

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1. How do the spaces you move through (your community, your workplace, your home) shape, change, or reinforce the lens you see through?
2. What lens(es) does your workplace privilege or reward you for using?
3. In the video, Elder Albert Marshall asks how we can weave back and forth between these two ways of knowing. Are you ready and willing to "put on another [or different] lens"?
4. What do you stand to lose by trying on a different lens? What emotions, thoughts, or sensations come up?
5. What do you think you might gain from seeing through a different lens?



In addition to two-eyed seeing, it is crucial that we take a systems-thinking approach in this work. Systems thinking considers the relationships and dynamics between elements of a system across time, rather than focusing on individual events or elements in isolation. The resources listed below are created from a Western mindset, but it is important to recognize that:

**Indigenous communities are the original “systems thinkers.” Indigenous worldviews are founded on the understandings of interconnectedness, interdependence, and reciprocity.**

You will see many examples of Indigenous systems thinking throughout this learning journey. For meaningful change to occur, Western systems such as our current health care model need to embrace these understandings and move away from the siloed approaches that dominate them today.

**Core resource:** [Watch the first minute of this video: A Systems Story: A Short Introduction to Systems Thinking](#) (1 minute)



**Core resource:** Watch all of this video: [Systems Thinking: An Introduction](#) (5 minutes)



## Pause and reflect

Health care is a massive, complex system driven by myriad inputs and outputs, connections between pieces, and internal and external forces. Each presents its own opportunities for advancing this work.

- What part(s) of the health care system do you work in?
- How many other parts of the system do you interact with?
- In your opinion, which parts of the current system include Indigenous voices and perspectives? Which areas could benefit from bringing in more Indigenous voices and perspectives?



# Dive deeper - Additional resources, Teaching 1

Want to go deeper on a specific topic that was covered? Check out the following resources. Note that they are not mandatory to completing the course.

- [The Institute for Integrative Science & Health: Two-Eyed Seeing](#) (webpage)
- [Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research](#) (journal article)
- [Reconciling Ways of Knowing Dialogue 4: Etuaptmumk/Two-Eyed Seeing and Beyond](#) (video)
- [Systems Thinking in the Healthcare Professions: A Guide for Educators and Clinicians](#) (book)
- [Relational Systems Thinking: That's How Change Is Going to Come, from Our Earth Mother](#) (journal article)

# Teaching 2: Situating yourself and the work

(30 minutes)



For millennia, Indigenous communities sustained themselves by living off of their ancestral territory and using traditional trading systems. Hunters, gatherers, and agrarians depended on an intact ecosystem and managed the land to ensure biodiversity. Indigenous cultures, ways of being, and food systems are intrinsically linked to the local ecosystem. According to the 2021 census, there are more than 600 First Nation communities, over 50 Inuit communities, and over 620,000 Métis across Canada. Cultures, worldviews, and foodways reflect the diversity of the land that Indigenous communities occupy.

This diversity is one reason a health care program that works well in one community or organization might not work well in another.

**Programs need to be designed in collaboration and partnership with local Indigenous populations; they need to be informed by the local context and environment.**

Additionally, the practices of hunting, fishing, cultivating, and harvesting traditional or country foods all **rely on the ability of Indigenous communities to access their traditional land, which is continually contested by government and industry.**

As the late Secwepemc Chief Arthur Manuel and Syilx Grand Chief Ron Derrickson highlighted in their book, *[Unsettling Canada: A National Wake-Up Call](#)*, Indigenous communities in Canada now control less than 0.2% of the land base in Canada. From a systems perspective, we can understand how disconnection from the land impoverishes Indigenous communities and impacts their health outcomes. Manuel and Derrickson are among many Indigenous leaders, including Inuit Nobel Prize-winner Sheila Watt-Cloutier, who highlight how the question of land is at the heart of Indigenous well-being.

**Core resource:** We invite you to explore [Native Land](#), a tool that maps out Indigenous territories, treaties, and languages. Start by identifying the Indigenous lands that you're on. If the Indigenous territory is new to you, take time to start finding out about the history, language, culture, and foodways of this territory.



**“There is room on this land for all of us and there must also be, after centuries of struggle, room for justice for Indigenous communities. That is all we ask. And we will settle for nothing less.”**

— Arthur Manuel, *Unsettling Canada: A National Wake-Up Call*

## Journaling prompts

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1. What traditional territory do you live and work on? How do you relate to this land?
2. What questions do you have about the Indigenous ways of doing and culture from your community? Try to come up with 2–3 specific questions that you can hold through this learning journey.

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## Pause and reflect

*These questions guide you on thinking more deeply about what is in this chapter, but are not obligatory for completing the course.*

- Are the local Indigenous communities familiar to you? What have you learned about them?
- Do you live in a treaty area? What does that mean to you?
- If you live in a treaty area, who was party to your treaty and what responsibilities came with the treaty?
- What does your organization do to acknowledge the land and Indigenous communities of your area?
- What responsibilities does a land acknowledgment carry?
- Where can you go, and who can you go to, in order to learn more about Indigenous culture and ways of doing in your area?

## Dive deeper - Additional resources, Teaching 2



*Want to go deeper on a specific topic that was covered? Check out the following resources.*

- [Land Back: A Yellowhead Institute Red Paper](#) (report)
- [Unsettling Canada: A National Wake-Up Call by Arthur Manuel and Grand Chief Ronald Derrickson](#) (book)
- [The Land You Live On: Native Land Teacher's Guide](#) (teacher's guide)
- [Indigenous Foundations: Land & Rights](#) (website)
- [Traditional Territory Acknowledgements \(Interior Voices, Episode 2\)](#) (podcast)
- [Land acknowledgements can be used to erase Indigenous communities's presence, says writer \(The Current, CBC Radio\)](#) (interview, transcript, summary)

# Teaching 3: Understanding systemic racism in health care

(90 minutes)



In the previous teaching we highlighted the importance of situating yourself in a place with curiosity and openness. Before taking a path forward, let's look back. The country of Canada was formed through the process of colonization. Colonialism can be described as the policy or set of policies and practices used by a political power from one territory to exert control in a different territory. It involves unequal power relations. While each Indigenous community has its own unique history and experiences of colonialism, many impacts are felt universally in communities across the land we now know as Canada.

Canada's current health care system is built on and perpetuates systemic racism and trauma through harmful narratives, dynamics, and practices. The insidious bias against Indigenous communities and perspectives is persistent, and causes ongoing health disparities between Indigenous and non-Indigenous patients and families. There are numerous stories of the devastating and sometimes fatal impacts of this racism.

Here are just two examples:

**Joyce Echaquan**, a 37-year-old Atikamekw mother, died in a hospital in Joliette, Quebec, shortly after posting live videos to social media hospital staff making racist comments.

**Core resource:** Watch a brief summary of Joyce's story, and the related systemic problems, [in this video news report](#)

**Brian Sinclair** died at just 45 years of age, after waiting for 34 hours in an emergency room in Winnipeg, Manitoba. He needed medical attention but was ignored due to medical professionals making false racist assumptions about him.

**Core resource:** Read this short tribute to Brian's life and death: [Ignored to Death](#)

Indigenous communities experience racism in many ways when interacting with the health care system. In 2020, the Minister of Health in British Columbia commissioned an independent review to examine systemic Indigenous-specific racism in the provincial health care system. Almost 9000 individuals directly shared their perspectives with the review.

**The findings, published in the report [In Plain Sight](#), show that 84% of all Indigenous respondents reported having been discriminated against while receiving health care.**

Here are two quotes from this report:

“I’m sad to say that I experienced racial stereotyping... I was made to feel ashamed and they did not believe that I had food poisoning but in fact [that I] was just wasted. I was so sick I could barely keep my head up but understood the stigma I was experiencing. I felt judged and mistreated. I left feeling shame...”

~ First Nations woman who attended hospital  
“with severe case of food poisoning” (p. 40)

“I have seen the symptoms of an Indigenous patient go untreated for days despite the concerns voiced by our unit physiotherapist, resulting in this patient having a stroke”.

~ Hospital social worker (p. 46)

There is a growing movement of health care leaders who are recognizing the power of Indigenous foodways to tackle systemic racism and to support well-being. Learn more about how hospitals are practicing cultural humility and following leadership in Indigenous communities to “build back better” from the COVID-19 pandemic by watching a 2021 film from Nourish.

**Core resource:** Watch [Why Hospital Food Matters for Reconciliation](#) (8 minutes)

## Pause and reflect

*These questions guide you on thinking more deeply about what is in this chapter, but are not obligatory for completing the course.*

- How do the three projects highlighted in the film challenge the status quo?
- What is the readiness (or interest) at your organization, on your teams, to tackle systemic racism and the Indigenous health gap through food?

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1. What emotions, feelings, thoughts, or questions come up as you reflect on the stories of Joyce Echaquan and Brian Sinclair, and the stories shared in the *In Plain Sight* report?
2. Have you witnessed systemic racism in your workplace? How does it show up? What assumptions or biases might be behind it?



It is increasingly common rhetoric that Canadian health care must decolonize and create more space for Indigenous leadership and ways of knowing. In this learning journey, we will share how these processes start with self, through humility, cultural mindfulness, and reflection.

In the next film, George Couchie (Nipissing First Nation) discusses the ripple effect of trauma and describes how “culture is connection.” Think about this connection as you watch. You will notice that in his teachings, that George equates culture with many things: culture is medicine, culture is treatment, culture is healing, culture is connection.

**Core resource:** Watch [Cultural Mindfulness: George Couchie](#) (19 minutes)

## Pause and reflect

- Have you had the chance to sit in a sharing circle with others in your organization?
- Have you participated in a ceremony similar to the one in this film?
- Write down one behaviour that you have seen that may have perpetuated stereotypes?

## Dive deeper - Additional resources, Teaching 3

*Want to go deeper on a specific topic that was covered? Check out the following resources.*

- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care: [Full Report](#) and [Summary Report](#)
- [Indigenous-specific racism](#) (infographic, from In Plain Sight)
- [First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous communities in Canada](#) (report)
- [The Failure of Federal Indigenous Healthcare Policy in Canada](#) (policy brief)
- [Urban Indigenous Forum: Addressing Systemic Racism in Healthcare](#) (report)
- [Health care system was designed to subject Indigenous communities to systemic racism: Hajdu](#) (CBC news report)
- [Confronting Racism within the Canadian Healthcare System: Systemic Exclusion of First Nations from Quality and Consistent Care](#) (journal article)
- [Health and Health Care Implications of Systemic Racism on Indigenous communities in Canada](#) (fact sheet)



- [Ignored to Death: Systemic Racism in the Canadian Healthcare System](#) (paper)
- [Stolen Children | Residential School survivors speak out](#) (CBC News: The National)
- [Mistreated: The legacy of segregated hospitals haunts Indigenous survivors](#) (CBC news interactive)
- [Tebatchimowin Guide](#): A commemoration project to promote awareness of the history and legacy of the Indian Residential School System (teacher's guide)



# Teaching 4: Examples of colonial impacts on food

(45 minutes)



Let's journey to the past again, to see why a residential school survivor might not want to eat rice, oatmeal or porridge—staples in hospital menus across Canada.

Early settlers used the term *terra nullius* ("empty land" in Latin) as they aggressively stole lands from Indigenous communities and families, moving across Canada with the belief that the land was free to be taken and used by anyone who wished to exploit it. They failed to recognize how Indigenous ways of doing lived in relationship with the lands, and the hundreds of distinct societies formed by these relationships.

**Core resource:** Read paragraphs 7–11 in this magazine article: [The History of Food in Canada is the History of Colonialism](#) (begin at "Indigenous food sovereignty was...")

The first paragraph from the passage bears repeating:

**"Indigenous food sovereignty was decimated by design: the separation of people from their historic food systems and land is not a side effect of colonialism but a function of it."**

The article continues, "Canada's formation is a history of legislating First Nations, Inuit, and Métis out of existence, including by erasing Indigenous food cultures:

the **Gradual Civilization Act**, the banning of potlatch ceremonies, the signing of treaties that exchanged life-sustaining hunting grounds for farmland, livestock, and pitiful amounts of cash. All of it was designed with the purpose of elimination through assimilation."

Current policies continue to impede access to food. Later [in the article](#), author Corey Mintz explains, **"In many parts of Canada, Indigenous communities's ability to hunt, fish, forage, and farm is compromised by the degradation of land and water through industrial-scale resource extraction.** In other places—often described as "protected"—such as national parks, these activities are frequently prohibited by law."

Colonial policies are manifestations of a larger goal of dispossessing lands and resources; access to Indigenous lands is at the core of all colonial policies. Indigenous people fought long and hard to have their rights enshrined in the Canadian Constitution.

**Section 35 includes Aboriginal Rights and Treaty Rights** that are fundamental to Indigenous foodways. However these rights continue to be contested by government and industry, as Indigenous hunting, fishing, and trapping rights interfere with their control and access to land and resources. A vivid example of this perpetual struggle is the ongoing standoff around the [Mi'kmaq lobster fishery](#).



## Pause and reflect

- What links do you see between any of the colonial policies listed above and present-day conflicts involving access to land and foods?
- What stories do you imagine might reside in the land where you live?
- What do you know about the history of food systems and of health care in your area?

Dr. Ian Mosby and Dr. Tracey Galloway outline a specific example of the direct impact of a colonial policy on Indigenous relationships with food in this next resource. **We recognize that the experiences they describe — and others like them — are often shocking, difficult, and uncomfortable to learn about, and we encourage you to seek support from colleagues, family, and friends, as needed.** They are also important realities to confront. Remember, as outlined in Canada’s Truth and Reconciliation Commission: first comes truth, then reconciliation.

**Key resource:** Read this article from Dr. Mosby & Dr. Galloway, [“Hunger was never absent”: How residential school diets shaped current patterns of diabetes among Indigenous communities in Canada](#)

Dr. Mosby and Dr. Galloway argue that “**we need more community-driven, trauma-informed and culturally appropriate interventions** that not only respond directly to the TRC’s 94 Calls to Action but also acknowledge the role of residential schools in determining the current

health problems faced by residential school survivors and their families. And, most importantly, **we need to demand that the next generation of Indigenous children have access to the kinds of plentiful, healthy, seasonal and traditional foods** that were denied to their parents and grandparents, as a matter of government policy.”

## Pause and reflect

*These questions guide you on thinking more deeply about what is in this chapter, but are not obligatory for completing the course.*

- Do you see examples of community driven, trauma-informed and culturally appropriate services around you?

In this next article, Elizabeth Moore reminds us of the role of health care, and other government institutions, to actively change harmful systems that cause such injustices to Indigenous communities:

**Core resource:** Read [Why bringing traditional food into Haida Gwaii hospitals and schools matters](#)

## Pause and reflect

*These questions guide you on thinking more deeply about what is in this chapter, but are not obligatory for completing the course.*

- Does Elizabeth Moore's story about her father's reaction to beets surprise you? Have you thought about certain foods as possible triggers for patients?
- In this example, how is food connecting health care staff with patients, hospitals with schools, and elders with children?

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1. How do the histories of Canada described in these resources mesh with your worldview of Canada? What strikes you about these pieces of Canada's history? What, if anything, had you learned about them before?
2. How might Canada's colonial history influence the present-day relationships of patients, residents, and communities with food?



# Dive deeper - Additional resources, Teaching 4

Want to go deeper on a specific topic that was covered? Check out the following resources.

- [Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952](#) (journal article)
- [Exploring First Nation Elder Women’s Relationships with Food from Social, Ecological, and Historical Perspectives](#) (journal article)
- [Food Sovereignty, Justice, and Indigenous communities: An Essay on Settler Colonialism and Collective Continuance](#) (book chapter)
- [The Legacy of Nutritional Experiments in Residential Schools](#) (UBC panel discussion, video)
- [Make Food a Part of Reconciliation, 5 Big Ideas for a Better Food System](#) (policy briefing note)
- [Is the Crown at war with us?](#) (documentary on Mi’kmaq fishing rights)
- [A Guide to Aboriginal Harvesting Rights: Fishing, Hunting, Trapping, Gathering](#) (booklet)



The Honourable Justice Murray Sinclair said,

**“The truth is hard.  
Reconciliation is harder.”**

The first step in this learning journey emphasized the truth. With this awareness, we can start to look forward towards reconciliation.

You have made it through the Fall season of this learning journey. Take a breath and take stock of your thoughts and emotions. Release them in a journal, on a walk through the land, or in a conversation with a friend or loved one. Restore your energy. The journey continues.

# Reflections of Fall



In our journey through Fall, we have looked back along the paths that meet where we stand together today. Here we share some key learnings from this part of the journey:

- *Etuaptmumk*, two-eyed seeing, is a potential framework for integrating Indigenous ways of knowing and being with the Western ways that dominate health care in Canada today.
- Systemic racism in health care must be acknowledged and approached with systemic (not siloed) solutions informed by Indigenous communities.
- Colonization intentionally and systematically disrupted Indigenous foodways, through policies that prohibited traditional practices and the use of hunger and malnutrition to assert dominance and facilitate settlement.
- The practices of hunting, fishing, cultivating, and harvesting traditional or country foods all rely on the ability of Indigenous communities to access their traditional land. Such access is continually contested by government and industry.
- As part of the residential school system, Indigenous children were forced to consume a largely foreign diet of processed and sweetened foods and were barred from accessing traditional foods. Children were also subject to nutrition experiments that left many hungry and malnourished. Children were denied food as a form of punishment.

- Racism within the health care system is integrated with, and in many aspects indivisible from, broader patterns and conditions throughout society. Systemic racism can only be addressed by systemic action, including action to address deficiencies in governance, leadership, education, policy, transparency, regulation, complaints processes, and accountability.
- While those who experience racism in the health care system must be intimately involved in developing solutions, it is important to accept that the responsibility of this work lies with non-Indigenous settlers, communities, organizations, and governments. This means confronting these realities with humility and unlearning biases and behaviours to give way to healthier, decolonized futures.
- It is increasingly common rhetoric that Canadian health care must decolonize and create more space for Indigenous leadership and ways of knowing at the systemic, structural level. **These processes start with self, through humility, cultural mindfulness, and self reflection.**

*If you haven't already, take some time now to complete the Journaling Prompts throughout this season and save the PDF. When you're ready, click the button below to access a webpage, where you can upload your answers.*

**Submit**