



# In Plain Sight

*Addressing Indigenous-specific Racism  
and Discrimination in B.C. Health Care*  
Media Technical Briefing

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Independent Reviewer

# “Price is Right” Game Allegation

- The Review found no evidence to substantiate the allegation that the “Price is Right” game was being played in B.C. hospital emergency departments, and if such games did occur in the past, they are not occurring today.
- There are episodic, anecdotal reports that resemble these allegations, none could be described as prevalent, widespread or targeting only Indigenous patients.
- Guessing by medical professionals of various patient levels, including blood alcohol, is routine and may be clinically appropriate, although the Review does find extensive profiling of Indigenous patients based on stereotypes about addictions.
- Although this allegation is unsubstantiated, consistent with its mandate, the Review examined the experiences of Indigenous peoples in the B.C. health care system and found widespread systemic racism against Indigenous people.





# What We Found . . .

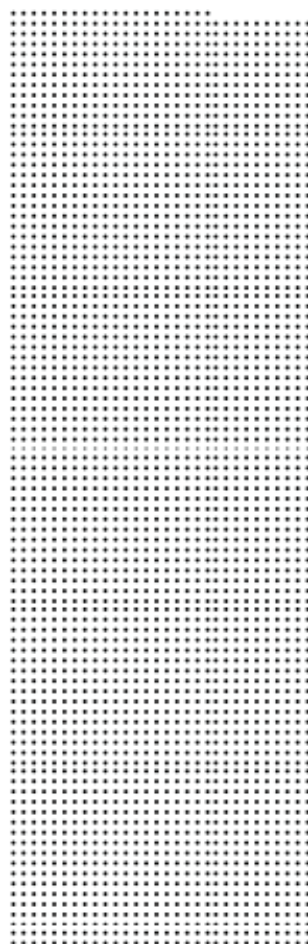
- Our Review found clear evidence of a much more widespread and insidious problem – a lack of cultural safety and hundreds of examples of prejudice and racism throughout the entire B.C. health care system.
- It doesn't mean every Indigenous person who gets health care *will* experience direct or indirect racism, but it does mean that any Indigenous person *could* experience it – anywhere in the system.
- We have a significant problem that must be urgently addressed.



## WE HEARD FROM ALMOST 9,000 PEOPLE

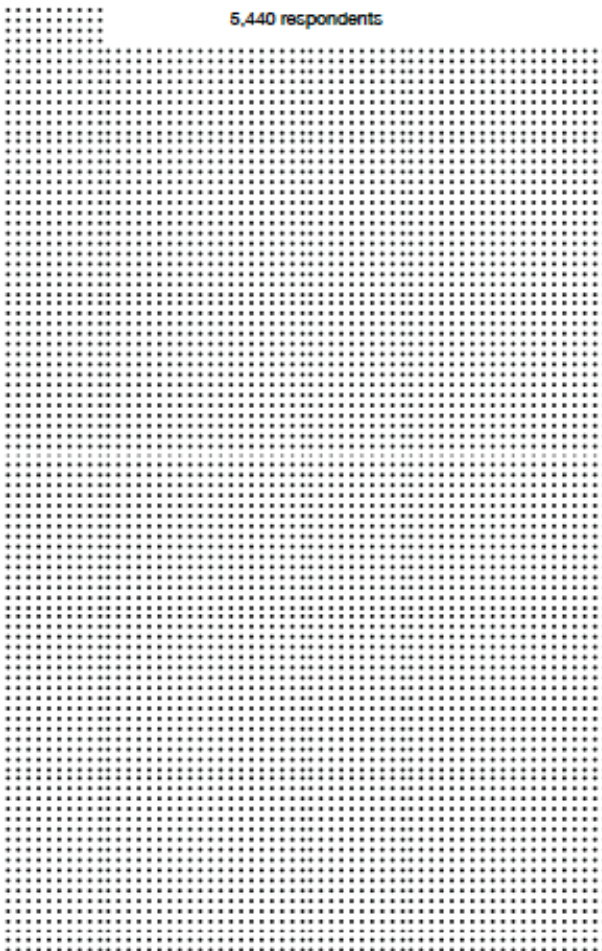
### INDIGENOUS PEOPLES' SURVEY

2,780 respondents



### HEALTH WORKERS' SURVEY

5,440 respondents



### DIRECT EMAIL AND 1-800-NUMBER

800 respondents



### KEY INFORMANT INTERVIEWS

150



## WE ANALYZED HEALTH SECTOR DATA

# 185,000

Health utilization and health outcomes of First Nations and Métis individuals.

## 12,335

Indigenous respondents to the COVID-19 Speak survey.

## 3,026

Adults in the First Nations Regional Health Survey data.

## 1,246

Indigenous respondents to a Patient Reported Experiences Measurement Survey of emergency departments.

## 430

Complaints from Patient Care Quality Offices, Colleges and the First Nations Health Authority.

### LITERATURE REVIEW

Submissions from health sector and Indigenous organizations  
Detailed investigation of specific ER allegations  
Investigation of other select cases  
Extensive literature review of previous investigations, inquiries, and academic or historic findings  
Dialogue with experts in Indigenous rights, Indigenous health/wellness, UNDRIP  
Review of existing anti-racism/cultural safety initiatives already underway



# Surveys: what we heard about racism

- 84% of Indigenous respondents reported some form of discrimination in health care
- 52% of Indigenous health care workers reported personally experiencing racial prejudice at work – the majority in the form of discriminatory comments by colleagues
- More than one-third of non-Indigenous health care workers personally witnessed racism or discrimination directed to Indigenous patients
- 13% of (531) health care workers made racist comments in the survey
- Among top reported reasons why racism persists: employees not willing to speak up; lack of accountability by leadership to stop discriminatory behaviour



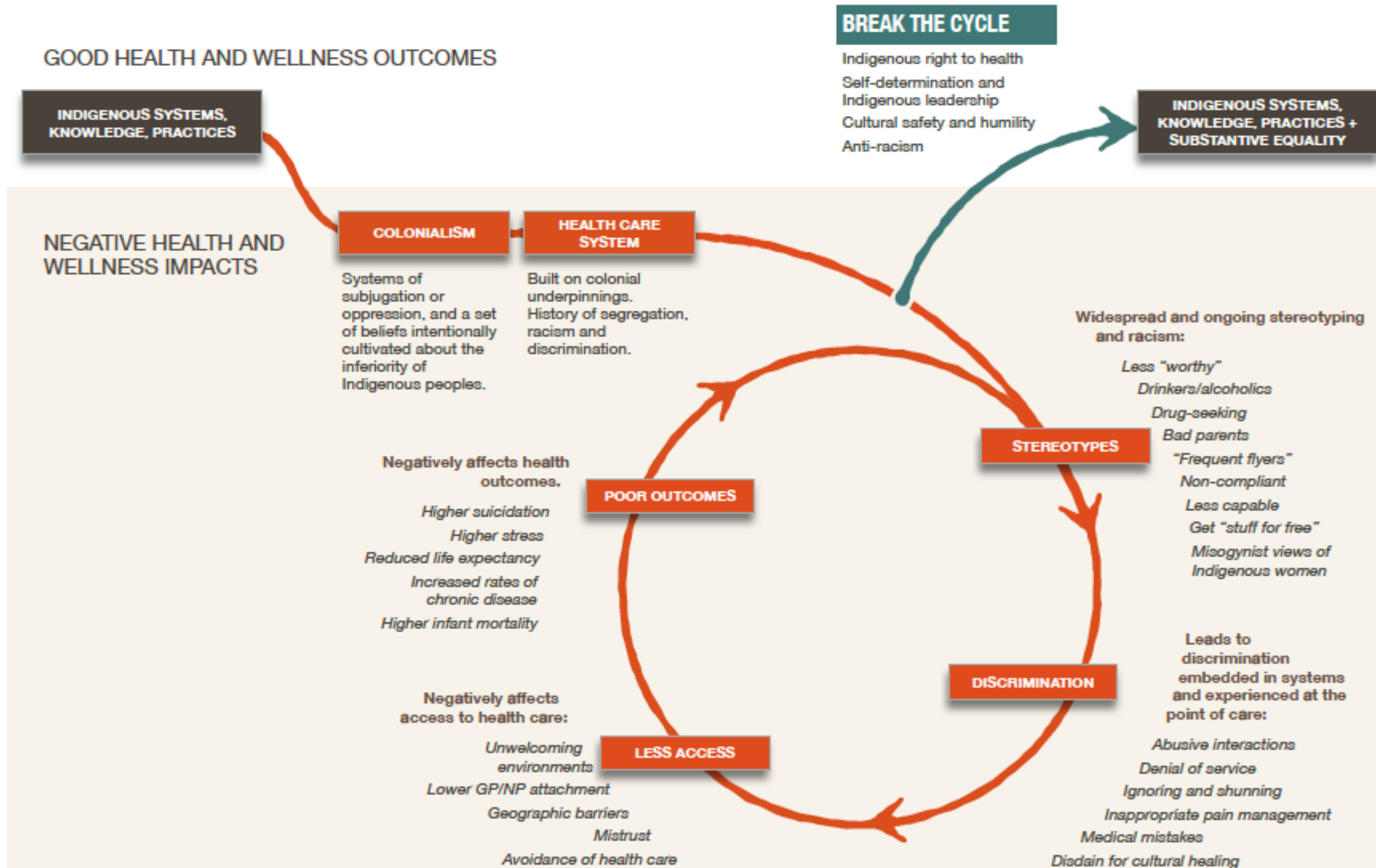
# Submissions to the Review

- One Elder vividly described feeling the “angry hands” of health care workers over her lifetime.
- “I am afraid to go to any hospital. When I do have to, I dress up like I’m going to church [in order to receive proper treatment] It’s ridiculous.”
- “I avoid the hospital at all costs because as an indigenous person I feel unsafe and feel like they won’t bother treating me.”





What we found



# What we found: the “problem” of Indigenous-specific racism



1. There is widespread stereotyping, racism and profiling of Indigenous people.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in B.C.
3. Indigenous women and girls are seriously disproportionately impacted.
4. Public health emergencies are magnifying racism and disproportionately impacting Indigenous peoples.
5. Indigenous health care workers and students face significant racism and discrimination in their work and study environments.





# What we found: examining current ‘solutions’



6. Current education and training programs are inadequate.
7. Complaints processes do not work for Indigenous peoples.
8. Indigenous health practices and knowledge are not integrated.
9. There is insufficient “hard-wiring” of Indigenous cultural safety.
10. Indigenous structures and roles in health decision-making need to be strengthened.
11. There is no accountability for eliminating Indigenous-specific racism, including system-wide data and monitoring of progress.



# Recommendations

Recommendations take a strong human rights approach consistent with the *UN Declaration on the Rights of Indigenous People*.

- **Systems:** 10 recommendations focusing on improved accountability, legislative changes, governance structures, standards, complaints processes, physical spaces, and measurement and reporting.
- **Behaviours:** 9 recommendations focusing on increased Indigenous leadership and health professionals, and specific efforts needed in health emergencies, mental health and wellness, and for Indigenous women.
- **Beliefs:** 4 recommendations about mandatory health professional education, better public education about Indigenous history and health, and a new School for Indigenous Medicine.

**Implementation:** 1 recommendation focused on a Task Team to propel implementation of Recommendations.



# Next Steps

- Data report to follow in December
- Implementation processes

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