

Southern Chiefs' Organization

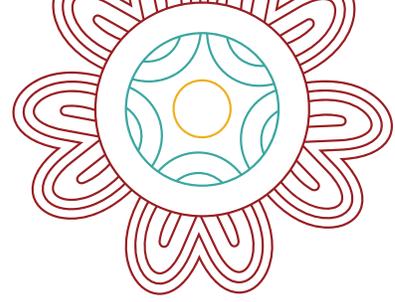
**SURVEY ON
EXPERIENCES OF
RACISM IN
THE MANITOBA
HEALTH CARE
SYSTEM 2021**



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INTRODUCTION

PURPOSE AND SCOPE

Prominent examples of racism in Canadian health care against Indigenous peoples have come to light in recent years. From health care professionals guessing the blood alcohol levels of Indigenous patients in British Columbia (Schmunk, 2020) to ongoing disparities in COVID-19 treatment in Toronto (Kennedy, 2021), racism against Indigenous peoples is evident. In Manitoba and in Quebec, the names of Brian Sinclair and Joyce Echaquan are synonymous with health care neglect, abuse, and discrimination.

In Manitoba, the statistics are damning. Health disparities between First Nations and other Manitobans is wide and widening, resulting in lower life expectancies at birth, higher suicide attempts, and poorer access to health services, to name a few (Manitoba Centre for Health Policy and the First Nations Health and Social Secretariat of Manitoba, 2019). In a recent southern First

Nation Health Director Forum, experiences of systemic racism were identified by southern communities.

Discussion of racism and attempts to reform First Nations' health gave impetus to the creation of a survey to investigate the extent and type of racism being experienced and observed by participating First Nation citizens in Manitoba. This report shares the results from the SCO Survey on Racism in Health Care and summarizes a snapshot of how racism is experienced in Manitoba's health care system. It provides examples of experiences that First Nation people have had when facing racism in health care and the range of effects that racism in health care has had on First Nation people.

ORGANIZATION OF THE REPORT

This report is organized into four sections as follows:

- Section 1 introduces the purpose and scope of this study and the study context.
- Section 2 describes the survey undertaken as part of this study and associated methods.
- Section 3 details the survey findings, first by the demographics of the survey, the community experiences with racism in Manitoba's health care, and the effects of such racism.
- Section 4 concludes the report with a brief summary of the findings.

METHOD

SCO SURVEYS ON RACISM

STRUCTURE

The SCO Survey on Racism in Health Care consisted of nine closed-ended questions, two open-ended questions, and 514 responses were received.

DELIVERY

The survey was administered online, using SurveyMonkey and was open to respondents between December 1, 2020, and January 11, 2021. Data was then exported where it underwent analysis.

ANALYSIS

STRUCTURE

After gathering the 514 responses, a process of data cleaning was conducted to produce a subsample that met the target criteria for the report. Firstly, 73 respondents were removed from the sample due to the fact that they did not self-identify as First Nations. Ten participants identified as Métis, and their responses are summarized in Appendix 2. Six individuals were filtered out for not having answered the questions “Have you ever accessed or tried to access health care in Manitoba?” Following this, one test case response was removed and then four individuals who gave inconsistent responses were filtered out. Lastly, 21 respondents were removed because they only answered a portion of the questions in the survey. In particular, they did provide an answer to the “Have you ever personally experienced any instances of racism when accessing health care in Manitoba?” question, however, they did not indicate which particular instances of racism they experienced. In the end, a total of 397 respondents were found to fit the criteria that makes up the subsample relevant to this report. The data analysis that follows focuses on these 397 respondents.



QUALITATIVE DATA

The survey included two open-ended questions where the participants were given the option to leave their comments. The first of these two questions prompted immediately after the participants confirmed each instance of racism they faced from a health care provider in Manitoba. Here, the survey simply gave the option to provide “Other” experiences of racism that may not have been included as an option in the preceding question. The second open-ended question was prompted at the end of the survey, and asked: “Do you have any comments you would like to make on racism in health care?”. Some of the responses to both of these open-ended questions are quoted in the data analysis below as a means of illustrating the key sentiments and themes that emerged throughout the responses.

LIMITATIONS AND ASSUMPTIONS

At times, in the community survey, qualitative data was analysed and summarized into categories in order to create a visual representation of responses in a graph. It should be noted that while care and precision was given to ensuring that qualitative responses were accurately reflected in the categories assigned to them, a certain level of subjectivity is inherent in this process.



“ I am deeply disappointed but sadly not surprised by yet another overt incident of bias and bigotry inflicted on a First Nations person, with potentially deadly consequences.”

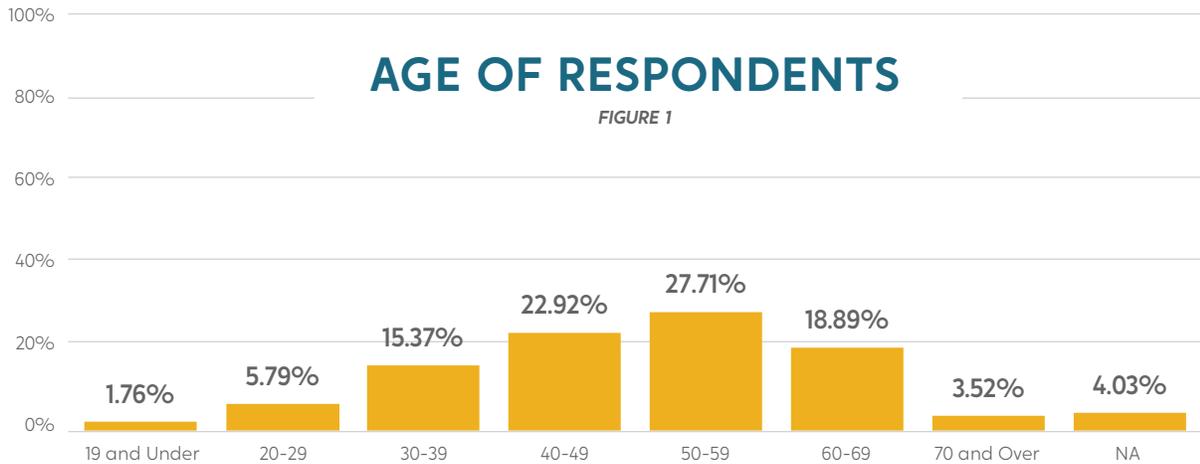
SCO Grand Chief Jerry Daniels



SCO SURVEY ON RACISM

DEMOGRAPHICS

To reiterate what's stated above, the data analysis of this report focuses on the 397 respondents of the *SCO Survey on Racism in Health Care*. Of these 397 respondents, all of them identified as First Nations. The participants were predominantly female (81.1%, N = 397) and the ages of the participants ranged anywhere from 19 years of age and under to over 70 years of age.



Overall, the vast majority (96.7%, N = 397) of the participants confirmed that they have accessed or tried to access health care in Manitoba.

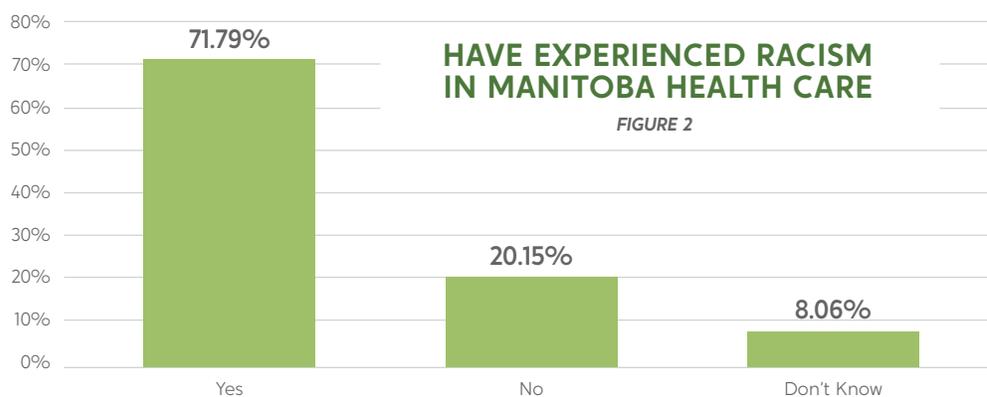
Data from community members from the following First Nations are included in this study: Berens River, Birdtail Sioux, Black River, Brokenhead Ojibway, Bunibonibee, Canupawakpa Dakota, Cayuga, Chippewas of Nawash, Cote, Couchiching, Cross Lake, Cumberland House, Dakota Plains, Dakota Tipi, Ebb & Flow, Fisher River, Fox Lake, Gambler, God's Lake, Hollow Water, Keeseekoowenin, Kinonjeoshtegon, Lake Manitoba, Little Saskatchewan, Lake St. Martin, Long Lake 58, Long Plain, Mathias Colomb, Misipawistik, Nisichayawasihk, Norway House, O-Chi-Chak-Ko-Sipi, Ojibways of Onigaming, Opaskwayak, Peguis, Pinaymootang, Pine Creek, Poplar River, Red Pheasant, Rolling River, Roseau River, Sagkeeng, Sandy Bay, Sapotaweyak, Sayisi Dene, Shoal Lake, Sioux Valley, Skownan, St. Theresa Point, Swan Lake, Tootinaowaziibeeng, Waywayseecappo, Wuskwi Sipihk, and York Factory.

Note that all self-identified First Nation respondents are included in this report, and thus results are not exclusive to SCO member communities.

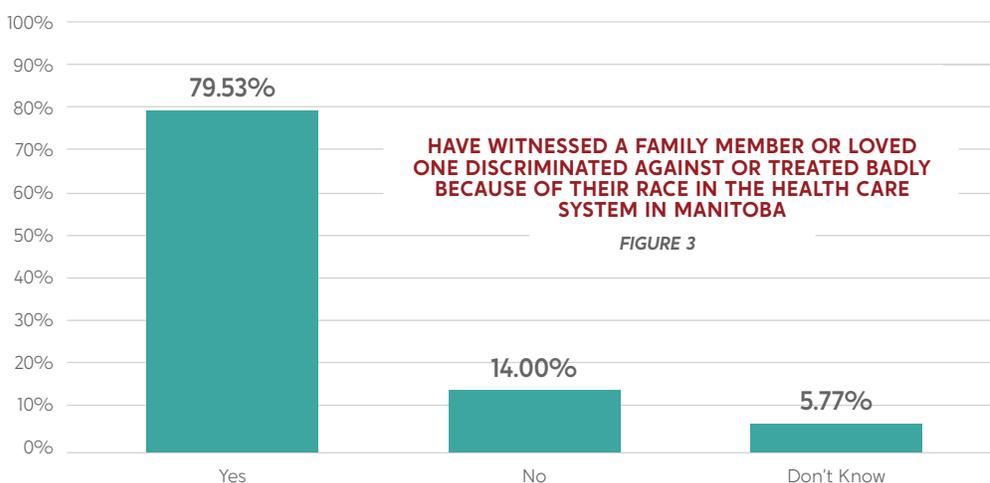


EXPERIENCES OF RACISM IN HEALTH CARE

EXPERIENCES OF RACISM IN GENERAL



As shown in the graph above, the majority of respondents (72.0%, N = 397) report that they have experienced instances of racism when accessing services and programs in the Manitoba health care system.



As well, 79.5% (N = 381) of the respondents expressed that they have witnessed a family member or loved one discriminated against or treated badly because of their race in Manitoba's health care system. Examples and specification of these personal experiences along with other revealing quotes are highlighted below.

SPECIFIC EXPERIENCES OF RACISM IN HEALTH CARE

The survey participants were asked to answer whether or not, in their opinion, they experienced certain specific contexts of racism. In particular, respondents were asked to check every one of the following instances (a. – s.) of racism that they have recently experienced within the Manitoba health care sector;

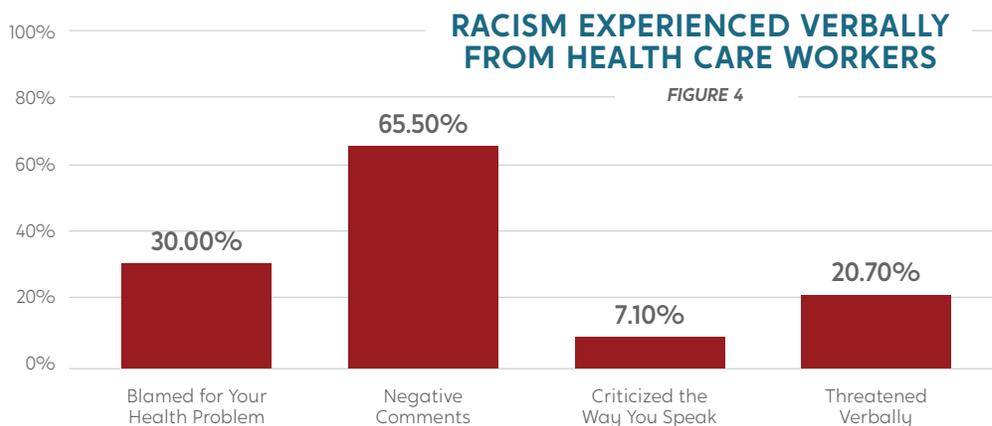
- A.** *you were treated with less respect than other people;*
- B.** *a health care provider blamed you for your health problem;*
- C.** *a health care provider made negative comments about you;*
- D.** *a health care provider acted as if they were afraid of you;*
- E.** *a health care provider acted as if they were better than you;*
- F.** *a health care provider acted as though they thought you were dishonest;*
- G.** *a health care provider criticized the way you speak;*
- H.** *a health care provider acted as if they thought you were not smart;*
- I.** *a health care provider treated you with suspicion;*
- J.** *you were made to wait longer for health care than other people;*
- K.** *you had your medical concerns ignored or discounted;*
- L.** *you were not informed of the purpose of a medical procedure before it was performed;*
- M.** *you were refused service or care;*
- N.** *you were given worse medical care than other people;*
- O.** *you were prevented from accessing the health care you needed;*
- P.** *you were prevented from practicing a cultural ceremony;*
- Q.** *you were threatened verbally (e.g., insulted, shouted at, scolded, mocked, etc.);*
- R.** *you experienced physical abuse from a health care provider (e.g., aggressive physical contact);*
- S.** *you experienced sexual abuse from a health care provider (e.g., inappropriate sexual conduct).*



Each of these examples of racism in health care are grouped and charted into three main categories below:

- 1) Racism Experienced Verbally from Health Care Workers
- 2) Racism Experienced through Behaviours and Attitudes of Health Care Workers
- 3) Racism Experienced through Lack of Care from Health Care Workers

The sample size for all questions a. - s. is 397.



BLAMED YOU FOR YOUR HEALTH PROBLEM

30.0% (n = 119) of the participants confirmed that they have been blamed by a health care provider for their own health problem.

“A health care worker said my bladder fell because I was Aboriginal and I drank lots and that my surgery could be done anywhere by another doctor.”

A majority of respondents (65.5%, n = 137) highlighted that they have received negative comments from health care workers.

“After I had my son she kept going on about birth control, gave me several pamphlets and told me “to make sure I go on the pill because she didn’t want to see me back there”. This is the comment that struck me the most because I was planning on having at least one more child as I was already in my 30’s.”

CRITICIZED THE WAY YOU SPEAK

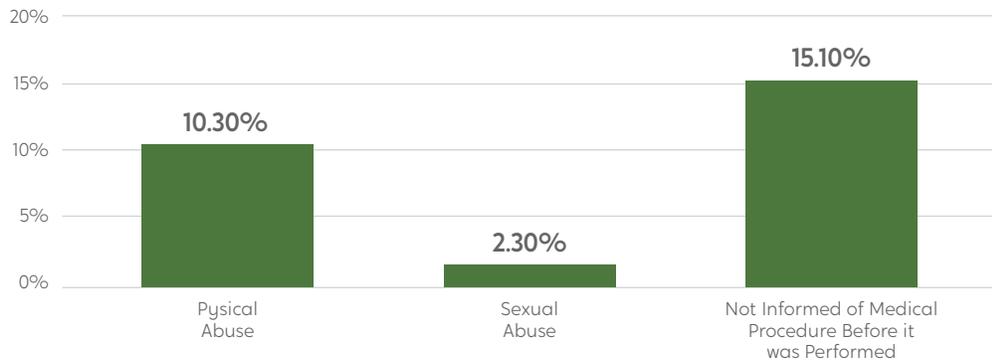
As well, 7.1% (n = 28) of the participants stated that they have been criticized by health care providers for the way they speak.

THREATENED VERBALLY

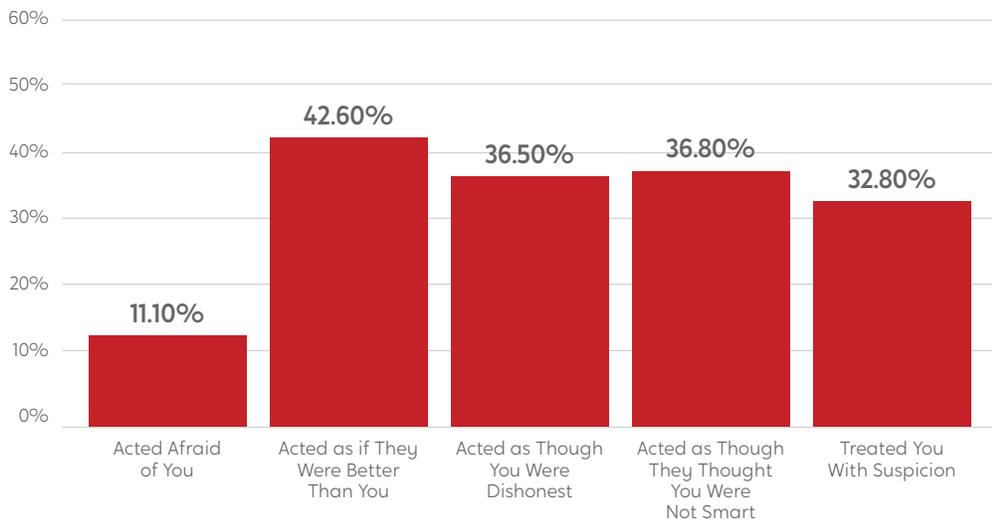
20.7% (n = 82) of the participants expressed that they have been threatened verbally (i.e. insulted, shouted at, scolded, mocked, etc.)

“Verbal abuse... knee replacement... not given a bed that could elevate leg... was told by [staff at health care facility] that “you people” should not be there... when I complained to nurse she [said] “we all feel like that”. And to “just let it go”.”

RACISM EXPERIENCED THROUGH BEHAVIOURS OF HEALTH CARE WORKERS FIGURE 5



RACISM EXPERIENCED THROUGH ATTITUDES OF HEALTH CARE WORKERS FIGURE 6





“ They should make sure that the people they hire aren’t racist, they should watch their employees closer while they’re working, they should listen to complaints people make when they experience racism and they should start putting them on probation.”

Dakota Tipi First Nation



PHYSICAL ABUSE

10.3% (n = 41) of the respondents reported to have suffered physical abuse from a health care provider (e.g., aggressive physical contact). Some of the respondents shared their experiences of being aggressively examined by health care professionals to the point of causing harm or pain.

- *After an aggressive and violent internal examination by a female doctor who failed to read my medical chart with proper care and attention, I suffered a miscarriage that no one was held accountable for."*
- *I had a broken rib and they called security because I was in excruciating pain and was told to shut up and then purposely grabbed from my broken rib area and dragged out on my back while all the [non-Indigenous] people just watched it all happen. And yes, there was video camera's their but they are their to protect the staff."*

SEXUAL ABUSE

The survey also found that 2.3% (n = 9) of the participants were sexually abused by a health care worker.

ACTED AFRAID OF YOU

11.1% (n = 45) of the survey respondents confirmed that they have experienced an interaction with a health care worker that has acted afraid of them.

ACTED AS IF THEY WERE BETTER THAN YOU

Of the racist behaviours and attitudes listed in the chart, the "acted as if they were better than you" answer was the most commonly selected (42.6%, n = 169). This meaning, 42.6% (n = 169) of survey participants have experienced an interaction with a health care provider who acted as if they were better than them.

- *They should make sure that the people they hire aren't racist, they should watch their employees closer while their working, they should listen to complaints people make when they experience racism and they should start putting them on probation, they should also remind their workers that health jobs work with all humans and that race doesn't matter when it comes to health. It's not all doctors, not all nurses but there is some who treat First Nations people like dirt."*
- *We are treated less than human."*
- *Why are we treated like scum compared to other races?"*

ACTED AS THOUGH THEY THOUGHT YOU WERE DISHONEST

Many of the participants (36.5%, n = 145) expressed that they have experienced a health care worker treat them as dishonest. Several emphasized that health care workers approached them with the assumption that they were only interested in obtaining drugs from the health care services.

- *As soon as the nurse or doctor realizes that you do not have any of the following health care problems such as diabetes, high blood pressure, depression, anxiety, they would ask me if I was not really telling the truth. This seems to be a big assumption by the health care system that as an Indigenous person we must all have the same symptoms because of alcohol, drugs, domestic violence, incarceration issues in a First Nation community."*
- *Nurse's at emergency thought I was only there for drugs when I thought I was having a heart attack, Paramedics thought I was on drugs when I was having a panic or angina attack, they kept badgering me to be honest, I kept telling them I wasn't, they even took a test on me and didn't tell me what they were doing, I finally went to hospital."*





ACTED AS THOUGH THEY THOUGHT THAT YOU WERE NOT SMART

Furthermore, 36.8% (n = 146) of the survey respondents answered with saying that they have experienced contact with a health care provider that interacted with them as though they thought they were not smart.

- *Stinks like hell the way health care providers consider first nations as lowly and consider you a dumb person like you have no proper medical rights."*

TREATED YOU WITH SUSPICION

32.8% (n = 130) of the participants confirmed that they have been treated with suspicion by a health care provider. In particular, many respondents emphasized that they were stereotypically suspected of merely seeking prescribed drugs instead of health care services.

- *It is assumed that I am a drug user so I always start my appointments with "I don't want opiates or pain killers' or "I am not seeking pain killers'. This works to a certain extent. I don't know what I will do if, God Forbid, I have pain and seek emergency care."*

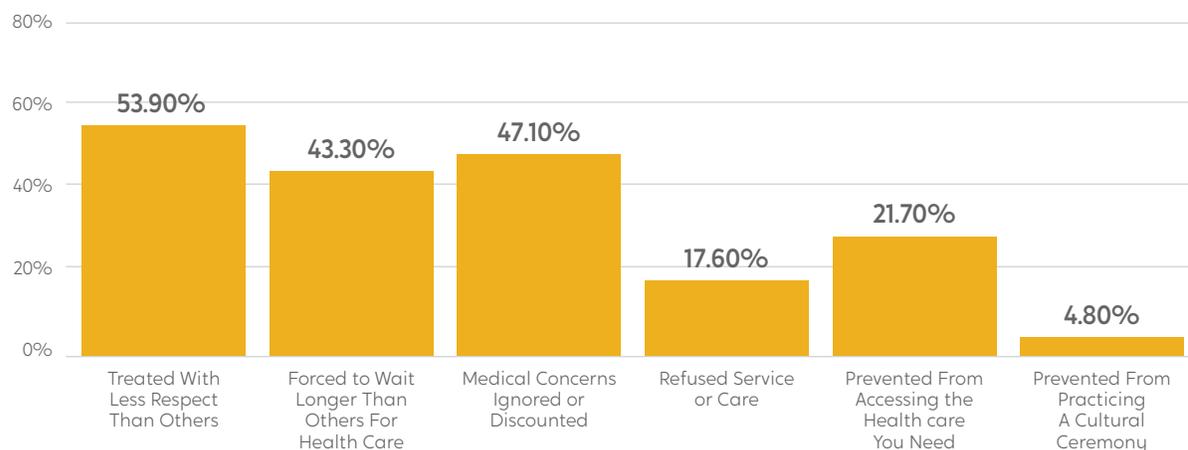
NOT INFORMED OF MEDICAL PROCEDURE BEFORE IT WAS PERFORMED

Also, 15.1% (n = 60) of respondents indicated they had a medical procedure performed on them without being informed.

- *Even had a drug test performed without my knowledge when I went to emergency last April 2019! I was in so much pain literally crying and screaming! Doctor thought I was faking just to get more painkillers! ... Were they allowed to do this without my consent!!"*

RACISM EXPERIENCED THROUGH LACK OF CARE FROM HEALTH CARE WORKERS

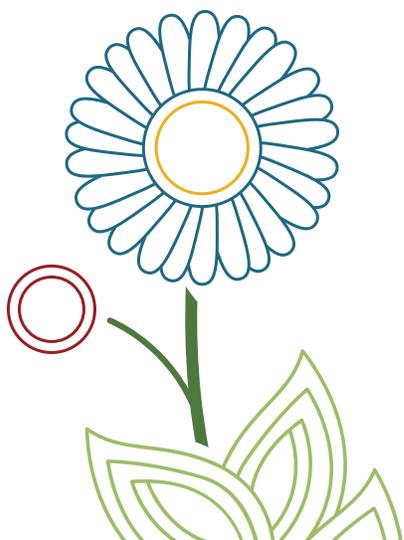
FIGURE 7



TREATED WITH LESS RESPECT THAN OTHERS

The majority of the survey participants (53.9%, n = 214) identified that they have been treated by health care workers with less respect than other people. Several of the respondents left comments pleading for First Nation people to be treated as equally as everyone else.

- *Everyone should be treated fairly and respectfully when accessing health care. And not be treated as if we are just going there for drugs to get high."*
- *Health care people should be made to take sensitivity training. They should be able to treat ALL people with respect and dignity."*





FORCED TO WAIT LONGER THAN OTHERS FOR HEALTH CARE

A significant proportion of the respondents (43.3%, n = 172) indicated that they were forced to wait longer than others for health care services.

- ■ *I was ignored at triage although I was first in line ... I had high blood pressure and did not [have the] ability to advocate at the time this happened. I was too sick to fight with the triage clerk... I was bypassed by a non-indigenous man then it got worse when I went into emergency... until I spoke about my credentials.... the behaviour changed suddenly."*
- ■ *Experienced second class service - for example if a non-indigenous person was waiting to be seen by a doctor and if they didn't have an appointment...they would get priority health care service over me whom had a medical appointment."*

MEDICAL CONCERNS IGNORED OR DISCOUNTED

Almost half (47.1%, n = 187) of the participants expressed that their medical concerns were either ignored or discounted by health care providers. Many of the participants elaborated on these experiences in further detail.

- ■ *My mother died as a result of gross neglect and incompetence by her primary care doctor and subsequent doctors and medical staff. Her family history of heart disease was ignored and belittled by her doctor and she then had [a] heart attack (within days it was diagnosed by ER) and strokes. She was incapacitated and paralyzed and neglected by health care providers. My attempts to get her additional help were ignored and refused. My family has experienced direct racism and neglect resulting in my distrust and fear of the medical system. I am afraid to seek care when needed."*

REFUSED SERVICE OR CARE

Furthermore, 17.6% (n = 70) confirmed they have had experience being refused of care or service by a health care provider.

- *I was denied IV pain medication and given oral medication that was not effective. The doctors orders read per oral or IV. I was also on bed rest which required assistance to the bathroom. I needed the bathroom. I was told that no one could help me and that I would have to wait until someone came back from lunch to use the bathroom so I had to soil myself which caused great embarrassment and loss of dignity."*

PREVENTED FROM ACCESSING THE HEALTH CARE YOU NEEDED

21.7% (n = 86) of the participants expressed that they have been prevented from accessing the health care they needed. Many implied that in order to have access to the health care they need, health care providers must be educated on how to be culturally aware and sensitive of the specific traumas and needs of First Nation people.

- *I would like it if there could be a service that would match our people with Doctor's who know we are First Nations and know that we have had bad experiences with the health care system and who would be sensitive to our trauma and needs."*
- *Deplorable. Serious education needs to happen with all health care professionals regarding First Nation people. Dispel the stereotypes."*

PREVENTED FROM PRACTICING A CULTURAL CEREMONY

Lastly, 4.8% (n = 19) of the respondents indicated that they were prevented by a health care provider from practicing a cultural ceremony.

- *The cultural room was there but it wasn't accessible for general public use."*

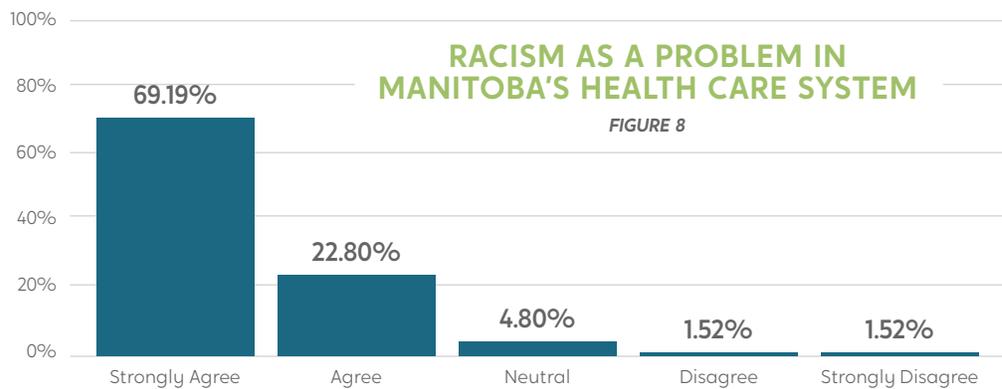
“ Everyone should be treated fairly and respectfully when accessing health care.”

“ Deplorable. Serious education needs to happen with all health care professionals regarding First Nation people.”



EFFECTS OF RACISM ON HEALTH AND RESPONSES TO RACISM

The third and final section of the SCO Survey on Racism in Health Care focused on the range of effects that racism has had on the participants.



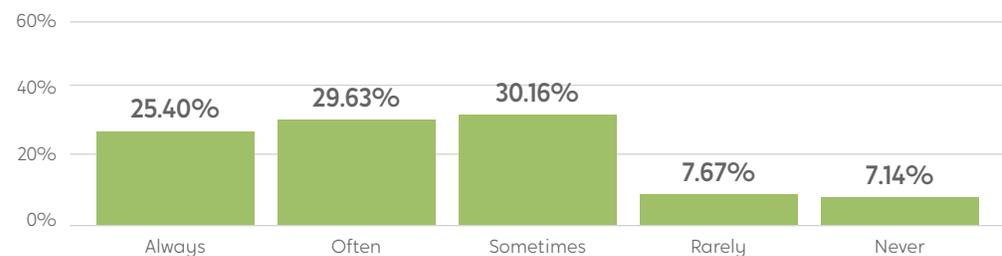
As evident in the graph above, an overwhelming majority (92.2%, N = 396) of the survey respondents either agreed or strongly agreed with the statement that “racism is a problem in Manitoba’s health care system.”

■ ■ *It seems racism exists and will always be there.”*

■ ■ *I’m appalled at how rampant racism exists in our systems at all levels.”*

EXPECTATION OF EXPERIENCING RACISM WHEN GETTING MEDICAL CARE IN MANITOBA

FIGURE 9





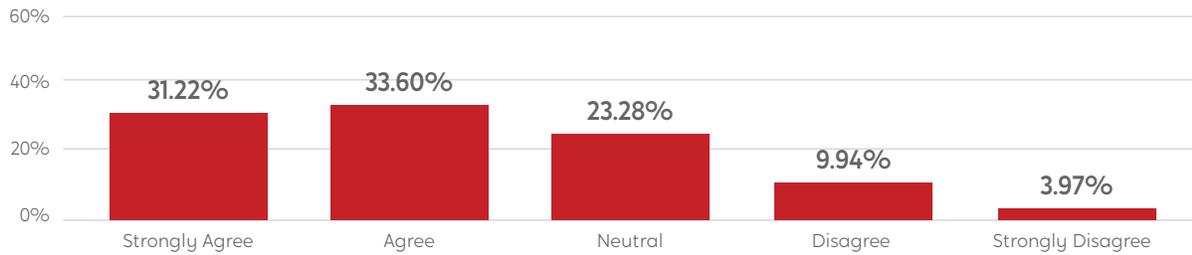
The effects of racism in Manitoba’s health care are further shown in the graph above, as the majority of the participants (55.0%, N = 378) agree that they either often or always expect to face racism from health care providers when they are seeking medical care. Examples of the respondents’ expectations were shared in further detail. Many emphasized that they often expect to be assumed to only want prescribed drugs and not actual care.

“Way you look, they figure you’re just looking for drugs.”

“I am surprised when I or family members are treated well.”

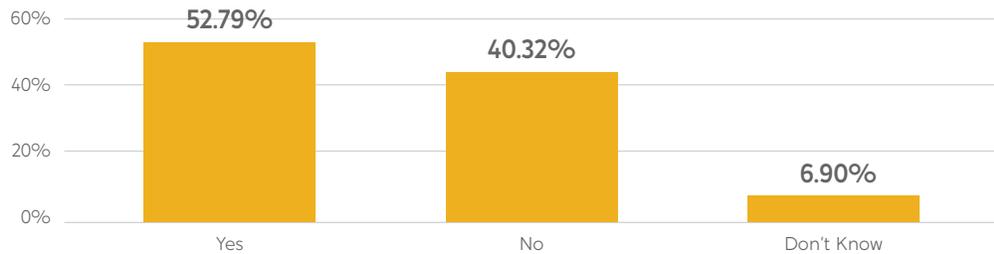
THE IMPACT OF RACISM ON HEALTH

FIGURE 10: Respondents response to statement: “My health has been impacted because of racism in Manitoba’s health care system.”



Furthermore, 64.8% (N = 378) of the participants also either agreed or strongly agreed that their health has been impacted because of racism in Manitoba’s health care system, while 11.9% (N = 378) disagreed.

RACISM AS A DETERRENCE TO GETTING HEALTH CARE **FIGURE 11**



Finally, the majority of the survey respondents (52.8%, N = 377) indicated that they have avoided seeking health care due to the effects of racism. Several participants elaborated by saying they were fearful of what might happen to them if they were to get health care

- ■ *I'm scared to get sick and go to the hospital. I usually wait til I'm very sick before going to the hospital. I don't trust the health care system."*
- ■ *I'm scared for my grandparents to go alone to seek health services."*

SUGGESTIONS FOR ADDRESSING RACISM IN HEALTH CARE

Although many respondents left comments that were pessimistic of the notion that racism could be eradicated from Manitoba's health care, many also suggested certain actions that should be taken in the process of dismantling racism in Manitoba's health care services and programs. The two main suggestions were:

- 1) *Mandatory education for all health care providers to learn about First Nations' cultural awareness and sensitivity.*
- 2) *Hire more Indigenous health care providers.*
 - ■ *All Health care providers should take a course on Indigenous peoples, and learn of residential schools and the impact it had on our people."*
 - ■ *Hire more of our own people in visible and key positions."*



CONCLUSION

SUMMARY

Based on the survey findings, it is evident that First Nation people who completed the survey may have experienced a lower quality of care in Manitoba's health care system because of their race. Furthermore, the range of experiences expressed by the respondents demonstrates the many ways in which racism in Manitoba's health care system is understood by First Nation people.

Both the effects of the prevalence of systemic racism and first-hand experiences of racism directed at them by health care providers clearly elicit strong feelings for participants of the survey. In particular, racism is seen as contributing to a lack of trust and even fear of Manitoba's health care system. Racism then has a significant and direct impact on the health of First Nation citizens in Manitoba, as many choose not to seek health care because of it, and even for those that do seek health care, racism negatively affects the quality of that care.

Although the explicit connection to racism may be more difficult to draw, it should be noted that, as an example, nearly one in six respondents remarked that they had been subject to unwanted or unauthorised procedures when seeking treatment within the Manitoba health care system. This is not an historical survey. These are recent events.

Finally, several survey respondents shared some of their thoughts as to how the issue of racism in health care could be addressed. Specifically, many respondents suggested mandatory First Nations' cultural awareness and sensitivity education and training for all health care providers. As well, a more substantial proportion of First Nation people should be hired to health care positions.



Ending racism in health care would also require a multi-sector approach that directly addresses centuries of colonialism, genocide, and economic apartheid. The Truth and Reconciliation Commissions' Calls to Action and the National Inquiry Into Missing and Murdered Indigenous Women and Girls' 231 Calls for Justice provide tangible actions that governments, organizations, and individuals can take to end systemic racism towards First Nation people in Canada.



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APPENDIX 1

ADDITIONAL QUOTES



- *I was employed at our local hospital for 12 years and saw so much racism. It is one of the reasons I stayed so long. To advocate and try to protect our people from it. My heart was so very heavy after many shifts. Racism is very alive in our health care. I am now on disability because of the heavy work involved in health care. I am now fighting a whole new level of the system. And as a native person the fight I see is so much more difficult then it should be. I don't mind being contacted if need be I have a lot to say when it comes to our so called "care" providers and my former coworkers."*
- *It's normal for me, like something you get used to. I'm used to being treated differently because of who I am. It is a daily occurrence to which other people act shocked when they witness it."*
- *Yes- it won't change until we have our own health care facilities in our communities."*
- *Yes, my sister while having a stroke was sent home because they said she was another drunken and druggie native Indian. Was told take Tylenol go home rest. She went back via ambulance still sent home finally she went back in this time she had lasting effects on her right side because they didn't treat her properly."*

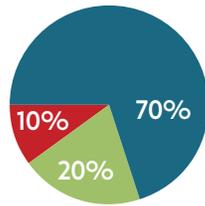
APPENDIX 2

MÉTIS DATA

This section is included in the report out of respect for the Métis citizens who completed the survey.

DEMOGRAPHICS

In total, ten of the survey respondents identified as Métis. Eight of these respondents were female, while two were male. The ages of the Métis respondents ranged from 32 years of age to over 70 years of age, with the median age being 52 years old.

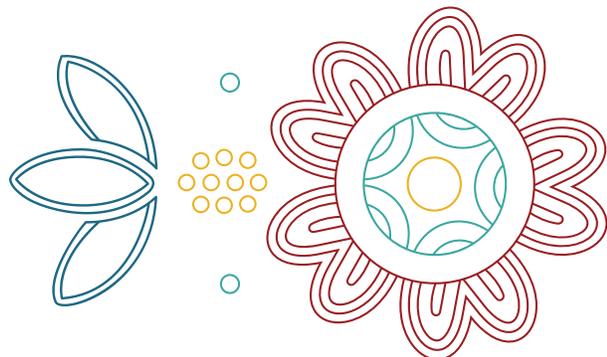


PERCENTAGE OF MÉTIS RESPONDENTS THAT HAVE EXPERIENCED RACISM IN MANITOBA HEALTH CARE (N = 10)

● Yes ● No ● Don't Know

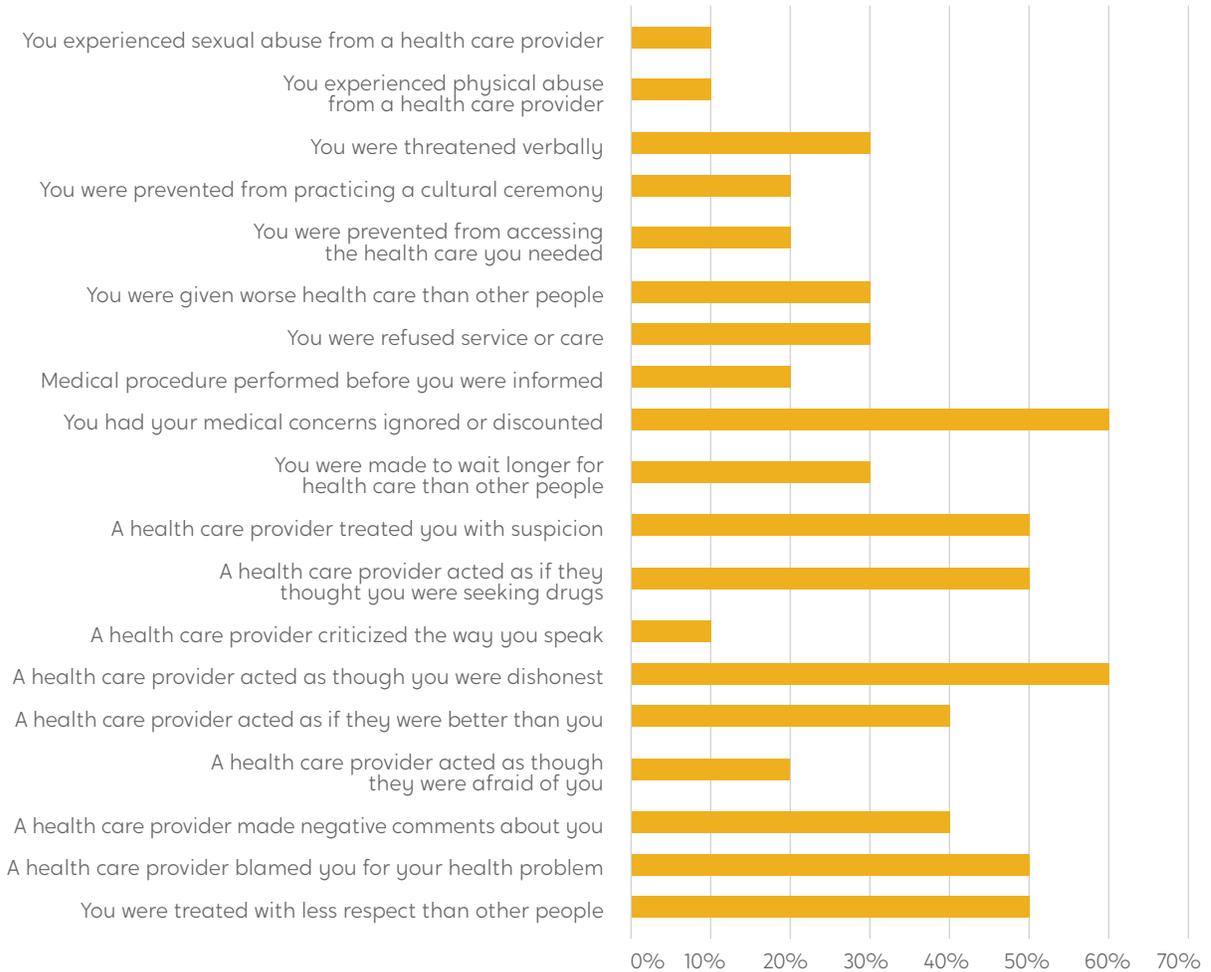
The questionnaire responses regarding personal experiences of racism show that 70.0% (N = 10) of Métis participants have personally experienced racism in the Manitoba health care system. 10.0% (N = 10) said they had not experienced racism, while 20.0% (N = 10) responded that they didn't know.

The results from the 10 Métis participants are as follows:

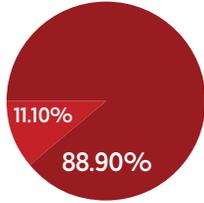




TYPES OF OCCURRENCES WITH RACISM IN MANITOBA'S HEALTH CARE THAT THE MÉTIS RESPONDENTS HAVE EXPERIENCED (N=10)



GENERAL OPINION ON RACISM IN MANITOBA'S HEALTH CARE

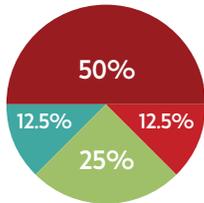


MÉTIS RESPONDENTS' LEVEL OF AGREEMENT WITH THE STATEMENT "RACISM IS A PROBLEM IN MANITOBA'S HEALTH CARE SYSTEM." (N = 9)

● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

Participants were asked if they agreed with the statement, "Racism is a problem in Manitoba's health care system". All of the Métis participants (N = 9) either agreed or strongly agreed with the statement, with the vast majority (88.9%, N = 9) strongly agreeing.

When asked if their health has been impacted by racism in the system, 62.5% (N = 8) of participants either agreed or strongly agreed with the statement.

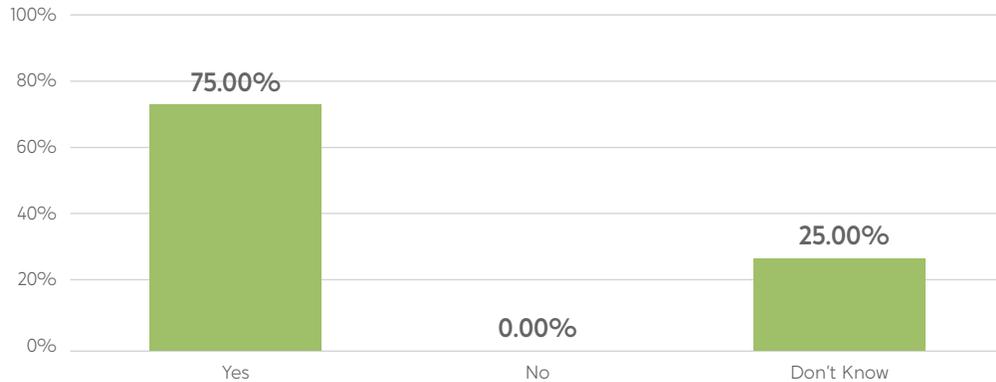


MY HEALTH HAS BEEN IMPACTED BECAUSE OF RACISM IN MANITOBA'S HEALTH CARE SYSTEM. (N = 8)

● Strongly Agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

FAMILY MEMBERS EXPERIENCE OF RACISM

PERCENTAGE OF MÉTIS RESPONDENTS THAT HAVE WITNESSED A FAMILY MEMBER OR LOVED ONE DISCRIMINATED AGAINST OR TREATED BADLY BECAUSE OF THEIR RACE IN MANITOBA'S HEALTH CARE (N = 8)



Moreover, 75.0% (N = 8) of participants reported that they had witnessed a family member or loved one being discriminated against or treated badly because of their race in the Manitoba health care system.

GENERAL COMMENTS

Some of the Métis participants described both these personal instances of experiencing racism, as well as witnessing racism, in detail in the final open-ended question of the survey. As well, some provided suggestions as to how the issue of racism in Manitoba's health care could be addressed. The following quotes from Métis respondents are the most relevant to the scope of the report.

- *Cultural competency training and a commitment to understanding a wholistic approach to healing within MBS health may help benefit the collective human family."*
- *My mother was a residential school survivor, I saw her being treated differently because of her looks, she was asked questions that no Dr needs to and it made her upset and scared to go to a Dr for health care, so when she had the stroke i had to be her advocate and always, always, double check on her care plan, mom was a beautiful soul who lost her fight with life on February 1. I was her caregiver right up to the very end. Because she was afraid to be left alone"*
- *I think waiting rooms need to have advocates in the hospital waiting rooms to witness and support. I don't look like a minority but witnessed our poorly being looked over."*



RAC·ISM

noun

Systemic racism refers to the ways that white supremacy is reflected and upheld in the systems in our society. It looks at larger colonial structures such as education systems, health care systems, policing and justice systems, rather than individual biases and behaviours.

All these systems are built with an already ingrained bias, a racist and discriminatory lens that doesn't provide or allow for equal or fair opportunities for racialized peoples to succeed.

In a settler colonial state like Canada, the systems that were put in place at the creation of the country benefited colonists and disadvantaged Indigenous peoples. Much of our society today continues to reinforce this power dynamic.

Chi-miigwetch, Pidamiye, and thank you to everyone who took the time to complete the survey. Your voice is respected and reflected in this call for change. Thank you to The Firelight Group for your expertise and dedication to this important project.

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