

Alberta Doctors' Digest

A brief primer on National Day for Truth and Reconciliation for Alberta physicians

With gratitude for her contributions and guidance, maarsii & fa'afetai lava to Talafiafia Ausantetaliitama Taefu

Note: This article was drafted en route from Calgary to Edmonton on an idle Sunday in August after some reflection on what NDTR means to me as an Otipemsiwak physician and Citizen of the Métis Nation of Alberta. I acknowledge that while I have a stated interest in Indigenous Health and Rights, I in no way consider myself an expert and acknowledge that Indigenous experiences are incredibly diverse. Please do not count me as an authority on the topic but as someone who maybe introduced it. Please continue your journey beyond this article, thinking critically about the sources cited during independent learning, and seeking engagement with local distinctions based Indigenous Peoples.

National Day for Truth and Reconciliation is September 30, 2024

As we approach the third annual National Day for Truth and Reconciliation (NDTR) on September 30, there has been increasing curiosity about what exactly NDTR is – and why it's important for physicians to observe it. These are good and complex questions that deserve thoughtful responses. The following is a brief primer meant to set the stage for further exploration.

What is NDTR?

National Day for Truth and Reconciliation (NDTR) is also known as "Truth and Reconciliation Day" and "[Orange Shirt Day](#)". It was established following the release of the [Truth and Reconciliation Commission Report](#) on Residential Schools in Canada in 2015. The [announcement](#) by the Tk'emlúps te Secwépemc Nation of the discovery of the mass grave of 215 bodies at Kamloops Residential School in 2021, the Government of Canada recognized the importance of dedicating a National Day for Truth and Reconciliation.

Who is NDTR for?

NDTR is a day for [allyship](#). It is a day for settler Canadians – no matter whether they are new to Canada or their families have been here for generations – to reflect, learn and action their journey of allyship with [distinctions-based](#) Indigenous Peoples.

This is done from a restorative perspective, not a punitive one. Residential Schools meet the United Nations [1948 Convention on the Prevention and Punishment of the Crime of Genocide](#) international legal definition of genocide. NDTR is about collective healing.

NDTR is related to but different from National Indigenous Peoples Day, celebrated each June 21 (and by extension National Indigenous Peoples Month - June), which is a day for Indigenous Peoples to celebrate and share their strength, cultures, languages, knowledges and practices.

It is also different from May 5, which is National Day of Awareness for Missing and Murdered Indigenous Women, Girls and Two-Spirit (MMIWG2S+), also known as “Red Dress Day” which raises attention towards human trafficking and racialized gender violence of Indigenous women, girls and gender diverse people. To learn more, see the [Reclaiming Your Power and Place MMIWG2S+ National Report](#). Please note: [Sisters in Spirit Day](#) is on the heels of NDTR, October 4.

It is very important to acknowledge that there are Newcomers who came to Canada not necessarily by choice, either by way of human trafficking or as refugees. Related but separate, there are also non-Indigenous People of Colour (POC) who have also survived Canadian-state-enacted crimes of violence. It is important to recognize that such individuals, families and communities have a different relationship with the Canadian state and therefore a different appreciation and perspectives with NDTR.

Why is NDTR important for Alberta physicians? (content warning)

Unfortunately, the medical profession in Alberta is inextricably tied to residential schools. [Twenty-six of the 134](#) (19% or 1/5) Residential Schools in Canada were in Alberta. Seven of the 29 (24% or 1/4) Indian Hospitals in Canada were in Alberta. Immediately, these proportions: 1/5 and 1/4 of the total Canadian Residential Schools and Indian Hospitals in all of Canada resided in Alberta alone, explains where some of the tension is coming from.

The Charles Camsell Indian Hospital, located in Edmonton, is not only the last Indian Hospital to close in Canada but the last racially segregated hospital to close in North America (Canada and the United States).

Local Oral Knowledge states that in its earlier iterations, there was a close relationship between the Camsell (1946-1996) and the Edmonton (1924-1968, First Nations children) and Youville (1936-1948, Métis children) Residential Schools, both located in St. Albert just North of Edmonton. The local inquiry into the Edmonton and Youville Residential Schools is currently being conducted by an [archeology team](#) out of the University of Alberta, led by Métis & Papaschase Dr. Kisha Supernant, Director of Prairie and Indigenous Archeology.

Oral Knowledge suggests the [deceased patients were buried at the Camsell site](#) and/or transported to another site including the Edmonton and Youville Residential Schools.

With this Oral Knowledge of Charles Camsell Indian Hospital, an inquiry was opened and while there were no human remains found, a class action lawsuit remains ongoing regarding the care, morbidity and mortality as outcomes, which reflects narratives of Residential Schools and [Indian Day Schools](#) experiences.

Charles Camsell Indian Hospital is just one example – there are more.

In addition to this very tangible example of the relationship between the Profession of Medicine with Residential Schools in Alberta, it is important to note that the profession of medicine advocated and enacted eugenics programming including the Alberta Sexual

Sterilization Act (1928-1972), which also meets the United Nations definition of genocide.

Another example is that our physician predecessors conducted unethical medical and nutritional experimentation within Residential Schools, which is why biomedical ethics is now so critical of applications that directly involve or could indirectly impact Indigenous Peoples.

While we as physicians had absolutely no idea about these histories and legacies, with the inauguration of NDTR, [we have an opportunity to learn, grow and change](#) in allyship with, for, the Indigenous Peoples within Alberta.

The Canadian Medical Association has recognized these legacies and is delivering its [National Apology](#) on September 18, 2024, in Victoria BC.

Where can I show my support for NDTR?

It is important to remember that as physicians, we all encounter Indigenous patients, families, colleagues, and communities – whether we realize it or not.

Show your support at work: whether it is in a clinical space, administrative space, academic or laboratory. Remember, it is about allyship.

Show your support in your real life too, in your community: at the grocery store, at your kids' school, at the gym.

When do I show my support for NDTR?

We like to joke/boast where I work that every day is National Indigenous Peoples Day and National Day for Truth and Reconciliation. Of course, that is the ideal, and it is what we should all aim for.

If NDTR falls on a weekend and/or if your work observes NDTR as a statutory holiday, make a point of showing support on the shoulder days, if not the last week of September or even the whole month of September.

How do I do NDTR well as a physician?

Here are four easy things you can do to be an ally this upcoming September 30:

1. Wear an Orange Shirt – make sure you buy your Orange Shirts from an Indigenous-owned apparel family or company.
2. Read an Allyship Toolkit – I like the eight-pager [Montreal Urban Aboriginal Community Strategy](#) Network and [Calgary Foundation](#) Toolkits.
3. At a September meeting, gathering, or rounds, have an intentional 10-15 minute conversation introducing the need and question of practical allyship in day-to-day encounters with Indigenous patients, colleagues, families and communities.
4. Complete the AMA-CPSA-AHS 40-minute [Micro-Aggressions Modules](#).

There are many ways for physicians to be an ally to Indigenous Peoples but allyship requires [an intentional choice](#). For physicians, that choice begins with recognizing the privilege that settler peoples have (by simply not having been subjected to this Canadian-state-enacted genocide), the power imbalance this creates and what must

change. It doesn't have to happen all at once, but NDTR is a great opportunity to start the journey and take action with small but meaningful steps.

Banner image credit: Lisa Boivin

This is a second iteration of a [previous painting](#). The message is similar with more participants holding hands, creating a new circle of medicine.

The circle of medicine is empty in the center representing potential to create wellness through good relationships. As Indigenous people working in healthcare, we endeavor to create a new circle of medicine between community and healthcare practitioners.

Wolf: Wolf teaches us about the importance of family and including family members in the treatment plan if possible. Wolf teaches us to communicate clearly, to be tenacious and to learn from failures when they occur. Clinical medicine is a difficult terrain to navigate. You must be persistent. Learn from elders and clinicians who have good relationships with communities.

Clipboard: Represents the sacred ceremony of informed consent.

Hawk feather: Reflects connection to your spiritual self. Speak clearly and with kindness. Informed consent is a sacred ceremony.

Hummingbird: Ability to hover and observe. Hummingbird also holds the ability to pollenate. In clinical terms, we must be able to translate knowledge and activate clinical plans across diverse team members.

Caribou: Represents generosity. Also represents slight changes in intergenerational teachings. Each year caribou trails deviate slightly to ensure survival. Each generation, our teachings change slightly to navigate these complex times. Also, caribou naturally gravitate towards places that are healthy to ensure their offspring survive.

Butterfly: Butterfly reflects youth and learning from the young, as well as transformation.

Strawberries: Strawberries are little hearts. They cradle all beings in the love of the land.

Patient-centered care reflections: The wolf teachings emphasize relationships within family-centered care and community. The engagement with Indigenous communities and what is important to them. Caribou reminds us about sharing complex teachings; and of simultaneously changing and remaining the same. The hawk feather in the circle of medicine reflects seeing everything, recognizing new gifts, and being open to new gifts. The hawk feather, drum and clipboard point to creating safe relationships.