

# Alberta Doctors' Digest

## Truth for ReconciliAction

June 2025 marked the 10th anniversary of the release of the [Truth and Reconciliation Commission's final report](#) and the accompanying 94 Calls to Action – [seven of which focused on health](#). Although some progress has been made in the intervening years, there is still considerable work required to address the health inequities that impact Indigenous Peoples. The many challenges that continue to exist, and what it will take to create a better tomorrow, were discussed in [a powerful article by Dr. Esther Tailfeathers in the June 2025 issue of the CPSA's Messenger](#).

Recently, two members of the AMA Indigenous Health Committee delivered a presentation to the [Primary Care Strategic Forum](#), which explored the living legacies of racism and colonialism that have shaped modern First Nations, Inuit and Métis health outcomes – and what we need to learn and unlearn to move forward.

The one-hour session delivered by Dr. Cayla Gilbert and Dr. Cassandra Felske-Durksen began by taking attendees through foundational definitions, including oppression, privilege and power. “We have to understand the original definitions of our common language in order to understand how we got here,” explained Dr. Felske-Durksen. “And we have to be able to speak these words out loud to acknowledge – and move – the elephant in the room.”

### **Racism's origin story and Alberta's dubious distinction**

Understanding the origin story of racism requires learning about the *Doctrine of Discovery*, a legal and religious concept built around *papal bulls*, which were formal statements from the pope that first began in the 1400s. The average modern-day Alberta physician does not know, was not taught, and does not subscribe to the Doctrine. This is what makes it difficult to identify Doctrine-born ideas when they emerge in our curriculum, policies and legislation.

In Canada, the Doctrine was used to justify the religious colonial conquest of sovereign First Peoples Nations. It advanced the idea that European peoples, culture and religion were superior. Human scientists of the late 19th century – physical anthropologists and physicians – by way of pseudoscience, published manuscripts on the hierarchy of races, with the white race considered superior to all others, in all ways.

Here in Canada, using the Doctrine-informed racial pseudoscience, which positioned Indigenous Peoples of the globe sub-human, as a guide, colonizers claimed Indigenous lands, forced Christian beliefs, and justified centuries of human rights atrocities. The Doctrine's belief in white, European superiority underpinned residential schools, Indian day schools and the Indian hospitals that practiced, among other unethical medical and surgical practices, forced sterilization as part of a government-sponsored eugenics program. It is worth noting that Alberta and British Columbia had Sexual Sterilization Acts, which were in effect until the 1970s. More than 2,800 people were sterilized under this legislation in Alberta, a disproportionate number of whom were Indigenous women and Two-Spirit people.

Not only was Alberta one of the two provinces that legislated and brought into law forced sterilization, but it also had the dubious distinction of being home to a disproportionately high number of residential schools and Indian hospitals. Alberta had seven Indian hospitals, the highest number in Canada and the last one, the Charles Camsell Hospital in Edmonton, remained in operation until March 1996.

In 2023, nearly 500 years after those papal decrees were used to rationalize colonialism, racism, and genocide, the [Vatican repudiated the Doctrine of Discovery](#), saying the Catholic Church “repudiates those concepts that fail to recognize the inherent human rights of Indigenous people.” Although it was a welcome and historic statement, it does little to address the practical damage of colonialism and the racism it created and fed.

## **Unlearning what’s been learned**

“While the physicians practicing medicine today didn’t create this living legacy, we did inherit it,” explains Dr. Felske-Durksen. “And it’s the reality we are left to deal with.”

Centuries of racism, a social construct positioned as science by trusted 19th-century human scientists, continue to impact the health of First Nations, Inuit and Métis Peoples across Canada today. During the session, Dr. Felske-Durksen and Dr. Gilbert detailed how racism has shaped access to care for Indigenous Peoples, including the use of the infamous “medicine chests” as specified in Treaty No. 6 which, while brilliant additions on the part of the signing Chiefs of Treaty 6, Oral Knowledge tells us often included nothing more than opium and plasters due to selective stocking by the Indian Agents.

Racism also continues to influence the assumptions physicians often make about the health of Indigenous patients. “Indigeneity was often referred to as an illness, a congenital illness that needed to be eradicated from the human species,” notes Dr. Felske-Durksen, “and we still see racial pseudoscience showing up in our training, where we are told Indigeneity is a risk factor to health. Indigeneity is not a risk factor to my health – being Otipemisiwak is a protective factor to my health. Indigenous language, culture and community protect us; and in that way, we come with our own medicine.”

She emphasizes the importance of unlearning much of what we’ve been taught. “I’m constantly in the process of decolonizing my medical, administrative, and academic practices. I continue to make missteps every day in my practice – a central tenet to cultural humility is knowing and accepting I will make missteps and knowing how to deliver a good apology when that happens. And if I can learn from those missteps and share them with my colleagues, so they can have a little bit of help with their relationship building, I feel compelled to do that. We’re all in this together.”

## **A changing geopolitical landscape**

The importance of cultural humility and of working to break down systemic barriers to care remains critically important for physicians, especially at a time in history when we are seeing a concerning change in the geopolitical landscape. “We’re seeing a rise of white nationalism here in Canada and around the world that has the common origin story of racism – which is racial pseudoscience. In my mind, the Doctrine of Discovery is still influencing the world today and continues to oppress non-dominant peoples, especially Indigenous Peoples. Importantly, also non-Indigenous People of Colour – in particular newcomers, have been increasingly targeted. The intersections of race,

nationality and citizenship, gender and gender identity, sexual orientation, and ability cannot be ignored within this discussion either.”

Understanding the racism and colonialism that have shaped Indigenous health is essential to understanding the world around us today and how racialized populations continue to be marginalized. “The work we do to address challenges in Indigenous health has applications for other communities that experience oppression. Being Indigenous is not a risk factor; racism and white supremacy are the risk factors for disease, harm and barriers to care.”

She adds, “We cannot omit the fact that non-Indigenous people of colour have experienced Canadian state-sanctioned genocide and/or oppression, or arrived in Canada as a result of analogous displacement, and those communities require engagement and co-advocacy as well. The reason we continue to centre First Nations, Inuit and Métis health and rights here in Canada is two-fold: the first is that the Canadian Constitution continues to classify Indigenous Peoples as ‘others’ (much like the Doctrine of Discovery) compared to Canadian-born and newcomers. The second is because Indigenous Peoples are, as original peoples to this land, survivors of well over a century of Canadian-state enacted genocide.”

### **Knowing and doing better**

Learning to become allies to Indigenous Peoples helps us better support all patients. “Allyship, antiracism, trauma-informed care and culturally safer care benefit physicians and patients alike, helping us create ethical spaces of engagement and improving the health of the people who need us to care for them,” notes Dr. Felske-Durksen, who acknowledges that it can be a daunting process. “It’s important to remember that reconciliation is not a destination – it is a journey. More than that, it is a living journey, and while that can be scary, it’s not something we need to do alone.”

The session ended by encouraging physicians to learn more about Indigenous world views through art, music, books, media and events, and to explore resources on how to be a better ally. Most importantly, Dr. Felske-Durksen cautions people not to let themselves get stuck in a shame shack. “I didn’t know what I didn’t know, and I’m still learning every day.” As Dr. Gilbert reminded us: “It was Maya Angelou who said, ‘Do the best you can until you know better, then when you know better, do better.’ That holds true for physicians.”

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