

Alberta Doctors' Digest

National Day for Truth and Reconciliation is September 30

Tuesday, September 30, will be the National Day for Truth and Reconciliation (NDTR) in Canada, an annual event intended to honour the First Nation, Inuit and Métis children who survived residential schools and remember the many children who never returned home. It also recognizes the pain of the families and communities who were impacted by this horrific chapter in Canadian history and the legacy of grief and loss that they live with today.

NDTR coincides with Orange Shirt day, an Indigenous-led commemorative day that originated with Phyllis Webstad, a member of the Stswecem'c Xgat'tem First Nation. Upon arriving for her first day of school at the St. Joseph Mission Residential School outside of Williams Lake, BC, Phyllis had her brand new orange shirt taken away and replaced with the school's uniform. The act of taking away a small child's orange shirt became symbolic for the stripping away of culture, freedom and individuality that so many Indigenous children experienced in residential schools across Canada. It is a day that reminds us that "Every Child Matters."

"The significance of this day, and what it represents, can't be overstated," explains Dr. Cassandra Felske-Durksen, the chair of the [Indigenous Health Committee](#) at the AMA. "It invites us to understand the past as it relates to us as Alberta physicians, honour the strength and resilience of the children and their communities, and learn about how residential schools came to be, their relationship with Indian Hospitals, and what their existence teaches us about the colonialism and racism that continue to shape our current reality. It also invites us to look ahead to what is required to continue the journey of action-oriented reconciliation."

This year's NDTR is particularly significant, as 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. As many physicians know, [seven of those calls to action focused on health](#). A decade after those calls to action, there is still significant work required to address the health inequities that impact Indigenous Peoples.

"As physicians, we are privileged to hear the stories of Indigenous patients who trust us enough to share and to learn about what they have experienced, but it can be demoralizing to see the inequities in our system and the barriers to care so many face. Addressing those challenges is what guides much of our work on the Indigenous Health Committee (IHC)," says Dr. Felske-Durksen

This past year saw the IHC make significant strides to increase the understanding of the importance of Indigenous health and address the needs of Indigenous patients and the concerns of the physicians who care for them. Along with creating a resource guide to support health care providers in delivering culturally safe and respectful care to Indigenous patients and creating an education plan that will develop resources and

education sessions to support culturally competent and respectful care, IHC began creating regular articles for *Alberta Doctors' Digest* that focus on topics related to Indigenous health. In addition, the IHC worked to expand Indigenous representation on the committee, welcoming new members from Treaty 8, Treaty 6, G4, the Otipemisiwak Métis Government of the Métis Nation within Alberta, Alberta Native Friendship Centres Association, and the Indigenous Wellness Core. "It was a busy and productive year," says Dr. Felske-Durksen. "And we have a lot of other initiatives and projects in the works."

Establishing a Section of Indigenous Health

One of IHC's major undertakings was endorsing the effort to establish a Section of Indigenous Health, which RF delegates voted in favour of earlier this year, at the Spring 2025 Representative Forum. It was a significant milestone and made the AMA Canada's first provincial or territorial medical association to establish a Section of Indigenous Health.

"During my presentation to the Representative Forum, I explained what many physicians know – that both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have Indigenous Health departments and are actively enhancing accreditation requirements. I also noted that several Canadian medical schools have dedicated undergraduate and postgraduate electives, a residency program and/or an enhanced skills program in Indigenous Health. This focus is needed, in large part because we are seeing concerning trends in the health of Indigenous people."

Dr. Felske-Durksen referenced recent data from Alberta Health showing that in 2023, the average life expectancy for First Nations Albertans was 62.81 years compared to an average life expectancy of 81.88 years for non-First Nations Albertans – a 19-year gap. "It's unfathomable and unacceptable that this is our reality. I think that the fact that RF delegates indicated overwhelming support to establish the new section shows that RF delegates agree it's time to make improving health outcomes for Indigenous people in Alberta a stronger focus."

The work to establish the new section is well underway, with an interim section executive identified and an RF delegate confirmed. Planning is also beginning to have a traditional territorial welcoming ceremony at the Spring 2026 RF. Once up and running, it is expected that the new section will help physicians who care for Indigenous Peoples advocate for ways to improve health outcomes and share what they see and experience within our health care system. "Having this representation within RF will, for the first time, allow for important Indigenous contexts to be added to priority advocacy items identified by the RF. It will allow for Indigenous-specific items to be brought forward directly to address the growing morbidity and mortality gaps. Finally, it will also create a path and opportunity for other underrepresented patient and physician groups to join those efforts and RF itself," says Dr. Felske-Durksen

The new section aligns with the goals outlined in the AMA's Policy Statement on Indigenous Health (2019), and will help the AMA move from words to reconciliACTION, while ensuring First Nations, Inuit and Métis voices are guiding and informing this important work. "There has been growing criticism regarding reconciliation – my voice is often among them, given that the last 10 years has seen little real change," explains Dr. Felske-Durksen. "In fact, here in Alberta, the change we have seen is the opposite: with the growing life expectancy gap between First Nations and non-First Nations Albertans.

This is not reconciliation; this is the past repeating itself. Actions speak louder than words. We are taught to say what you mean and do what you say. AMA is focused on taking deliberate steps towards real reconciliation, intending for their actions to speak for themselves”.

Ways to honour NDTR and be an ally for Indigenous patients

It is important for physicians and other health care staff to do what they can, day-to-day, to be allies for Indigenous patients and staff, but it is especially important on NDTR. “NDTR is all about [allyship](#),” explains Dr. Felske-Durksen. “It’s a day of significance, where all settler Canadians can reflect, learn and action what it means to be an ally.” Physicians and health care providers can demonstrate their allyship in various ways and in any setting, including clinical spaces and administrative spaces, as well as in the community. “It doesn’t have to be focused on your work setting – you can be an ally anywhere.”

Dr. Felske-Durksen notes that demonstrating your allyship can be as simple as wearing an orange shirt (just make sure to buy it from an Indigenous-owned apparel family or company) or taking time to experience Indigenous art, culture and literature. “There are some great television series and movies that do a beautiful job of portraying Indigenous culture – North of North is one of my favourites.”

Physicians can also read the [Montreal Urban Aboriginal Community Strategy](#) Network and [Calgary Foundation](#) Toolkits. Those that are interested in doing more, could consider having an intentional 10-minute conversation at a meeting, gathering or rounds about what practical allyship in day-to-day encounters with Indigenous patients, colleagues, families and communities looks like. The AMA-CPSA-AHS 40-minute [Micro-Aggressions Modules](#) are also incredibly helpful.

“Allyship is not a destination, it’s a journey,” explains Dr. Felske-Durksen. “There’s no right or wrong way to do it, but it’s important to do something – on the NDTR and every day. Allyship begins with self-reflection on privilege and power imbalance this creates, which all physicians have, and what must change in order for Indigenous Peoples to be able to reclaim their power over themselves, their bodies and their lives (literally). Even if you’ve never explored what it means to be an ally before, NDTR is a great opportunity to start the journey. And allyship is meant to be a lifelong journey that involves learning, unlearning, self-reflection and meaningful action. The fact that so many people now recognize the importance of this learning journey gives us hope for the future.”