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INUIT TAPIRIIT KANATAMI

Systemic Discrimination in the Provision of Healthcare in Inuit Nunangat

A Brief Discussion Paper

January 2021

About Inuit Tapiriit Kanatami

Inuit Tapiriit Kanatami (ITK) is the national representative organization for the 65,000 Inuit in Canada, the majority of whom live in Inuit Nunangat, the Inuit homeland encompassing 51 communities across the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Québec), and Nunatsiavut (Northern Labrador). Inuit Nunangat makes up nearly one third of Canada's landmass and 50 percent of its coastline. ITK represents the rights and interests of Inuit at the national level through a democratic governance structure that represents all Inuit regions. ITK advocates for policies, programs, and services to address the social, cultural, political, and environmental issues facing our people.

ITK's Board of Directors are as follows:

- Chair and CEO, Inuvialuit Regional Corporation
- President, Makivik Corporation
- President, Nunavut Tunngavik Incorporated
- President, Nunatsiavut Government

In addition to voting members, the following non-voting Permanent Participant Representatives also sit on the Board:

- President, Inuit Circumpolar Council Canada
- President, Pauktuutit Inuit Women of Canada
- President, National Inuit Youth Council

Vision

Canadian Inuit are prospering through unity and self-determination.

Mission

Inuit Tapiriit Kanatami is the national voice for protecting and advancing the rights and interests of Inuit in Canada.

Background

The Canadian Human Rights Commission has defined systemic discrimination as "the creation, perpetuation or reinforcement of inequality among disadvantaged groups." Such discrimination is "usually the result of seemingly neutral legislation, policies, procedures, practices or organizational structures."[1] Inuit experience systemic discrimination within provincial and territorial healthcare systems. The negative effects of discrimination within healthcare systems are compounded by experiences of systemic discrimination within other public services administered by governments. The social and economic inequities experienced by many Inuit are often themselves symptoms of systemic discrimination, contributing to poor health outcomes that healthcare systems subsequently cannot or will not address. The profound gap in average life expectancy between Inuit and other Canadians is indicative of the prevalence and severity of health inequities experienced by Inuit. Average life expectancy for Inuit is 72.4 years compared to 82.9 years for non-Indigenous people in Canada.[2]

Inuit Tapiriit Kanatami (ITK) has for decades worked to curb systemic discrimination within healthcare systems overseen by the Government of the Northwest Territories, Government of Nunavut, Government of Quebec, and Government of Newfoundland and Labrador. ITK has sought to align federal health policy and federal spending with Inuit health priorities in order to help address poor health outcomes among our people. To this end, ITK's recent initiatives include the release of the *Social Determinants of Inuit Health* report (2014)*, National Inuit Suicide Prevention Strategy* (2016), and *Inuit Tuberculosis Elimination Framework* (2018). ITK is currently finalizing a National Inuit Food Security Strategy and developing the Qanuippitaa? National Inuit Health Survey to begin data collection in 2021, and whose baseline health data can inform the development of more effective health policy measures. ITK has also sought to leverage federal policies in order to eliminate systemic discrimination by advocating for greater respect and support for Inuit self-determination in the delivery of health initiatives as well as direct federal budget allocations to Inuit representative organizations.

[1] Canadian Human Rights Commission. *2013-14 Report on Plans and Priorities*. Accessed January 7, 2020, https://www.chrc-ccdp.gc.ca/eng/content/report-plans-and-priorities-2013%E2%80%932014.

[2] Inuit Tapiriit Kanatami. *Inuit Statistical Profile 2018*. Accessed January 12, 2020, https://www.itk.ca/wp-content/uploads/2018/08/20191125-Inuit-Statistical-Profile-revised-1.pdf.

Systemic Discrimination Against Inuit

Inuit form majority populations in the Inuvialuit Settlement Region, Nunavut, Nunavik, and Nunatsiavut, and are therefore the primary users of health services in those jurisdictions. Systemic discrimination against Inuit tends to manifest in three main ways. First, Inuit experience systemic discrimination on the basis of access to health services, where Inuit experience unnecessary barriers to accessing health services that most Canadians do not face. These barriers include the absence of specific health services within the jurisdictions where Inuit live, difficulty in accessing services due to mismanagement and oversubscription of the service, as well as geographic or telecommunications infrastructure barriers to accessing health services.

For example, addictions treatment services in Inuit Nunangat are limited even though there is significant need and demand for the service. There is currently only one addictions treatment center in Inuit Nunangat, located in Kuujjuaq, Nunavik. Inuit living outside of Nunavik must therefore seek addictions treatment services outside of their respective communities and regions. Access to psychiatric care, as well as the expertise needed to diagnose and therefore provide treatment and support for children with Fetal Alcohol Spectrum Disorders and other serious cognitive disorders, tend to be limited or non-existent within Inuit regions. Jurisdictions such as Nunavut and Nunavik, for example, do not systematically diagnose children with such disabilities, and are therefore unable to determine the prevalence of these disabilities in the populations they serve. [3] Such gaps can result in human rights violations and deprive individuals and families of the supports needed to adapt and thrive in society.[4]

Second, Inuit experience systemic discrimination on the basis of service quality. The quality of health services available in Inuit communities varies, but services tend to be of poorer quality compared to health services available in most other parts of the country. There are four hospitals located in Inuit Nunangat serving a total of 51 communities. Most Inuit therefore do not have access to a regular doctor and rely on community health clinics staffed by nurses, most of them from southern Canada. Inuit regions depend on a highly transient population of healthcare professionals to provide health services. Most doctors do not reside in Inuit communities but rotate in and out of Inuit regions from hospitals in southern Canada. Healthcare professionals therefore do not tend to be familiar with Inuit culture, do not speak Inuktut, and tend to be less experienced than in many health systems in other parts of the country.

[3] Jim Bill. “We can’t determine FASD prevalence, Nunavut government says.” *Nunatsiaq News*. May 24, 2019. Accessed January 12, 2021, https://nunatsiaq.com/stories/article/we-cant-determine-fasd-prevalence-nunavut-government-says/.

[4] Canada has ratified the U.N. Convention on the Rights of Persons with Disabilities, for example, yet limited action is taken to monitor compliance and the federal government does not use levers at its disposal to ensure that provinces discharge their obligations under this treaty.

Community infrastructure can also impact the quality of health services. The Quebec ombudsperson reported in 2019 on complaints of water shortages at Inuulitsivik Health Centre in Inukjuak, Nunavik, finding that water shortages compromised the quality of care at the health centre, causing interruptions lasting a few hours to several days, often several times a week. The ombudsperson notes that as a consequence, "it is difficult, if not impossible, to comply with basic hygiene measures."[5] ITK recently published a research brief detailing drinking water access and infrastructure in Inuit Nunangat, with specific reference to household crowding and increased risk of communicable disease. [6]

Third, Inuit experience systemic discrimination on the basis of language. The ability to communicate with healthcare providers is pivotal for users to be able to safely access healthcare of reasonable quality. However, Inuit too often struggle to communicate with healthcare providers because the majority of Inuit speak Inuktut as our first, only or preferred language, yet most frontline health professionals are non-Inuit and do not speak Inuktut. Furthermore, the availability of interpreters can be inconsistent, forcing patients in some cases to rely on friends and family members to interpret for them. Some hospitals have failed to develop and implement language policies or plans to address this barrier. For example, Inuit in Nunavut have the right to access all public services in Inuktut under the *Inuit Language Protection Act* and *Official Languages Act*. The Office of the Language Commissioner carried out a systemic investigation of Qikiqtani General Hospital's compliance with the OLA due to recurring complaints of non-compliance, finding in 2015 that the hospital did not have a language policy or procedure in effect, the majority of services were provided in English only, the limited number of interpreters were poorly trained for intervening in the medical environment, and members of the public were often asked to interpret.[7] The safety and quality of healthcare provided to Inuit who require medical travel to southern Canada, and whose medical travel is overseen by provincial and territorial governments, can also be compromised due to the limited availability of interpreters.[8]

[5] Le Protecteur du Citoyen. Intervention report: Intervention at Inuulitsivik Health Center. Quebec City, QC. January 7, 2019. Accessed November 3, 2020, https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports_d_intervention/intervention-report-inuulitsivik-health-center.pdf.

[6] Inuit Tapiriit Kanatami. *Access to drinking water in Inuit Nunangat.* Autumn 2020. Accessed January 15, 2021, https://www.itk.ca/wp-content/uploads/2020/12/ITK_Water_English_07.pdf

[7] Office of the Languages Commissioner of Nunavut. *If you cannot communicate with your patient, your patient is not safe*. October 2015. Accessed April 23, 2020, https://langcom.nu.ca/sites/langcom.nu.ca/files/QGH%20-%20Final%20Report%20EN.pdf.

[8] Cameron McKenzie. "Medevac and Beyond: The impact of medical travel on Nunavut residents." *Journal of Aboriginal Health*. Summer 2015, 83.

Solutions for Ending Systemic Discrimination in Inuit Nunangat

The federal government has several levers at its disposal to reduce and eliminate systemic discrimination against Inuit. Solutions can be advanced through existing federal policy initiatives, as well as through new policies that make use of the federal spending authority.

1. Inuit Nunangat policy

ITK seeks the development of a federal Inuit Nunangat policy in order to formalize the fiscal relationship between Canada and Inuit, and as well as to support Inuit self-determination over the provision of specific services. The Liberal government has committed to developing an Inuit Nunangat policy in partnership with Inuit, which is necessary to help create the systemic policy changes required to curb systemic discrimination within healthcare systems and other areas of the public service. Adoption of an Inuit Nunangat policy by the federal government is necessary to formalize the mechanisms needed to ensure that federal allocations, programs, and initiatives that are intended to benefit Inuit do benefit Inuit.

2. Supporting access to health services in Inuktut

The *Indigenous Languages Act* fell short of affirming the right of Inuit to access federal services in Inuktut in Inuit Nunangat communities and regions where significant demand exists, though section 10(1) provides that a federal entity may provide services in an Indigenous language if it has the capacity to do so and there is sufficient demand for access to those services in that language. Section 9 of the Act provides that the Minister may enter into an agreement or arrangement to further the purposes of the Act with a provincial or territorial government. Inuit and the federal government could use agreements to develop health service delivery arrangements with provincial and territorial governments that support interpretation. Parliament could also initiate amendments to the Act in order to remedy this gap when it undergoes review in four years under section 49 of the Act.

3. National data system

National data and information about Inuit health status is needed to monitor progress on curbing systemic discrimination and reducing social and economic inequities faced by many Inuit. Provincial and territorial data collection and management systems and protocols vary, contributing to data gaps that include, in some jurisdictions, the absence of disaggregated, Inuit-specific data. The use of different measures by provinces and territories to collect data can also make it difficult to compare data from different jurisdictions, and therefore difficult to monitor Inuit health status and develop effective responses. A national data system could be developed by the federal government in partnership with Inuit and provincial and territorial governments to help close data gaps through provincial and territorial data-sharing protocols. The purpose of such protocols would be to ensure that distinctions-based data is captured in a comparable way across Canada.

4. National Indigenous health legislation

In the 2020 Speech from the Throne, the Liberal government committed to expedite work on co-development of Indigenous health legislation in partnership with Indigenous peoples. The federal government can help curb systemic discrimination by ensuring that the scope of this legislative initiative is sufficiently ambitious. The legislative initiative should have as an objective the transfer of provincial and territorial jurisdiction over health service delivery to Inuit combined with adequate funding, where Inuit seek to administer such services. Supporting Inuit self-determination in the delivery of health services would enable Inuit to oversee capacity development, staffing, quality standards, and the administration of healthcare services. Federally recognized tribes in Alaska successfully administer health services through tribal compacting agreements with the U.S. federal government, and federal legislation in Canada should enable similar arrangements based on this model. B.C. First Nations also enjoy a similar arrangement enabled by tripartite agreements between First Nations, the provincial government, and the federal government.

5. Federal spending authority

The federal government must discharge its obligations under section 36 of the Constitution Act to ensure that governments provide reasonably comparable levels of public services. The delivery of health services in Inuit communities is currently not comparable to most other parts of the country. Canada must also uphold its binding international human rights obligations. These include, but are not limited to, the International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Rights of Persons with Disabilities. Canada's monitoring and enforcement of its human rights obligations currently contributes to human rights violations. For example, Inuit children whose disabilities are not being diagnosed or monitored by provincial and territorial governments, are put at lifelong risk for additional poor health outcomes as well as social and economic distress.

The federal government can leverage its spending authority to compel provincial and territorial governments to curb systemic discrimination. Federal health transfers to provincial and territorial governments finance in whole or in part the delivery of health services in Inuit Nunangat. Health transfers should be aggressively leveraged by Health Canada to impose conditions on health service delivery in Inuit communities, and to prescribe the development and implementation of evidence-based measures and/or specific standards in relation to the delivery of those services. These could include requirements for providers, where demand exists, to develop language plans and to provide interpretation, ensure the provision of diagnostic services for persons with disabilities, or to hire cultural brokers/navigators to support Inuit in navigating healthcare systems that too often discriminate against our people.

6. Support Inuit representation in healthcare systems

Inuit are best served by healthcare professionals who are familiar with Inuit language, culture, and society. However, Inuit are currently underrepresented in the public service in all four regions of Inuit Nunangat, including in the health profession. Underrepresentation of Inuit in the healthcare profession can contribute to culture and language gaps that reduce the quality of care, and enhance the likelihood of Inuit experiencing interpersonal racism by healthcare professionals. The federal government can partner with Inuit through the Inuit-Crown Partnership Committee to determine the federal role in supporting more effective approaches to recruiting and training Inuit healthcare professionals.

Conclusion

Inuit experience systemic discrimination within healthcare systems, whose effects are compounded by systemic discrimination in other areas of public service delivery. Systemic discrimination against Inuit in healthcare systems can only be curbed through systemic changes in the way governments administer healthcare services, as well as through major new investments in initiatives that reduce social and economic inequities linked to poor health outcomes. In the immediate term, Federal health transfers to provincial and territorial governments in particular can be leveraged to reduce and eliminate systemic discrimination against Inuit. This can be achieved through the imposition of conditions on health transfers, such that investments are leveraged by governments to address Inuit health priorities and ensure that the federal government, and provincial and territorial governments, discharge their constitutional, statutory, and human rights obligations.

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