Prevention and Treatment of Tuberculosis in Indigenous Communities: Highlights from the 8th Edition of the Canadian Tuberculosis Standards

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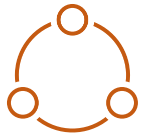
International Union Against Tuberculosis and Lung Disease

27th Annual Conference of Union-North America Region

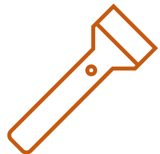
February 23, 2023

Outline of Presentation



Assess TB epidemiology in the three Indigenous Groups of Canada

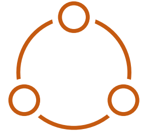
Review the First Nations Experience with TB



Highlight the Canadian TB Standards Indigenous Chapter Committee

Underscore the Seven Good Practice Statements

Current Epidemiology of Tuberculosis



FIRST NATIONS

- There are 977,230 First Nations in Canada, who live across the country, living either in one of the 634 reserves or living in urban and rural areas.
- The rate of active TB reported among First Nations is 37.6 times the rate of Canadian-born, non-Indigenous population.

INUIT

- There are 65,000 Inuit in Canada, the majority of whom live in 51 communities in the Northern regions of Canada, an area comprising 35% of Canada's landmass and 50% of its coastline.
- The rate of active TB reported among Inuit living within their homelands was more than 400 times the rate of the Canadian-born, non-Indigenous population.

MÉTIS

- There are 587,545 Métis in Canada, the majority of whom live in Ontario and the western provinces. Many communities across the western provinces contain ≥25% Métis residents.
- The rate of active TB reported among Métis is 7 times the rate of the Canadian-born, non-Indigenous population.

Together, the Indigenous Canadians represents **4.9% of the Canadian population, yet they represent 19% of all TB cases**, with the foreign-born population accounting for the majority of cases in Canada, at 71.8% of all cases in absolute numbers

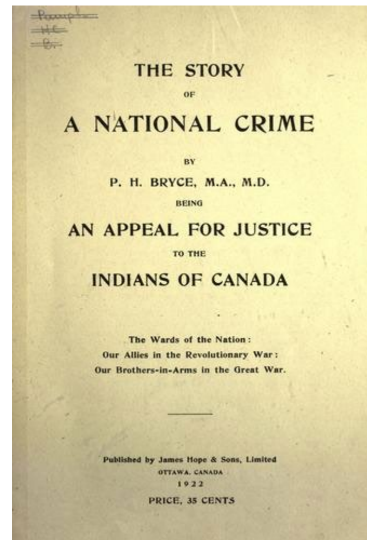
TB Standards, 2022

Historical Experience of TB for First Nations

Pre-Contact	Post-Contact (1534-1876)	From Allies to Wards (Post 1876)
• First Nations had established governmental laws and systems • Established diplomatic relations • Distinct culture and languages • Practiced environmental sustainability • Practiced ceremonies that promoted wellness	• Economic Trade • Nation to Nation Diplomacy - Over Time - • Deterioration of respect for First Nations • Further land encroachment • Overexploitation of the land and natural resources	• Treaties and the Indian Act Enacted • Abolished First Nations governmental system, cultural practices and language. • Removed Sovereignty and deemed as wards of the State • Forced Reservations and encampments • Forced colonial indoctrination • Food insecurity
• Sporadic cases of TB in the Americas	• More exposure and the introduction of possibly more virulent strains of *M. tuberculosis*	• TB cases surged • Countless TB caused deaths

TB Standards, 2022

Historical Experience of TB for First Nations



THE STORY
OF
A NATIONAL CRIME
BY
P. H. BRYCE, M.A., M.D.
BEING
AN APPEAL FOR JUSTICE
TO THE
INDIANS OF CANADA

The Wards of the Nation:
Our Allies in the Revolutionary War:
Our Brothers-in-Arms in the Great War.

Published by James Hope & Sons, Limited
OTTAWA, CANADA
1922
PRICE, 35 CENTS

Residential Schools

- poor ventilation,
- poor construction design,
- overcrowding,
- lack of medical treatment
- malnutrition
- Physical, Psychological, Sexual abuse
- Indoctrination
- 100kms from home

Sanatoria Treatment and Indian Hospitals

- Racially segregated
- Underfunded
- Understaffed
- Forced Treatments
- Isolated | Secluded

- Estimations of ¼ of students in residential schools died of TB.
- Harbored resentment, suspicion and distrust towards the government and medical system.

TB Standards, 2022

Historical Experience of TB for First Nations

20th Century

- First Nations TB death and case rates decreased during the middle of century.

Coinciding with;

- Increased access to TB diagnostic tools
- Discovery of antimicrobial drug treatments
- BCG vaccine
- **Series of amendments to the Indian Act;**
    - Allowed political, cultural and religious practices
    - Allowed to pursue land claims
    - Given the right to vote in federal elections
    - Removed compulsory enfranchisement

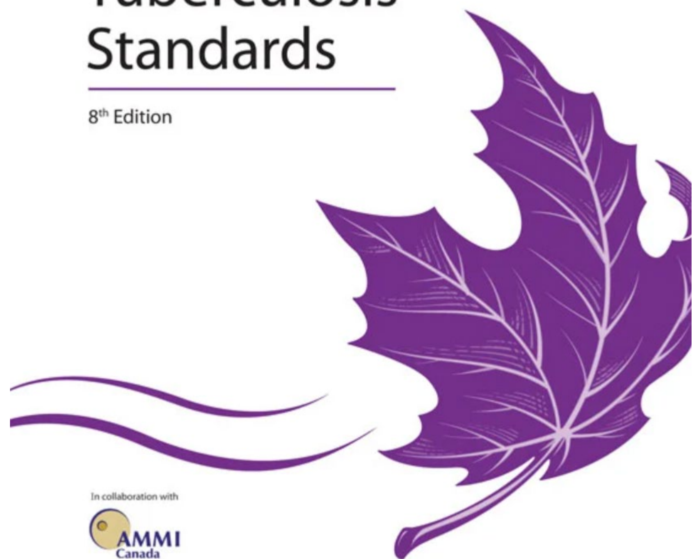
21st Century

- First Nations TB case rates have remained stagnant for the last several years.

'It is evident that the devastating rates of TB were historically parallel with the height of Canada's racist legislation against First Nations Peoples. Yet, as efforts slowly begin to recognize reconciliation for First Nations, TB persistently remains an indicator of colonialism.'

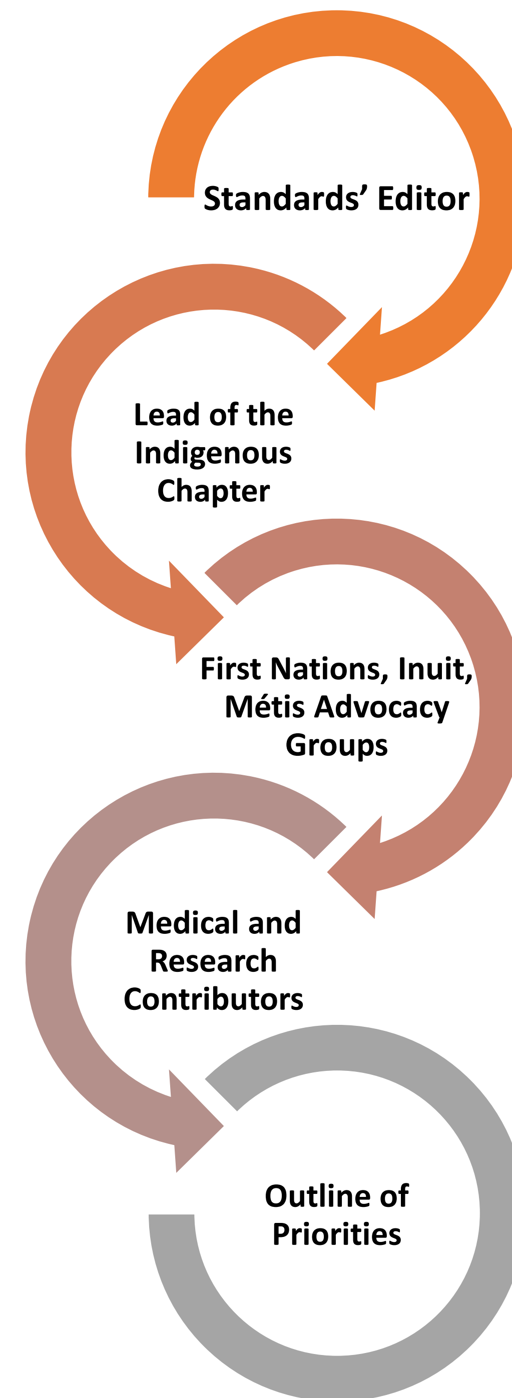
TB Standards, 2022; C.L. & Wien, F., 2009

Canadian TB Standards Convenes the Indigenous Chapter Working Group

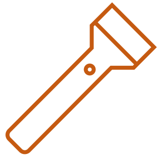


The *Canadian TB Standards* is health care resource revised every few years, the first edition printed in 1972, with the latest medical and scientific input for TB prevention and control in Canada.

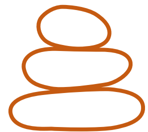
In anticipation for the *Standards*' 8th edition the Editor and the medical and scientific contributors were open to changing the composition of the TB prevention and Care in the Indigenous Peoples' chapter, from a clinical focus, and reach out to the Indigenous groups and hear their priorities and objectives for frontline health workers who serve Canadian Indigenous groups.



Principles of the Collaboration Practiced in the Canadian TB Standards Indigenous Chapter Working Group



Adopted the ‘Nothing about us, without us!’ and the ‘Don’t start without us’ approach.
The TB Standards engaged with the Indigenous community before any activity was undertaken and listened to the three Indigenous groups feedback and priorities.

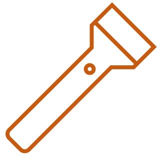


Respected the distinct culture of each Indigenous group.
The non-Indigenous representatives understood and recognized the importance of setting awareness for distinctions-based health care practices for each Indigenous group.

Ensured reciprocity and respected the governance structure of consensus
The committee adopted a ‘talking circle’ model where everyone’s voice was heard and respected. The classic western hierarchical structure was removed and decisions were made together.

Honored our time and processes
The Pandemic shelved the committee and its goals for a period, but the committee was always attentive and respecting if more time was needed.

Highlights of Canadian TB Standards Indigenous Chapter Working Group



From the onset, the Indigenous groups voiced that '**the context, specifically the history, culture and epidemiology of each Indigenous group is central to being able to understand and care for individuals with TB… As TB care does not stop after the prescription is written…**'

With an overarching theme to improve cultural awareness and safety. Outlining each Indigenous Peoples';

- Epidemiological Factors
- History and cultural experience with TB
- Path Forward

An outcome, of writing these objectives, was the natural composition of 7 Key Points that should be **Guiding Principles** for health care workers with Indigenous Peoples in TB care.

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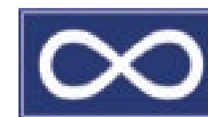
INUIT TAPIRIIT KANATAMI



MÉTIS NATION

Highlights of Canadian TB Standards Good Practice Statement One

1. Educate themselves about the epidemiology of TB in the community, recognizing that the community's historical relationship with TB will contextualize present day TB care.

- Actively investigate the past and current epidemiologic numbers of your community.
- Understand the past outbreaks and past medical interventions performed on the community.
- Explore how the community has educated the population on TB and help reduce the stigma that comes with diagnosis.

Highlights of Canadian TB Standards Good Practice Statement Two

2. Understand the geography and climate of Indigenous communities, including that many Indigenous communities facing high rates of TB are isolated and not linked by roads to urban centres, with the result that health care is less accessible and the diagnosis and treatment of TB potentially delayed.

- Be cognizant the physical barriers to medical access.
- Be aware of the tools and size of the staff available at the community medical centres for diagnosing and treating TB.
- Be aware of the surrounding communities and the mode of transportation through the seasons.

Highlights of Canadian TB Standards Good Practice Statement Three

3. Acknowledge the Indigenous territory that one is occupying; work towards understanding and practicing cultural safety by self-reflection on power differentials and respecting cultural differences, including language; and incorporate cultural values to promote a safe and inclusive environment.

- Demonstrate knowledge and abilities to understand personal biases and the limitations of one's own knowledge.
- Demonstrate the ability to ensure that culture is an integral part of health care.

Highlights of Canadian TB Standards Good Practice Statement Four

4. Recognize the specific social determinants of health affecting distinct Indigenous groups, with the aim of delivering quality TB care and closing the health equity gaps between Indigenous and non-Indigenous Canadians.

Be cognizant of the existing social determinants of health and their interconnectedness with the risk factors of developing active TB.

- Housing conditions
- Congregate living
- Food security
- Health Behaviours
- Employment
- Access to Wellness Centres
- Community's Infrastructure

Highlights of Canadian TB Standards Good Practice Statement Five

5. Acknowledge the role of on-going colonization, personal and systemic racism, and privilege as they relate to health equity in TB care delivery, and take steps to prevent their harmful effects.

- Systemic racism in healthcare
- Lack of accountability for Indigenous-specific racism.
- Intergenerational Trauma
    - Residential Schools
    - Indian hospitals and Sanatoria treatment
    - Removal from the safety of their own culture and community

Highlights of Canadian TB Standards Good Practice Statement Six

6. Promote self-resilience, self-advocacy and empowerment by respecting the rights of Indigenous Peoples as outlined in the Patients' Charter of TB care and the United Nations Declaration on the Rights of Indigenous Peoples.

Highlights of Canadian TB Standards Good Practice Statement Seven

7. Understand that each Indigenous group – First Nations, Inuit and Métis – is historically and culturally distinct and may, therefore, have unique TB needs.

- Understand each have unique histories, distinct languages, specific cultural practices and spiritual beliefs. They share resembling parallel TB experiences but in no fashion are they considered the same story.

Summarized Canadian TB Standards Good Practice Statements

1-3. Know the Community

a. Epidemiology
b. Physical Characteristics
c. Land Acknowledgement

4-5. Recognize the Invisible Barriers

a. Social Determinants of Health
b. On-going Colonization

6. Respect Self-Determination

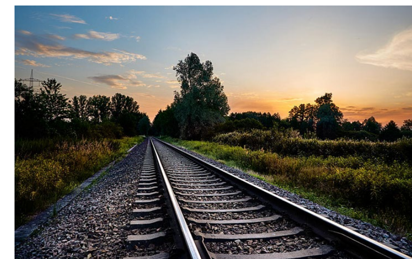
7. Acknowledge Cultural Distinctions

Epidemiology

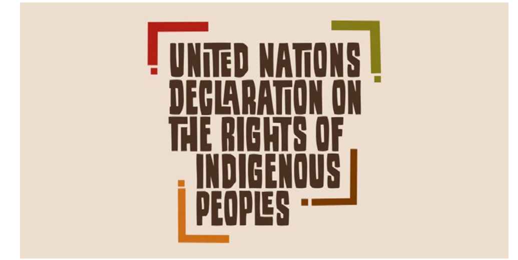
Physical Characteristics

Land Acknowledgement

Social Determinants of Health



Colonization



Promote Self-Resilience

Distinctions-based Approaches

Conclusion

- Differentiated the TB epidemiology for each three Indigenous groups
- Provided the historical and cultural context of TB for the First Nations Peoples
- Briefly summarized the Canadian TB Standards approach and inclusion of the First Nations, Inuit and Métis peoples to develop the revised Indigenous Chapter
- Reviewed the Seven Good Practice Statements for TB healthcare workers.

MÉTIS NATION

Acknowledgements

- Jonathan L. Dunn, AFN
- Marlene Larocque, AFN
- Deborah Van Dyk, ITK
- Linette McElroy, ITK
- Eduardo Vides, MNC
- Megan Simpson, MNC
- Faiz Ahmad Khan
- Tom Wong
- Richard Long
- Gonzalo G. Alvarez

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INUIT TAPIRIIT KANATAMI

ISC INDIGENOUS SERVICES CANADA

Public Health Agency of Canada
Agence de la santé publique du Canada

Citation

Public Health Agency of Canada. (2019). *Tuberculosis: Prevention and risks - Canada.ca*. Government of Canada. Retrieved February 16, 2022, from https://www.canada.ca/en/public-health/services/diseases/tuberculosis/prevention-risks.html

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Canadian Tuberculosis Standards (2022) "Chapter 12: An introductory guide to tuberculosis care to improve cultural competence for health care workers and public health professionals serving Indigenous Peoples of Canada." *Canadian Journal of Respiratory, Critical Care, and Sleep Medicine* 6.sup1 (2022): 184-193.

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