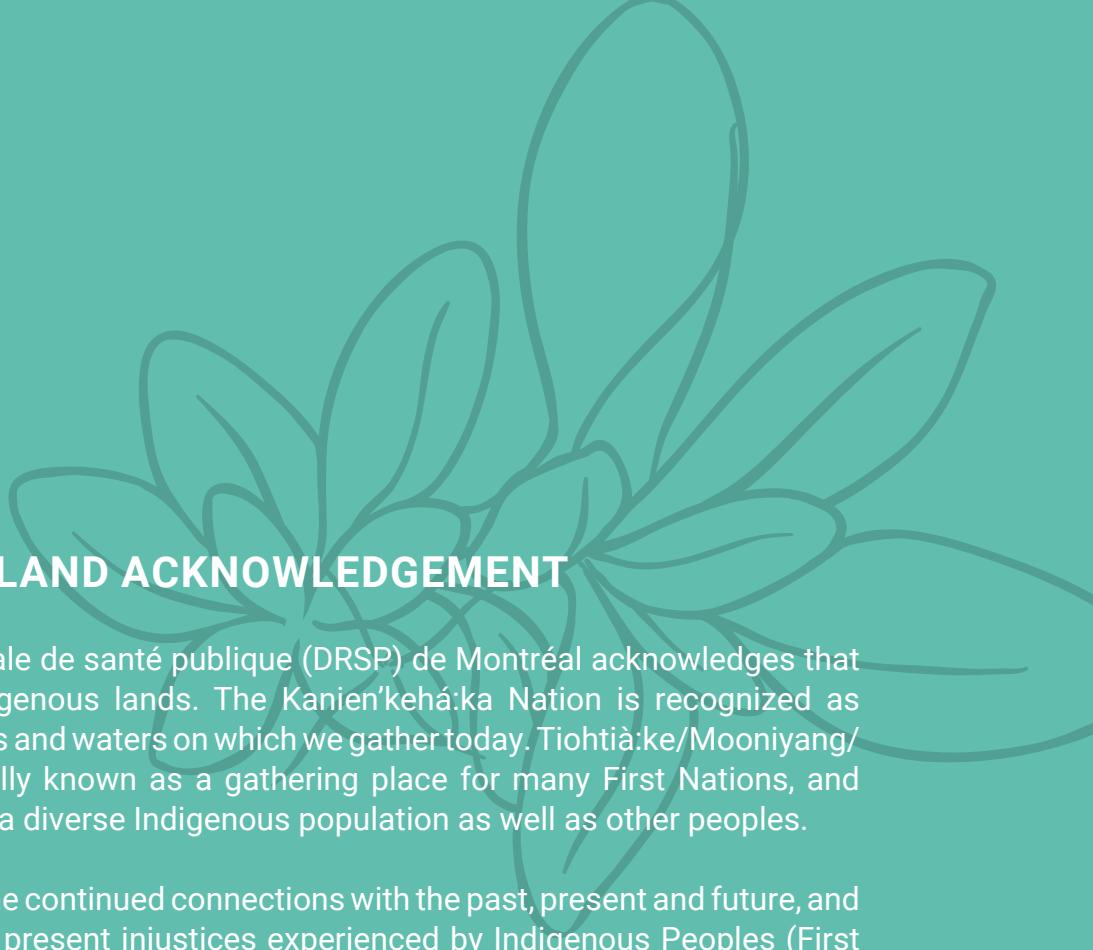# DECLARATION OF COMMITMENT

BY THE DIRECTION RÉGIONALE DE SANTÉ PUBLIQUE DE MONTRÉAL'S TO INDIGENOUS HEALTH EQUITY

This declaration is part of the Plan d'action régional intégré de santé publique.

2023

LAND ACKNOWLEDGEMENT

The Direction régionale de santé publique (DRSP) de Montréal acknowledges that it is located on Indigenous lands. The Kanien'kehá:ka Nation is recognized as custodian of the lands and waters on which we gather today. Tiohtià:ke/Mooniyang/ Montréal is historically known as a gathering place for many First Nations, and today is home to a diverse Indigenous population as well as other peoples.

The DRSP respects the continued connections with the past, present and future, and recognizes past and present injustices experienced by Indigenous Peoples (First Nations and Inuit). As a public institution, we are committed to working toward repairing and forging relationships with the various Indigenous communities, based on trust and respect.

(Inspired by Wahéhshon Shiann Whitebean and Karl S. Hele, Concordia University)

A FIRST STEP TO
« HONOUR THE TRUTH»[1]

Of all cities and municipalities in Québec, the highest number of people who identify as Indigenous live in Tiohtià:ke/Montréal. Here, like elsewhere in Canada, Indigenous populations experience significant disparities related to determinants of health, health status and access to care (MSSS, 2022; RÉSEAU, 2012; RCAAQ, 2018; DRSP, 2020; Reading, 2018; ITK, 2016).

A number of instances have shown that such inequities are the consequences of colonial policies and practices[2], and that intergenerational trauma, erosion of cultural identity, and social and economic marginalization have deepened and maintained those inequities over time (CVR, 2015; ENFFADA, 2019; CCNSA, 2014; CRMCC, 2019). In addition, the lack of clarity regarding distribution of health-related responsibilities among the various levels of government and Indigenous communities, especially in urban settings, further exacerbates existing structural inequalities (CSSSPNQL, 2018; ACSP, 2019).

The health of Indigenous Peoples must be addressed with consideration given the historical context and impacts of colonial and structural determinants of health, while also recognizing the roles institutions have played, especially public health institutions (CCNSA, 2021; Reading, 2018). Consequently, it is necessary to transform and adapt public health practices and interventions. The 2023–2025 integrated regional action plan (PARI 2023–2025) update provides an opportunity to effect these changes, and our commitment represents a first step forward toward this goal.

In response to the multiple calls to action voiced over the past few years (CRPA, 1996; CVR, 2015; ENFFADA, 2019; CERP, 2019; Joyce's Principle, 2020), the DRSP is undertaking a decolonization and reconciliation process. With this commitment, our intention is to engage in systemic actions to counteract discrimination and racism, and work toward health equity.

Through this declaration, the DRSP recognizes the serious consequences of colonialism and its resulting inequities, as well as the following:

- The specific realities and diversity of the various Indigenous communities in Montréal (RÉSEAU, 2012; RCAAQ, 2018);

- Indigenous communities' knowledge and resilience (CCNSA, 2021; RCAAQ, 2016; APNQL, 2020; RÉSEAU, 2022; ITK, 2020; Martin, 2019);

- The strength and commitment of Indigenous partner organizations involved, as well as their expertise in Indigenous governance, mobilization, advocacy and service provision (RCAAQ, 2016; RÉSEAU, 2022).

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1 Inspired by the title of the Final Report of Truth and Reconciliation Commission, "Honouring the Truth, Reconciling for the Future".

2 For example, and non-exhaustively, the Indian Act, the forced displacement of Inuit, Indigenous residential schools, the Scoop and disappearance of children in the healthcare and social services system, and scientific experiments and healthcare conducted without informed consent.

Objective

Support Indigenous communities in Tiohtià:ke/Montréal to improve their holistic health and well- being, and achieve equitable health outcomes.

Commitments

In accordance with calls to action issued by the Royal Commission on Aboriginal Peoples, Truth and Reconciliation Commission, National Inquiry into Missing and Murdered Indigenous Women and Girls, Commission Viens, and Joyce's Principle, the DRSP commits to the following:

01 Build authentic partnerships with Indigenous communities and organizations in Tiohtià:ke/Montréal, based on respect, trust and shared responsibility.

02 Develop, in partnership with Indigenous organizations in Tiohtià:ke/Montréal, an action plan in order to achieve equity in holistic health and well-being that complements their priorities and actions.

03 Take action to ensure its practices are grounded in cultural humility and safety.

Guiding Principles and Values

01 Humility, reciprocity, shared responsibility (Nations Unies, 2007; ACSP, 2019), Inuuqatigiitsiarniq (respecting others, relationships and caring for people) and Pijitsirniq (serving and providing for family and/ or community) (Gouvernement du Nunavut, nd);

02 Respect for Indigenous communities' knowledge, protocols, laws, values (including Aajiiqatigiinniq (decision making through discussion and consensus)) and governance systems (CCNSA, 2021; ACSP, 2019; Gouvernement du Nunavut, nd), in support of self-determination (Nations Unies, 2007; Joyce's Principle, 2020);

03 Following approaches of cultural safety (CCNSA, 2021; Joyce's Principle, 2020), antiracism and decolonization (CCNDS, 2017).

Core Principle

Through this declaration, in our intentions, responsibilities and actions towards decolonization, we come together as one Good Mind. In doing so, we honour and respect Haudenosaunee teachings of the Good Mind (Kariwiio) shared with us by Elder Kawenno:ta Sedalia Fazio (Kanien'kehá:ka from Kahnawake, Bear Clan).

Acknowledgement

The DRSP recognizes the important contribution of the **Montreal Indigenous Health Advisory Circle, its members and Elder Kawenno:ta's Sedalia Fazio** (Kanien'kehá:ka from Kahnawake, Bear Clan) to the development of this declaration.

We are grateful and wish to thank them for their generosity in sharing their expertise and their vision.

APPENDIX

Glossary

Indigenous Peoples
Term used to refer collectively to Inuit, First Nations, and Métis Peoples of Canada. Each Indigenous nation has its own identity, language, culture, knowledge, political systems and traditions.

Antiracism
An anti-racist approach goes beyond the mechanisms of inclusion and diversity. It examines structures that perpetuate racial inequities, and work towards eliminating them by reallocating power and resources (ACSP, 2019).

Decolonization
Also called deconstruction of colonial oppression, decolonization is an emancipation process that includes restoring power to Indigenous Peoples, that is, emphasizing Indigenous knowledge, cultures and philosophies, while critically assessing Western-centric practices. The decolonization process is centered on the importance of respecting Indigenous Peoples' self- determination (CCNDS, 2022). Engagement with Indigenous communities can be seen as occurring on a spectrum that ranges from inclusion (superficial involvement targeting representation) to decolonization (CCNSA, 2021; Gaudry et al, 2018).

Health equity
Health equity is defined as the absence of avoidable and unfair differences in health among groups of people, whether those groups are defined socially, economically, demographically, or geographically. The aim is to ensure that every individual, regardless of their social origin, economic status, gender, ethnicity or geographical situation has equitable access to health services and social determinants that affect their well-being (ACSP, 2017). To take a health equity approach, public health practitioners and policymakers must align their actions with social justice values (CCNDS, 2013).

Racism

An ideology based on a belief that a hierarchy exists between human groups, based on "races", leading to systematic hostile attitude toward a specific group. Over and above prejudices and insults directed toward individuals, racism can also occur at other levels, such as at systemic and societal levels. Policies, programs and systems distinguish individuals based on certain traits (colour, religion, ethnicity, culture), separating individuals based on those traits and limiting racialized populations' access to goods and services necessary for living. This is how racism maintains unequal distribution of resources among individuals (ACSP, 2018). More specifically, racism towards Indigenous Peoples is rooted in settler colonialism and is still ongoing (CCNDS, 2018).

Reconciliation

Reconciliation consists of establishing and maintaining a relationship of mutual respect between Indigenous and non-Indigenous Peoples. According to the Truth and Reconciliation Commission, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour (CVR, 2015). Beyond acknowledging the truth and repairing the harms caused to Indigenous Peoples, the reconciliation process requires institutional transformations that aim to abolish colonial structures and systems. The Commission also highlights the importance of respecting the rights of Indigenous Peoples under treaties, conventions, constitutional and human rights (Blain S. et al, 2021).

Holistic health

Distinct from the biomedical model, Indigenous Peoples' view of health is rooted in healthy balance of physical, emotional, mental and spiritual dimensions (RCAAQ, 2022), as well as interconnection of communities, culture and environment (Greenwood, 2018).

Cultural safety

Cultural safety aims to improve Indigenous health by reestablishing and supporting health equity (MSSS, 2021). It analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in clinical settings. It is the patient who define whether a culturally safe space is being created in a relationship (Collège Royal, 2019).

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MEANING OF THE DESIGN

The color taupe, featured in the design of the Declaration of Commitment to Indigenous Health Equity, symbolizes a profound respect for the cultures of the First Nations and Inuit of Quebec. This color evokes the land, roots, stability and ancestral connections to the territory. Accents of orange pay tribute to the emblematic color of reconciliation, serving as a reminder of the past that unites us all. Branches of sage, a sacred plant used by many First Nations for purification and healing, add a spiritual dimension, reprensenting values of respect and renewal. Together, these visual elements create a powerful narrative that blends esthetics with cultural homage, embodying a spirit of reconciliation and commitment.

Graphic design:
Niaka Agence créative autochtone,
an Abenaki company founded by Valérie Laforce and Megan Hébert-Lefebvre