Indigenous Health and Reconciliation in Pharmacy

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JOINTLY PRESENTED BY: Canadian Pharmacists Association / Association des Pharmaciens du Canada; New Brunswick Pharmacists' Association / Association des Pharmaciens du Nouveau-Brunswick

Please note:

- Some slides from the original live session have not been included in this document for privacy reasons
- This document also contains additional slides which were provided but not presented during the original live session

Disclosures

- No commercial relationships to disclose
- I have not received any honoraria for this presentation

Learning Objectives

By the end of this presentation, you will be able to:

1. Describe the unique differences in meaning between Indigenous, Aboriginal, First Nations, Metis, and Inuit peoples.
2. Summarize key historical and current government policies and practices that affected and continue to affect the health of Indigenous Canadians.
3. Describe the magnitude of health challenges experienced by Indigenous Canadians.

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Learning Objectives

By the end of this presentation, you will be able to:

4. Describe cultural safety and give examples of how this may be demonstrated when working with Indigenous peoples.
5. Summarize the Truth and Reconciliation Commission (TRC) of Canada and propose how pharmacists and the profession of pharmacy may respond to the TRC Calls to Action.

Let's start with a story …

Who am I?

(And why does my story matter?)

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INDIAN SCHOOL, BIRTLE.


A HIDDEN GENERATION
SIXTIES
SCOOP

Sixties Scoop

- Mass removal of Indigenous children from their families into the child welfare system
  - In most cases without the consent of their families or bands
- The child welfare system did not require, nor did it expect, social workers to have specific training in dealing with children in Aboriginal communities.

http://indigenousfoundations.arts.ubc.ca/sixties_scoop/

Sixties Scoop

- Many of these social workers were completely unfamiliar with the culture or history of the Indigenous communities they entered.
- What they believed constituted proper care was generally based on middle-class Euro-Canadian values
- Was not until 1980 that the Child, Family and Community Services Act required social workers to notify the band council if an Indigenous child were removed from the community

http://indigenousfoundations.arts.ubc.ca/sixties_scoop/

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Sixties Scoop

- Most children were placed into non-Indigenous homes, many of them homes in which their heritage was denied.
- In some cases, the foster or adoptive parents told their children that they were French or Italian instead.
- Government policy at the time did not allow birth records to be opened unless both the child and parent consented.
  - This meant that many children suspected their heritage but were unable to have it confirmed.

http://indigenousfoundations.arts.ubc.ca/sixties_scoop/

Sixties Scoop

- Children growing up in conditions of suppressed identity and abuse tend eventually to experience psychological and emotional problems.
- For many apprehended children, the roots of these problems did not emerge until later in life when they learned about their birth family or their heritage.

http://indigenousfoundations.arts.ubc.ca/sixties_scoop/

Sixties Scoop

- Social work professor Raven Sinclair describes these experiences as creating “tremendous obstacles to the development of a strong and healthy sense of identity for the transracial adoptee.”
- Feelings of not belonging in either mainstream Euro-Canadian society or in Aboriginal society can also create barriers to reaching socio-economic equity.

http://indigenousfoundations.arts.ubc.ca/sixties_scoop/

Why don’t our health professionals know about this?

26 The GAZETTE, Montreal, Tues., Aug. 18, 1970

AIM—Adopt Indian-Metis—giving children white parents

By JIM POLING

SASKATOON — (CP) — Louise is a dark-eyed, bright 5½-year-old who, although her mind can't comprehend it yet, is engaged in a desperate battle which will shape her future.

The fight is for security, something she hasn't found in three different homes and something which her fourth — and probably permanent — parents hope to give her.

Louise's fight is different from that of most adopted children because her new family is white and she is Metis — part Indian and part white.

She represents a challenge not only to her new parents, but to a branch of the Saskatchewan department of welfare called AIM — Adopt Indian-Metis centre.

AIM was established three years ago as a pilot project in the Regina area when a serious backlog of Indian and Metis children under provincial care developed.

During 1966-67, the fiscal year before the project started, only 56 Indian and Metis children were adopted in Saskatchewan.

From April 1, 1969, to Dec. 31, 1969, a total of 140 were placed in permanent homes. Sixty of these were placed by AIM's Regina office and its Saskatoon branch and the rest by the welfare department which handles Indian and Metis adoptions outside the two districts.

One of the questions Louise's prospective parents had to answer before going to AIM was: Aren't there enough problems in adoption without taking a child of another race?

"To most people who come here, race makes no difference," said Alison Vickers, AIM supervisor for the Saskatoon office. "But they are aware that it does to some people."

Louise's new parents, who have two boys, aged 9 and 10, and a girl 6, were drawn to AIM by its publicity campaign and a long-standing interest in the Indian people.

'PROUD AS PUNCH'

"I'm adopted myself and have wanted children both ways," says Louise's new mother, who wished to remain anonymous to protect her new child. "We felt that if we wanted another child, why produce one when there are so many already available?"

She and her husband wanted another girl and after months of thought went to AIM because they felt they could help the problem of Indian and Metis children by adopting one.

"At first I thought that when I took her shopping with me I would be apprehensive. But I'm as proud as punch taking her and I expect everyone to like her.

"We haven't met any discrimination yet . . . but perhaps it's discrimination of a form when people say 'Aren't you the good Samaritan'."

Louise was abandoned at two years of age and lived in two foster homes. When taken into the care of the province she spoke only Cree.

Mrs. Vickers said most people who go to AIM already have families, either natural or adopted or a mixture.

Few childless couples adopted Indian or Metis children. Mrs. Vickers said the reason probably is that those who already have had the satisfaction of having a family are willing to give all they can to some child who otherwise may never have a permanent home.

TOLD OF PROBLEMS

"The history of wards is one of moves . . . there is little permanence in their lives."

A couple applying at AIM attend five interviews during which a social worker tries to determine attitudes on racism and illegitimacy and gives them an insight into some of the problems they must face in raising a child with dark skin.

There is a six-month probationary period during which the family and the child can adjust. At the end of that time the child may be returned — though not many are — or the legal rights to the child are transferred to the new parents.

Before AIM was established the number of Indian and Metis children awaiting adoption had been increasing at about 100 a year.

In October, 1969, there were 395 Indian and Metis children under provincial care and by last month 186.

Mrs. Vickers says that AIM is at least keeping ahead of the increase and that the program has boosted the number of adoptions of all types in Saskatchewan.

The toughest task now is to find parents for older children and children in family groups.

NOT LIKE BIRTH

"With older children it is not Eden a birth. It's like a marriage, an Oriental marriage made under contract. It's not instant love."

In Louise's case, she has been accepted by her brothers and sisters who were prepared for her arrival. She also has been accepted by the neighborhood kids.

The children can see her skin is darker than theirs, but don't seem to realize, or care, that she is of another race.

Her new parents are confident that given the love and security that their natural children have received, Louise will become a stable adult, proud of her race and proud of the white family which gave her the happiness and security she couldn't have obtained in a series of foster homes.

A Feature of Ogilvy's Goods and Chattels Sale

Informal See-Through Dining Set

A Feature of Ogilvy's Goods and Chattels Sale

A CHILD IS WAITING

Happy, Playful Girl

Sherri, 3 . . . loves to be hugged and cuddled.

Three-year-old Sherri can quickly win your attention with her wide smile and big brown eyes. An attractive girl, she has straight black hair cut she is talking, repeating what others say and is more attentive. She is attending a speech therapy program once a week and her foster

A CHILD IS WAITING

JASON, A LOVABLE LITTLE CHARMER . . . is all-boy.

Youngster loves outdoors

Don't let his serious look fool you, twenty month old Jason is a happy boy who enjoys playing with boy's children and adults.

has fine dark brown hair, big brown eyes, chubby cheeks and a dark olive complexion.

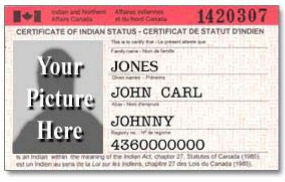
For the first months of his

Indigenous

(Interchangeable with “Aboriginal”)

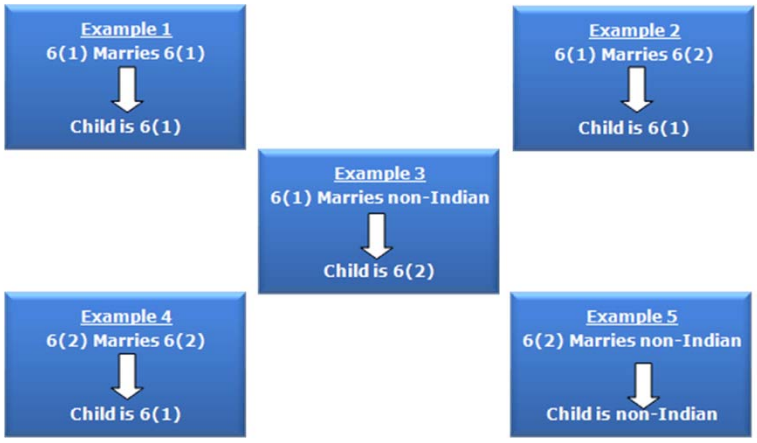
INUIT	FIRST NATIONS	MÉTIS
Has been referred to as “Eskimo,” but preferred term is Inuit	*Indian Act* *- Status* *- non-Status* *(Also “Native” and “Indian”)*	**Does NOT necessarily mean having one First Nations parent and one non-First Nations parent**

Certificate of Indian Status (Status Card)



http://www.aadnc-aandc.gc.ca/eng/1100100032424/1100100032428

Who is an "Indian" (First Nations)?



http://www.netcategory.net/gender-equity-in-indian-registration-act.html

Knowledge Assessment

Which of the following groups of people are included in the Canadian definition of Aboriginal people:

a. First Nations
b. Inuit
c. Métis
d. All of the above
e. Only a and b

Knowledge Assessment

When a 6(1) Status First Nations person has a child with a non-First Nations person, their child is:

a. 6(1) Status First Nations
b. 6(2) Status First Nations
c. Non-status First Nations
d. Non-First Nations
e. Métis

Knowledge Assessment

When a 6(2) Status First Nations person has a child with a non-First Nations person, their child is:

a. 6(1) Status First Nations
b. 6(2) Status First Nations
c. Non-status First Nations
d. Non-First Nations
e. Métis

Knowledge Assessment

Federal health care provisions (e.g., medication coverage through the Non-insured Health Benefits Program, NIHB) is available for:

a. 6(1) Status First Nations
b. 6(2) Status First Nations
c. Non-status First Nations
d. Recognized Inuit
e. Métis
f. Only a and b
g. Only a, b, and c
h. Only a, b, c, and d
i. Only a, b, and d
j. All of the above

Demographic Context

- Indigenous peoples represent approximately
  4.9% of the overall population in Canada.
  – Total Aboriginal population = 1,673,785
- Saskatchewan: Highest proportion of Aboriginal people in Canada (141,890 or ~16%)
- Ontario: Highest number of Aboriginal people (242,495 or ~2%)
- Represent youngest and fastest growing population

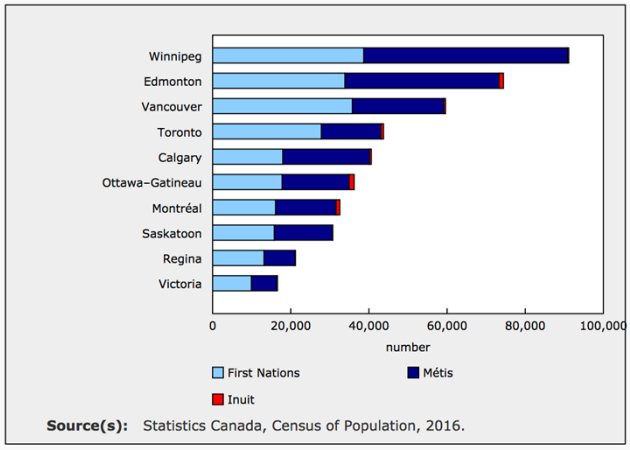
Statistics Canada – Catalogue no. 89-656-X2016010

Demographic Context

- **Children and youth aged 24 and under make up almost one-half (48%) of all Indigenous people**, compared with 31% of the general population.

Statistics Canada – Catalogue no. 89-656-X2016010

2016 Census Data



Source(s): Statistics Canada, Census of Population, 2016.

Number of First Nations people, Métis and Inuit by selected census metropolitan areas, 2016, number

	First Nations	Métis	Inuit
Winnipeg	38,700	52,130	315
Edmonton	33,880	39,435	1,115
Vancouver	35,770	23,425	405
Toronto	27,805	15,245	690
Calgary	17,955	22,220	440
Ottawa–Gatineau	17,790	17,155	1,280
Montréal	16,130	15,455	975
Saskatoon	15,775	14,905	80
Regina	13,150	7,975	75
Victoria	9,935	6,530	130

Context for Health and Well Being:
Human Development Index Rating

- Human development index is a tool developed by United Nations to help rank countries' social and economic development levels
  - The ranking is based on criteria which includes life expectancy at birth, educational rankings and income rankings
- In 2011 - out of 177 Countries – Canada ranked #6
  - When HDI is applied to First Nations Communities in Canada, the ranking falls to #68

http://hdr.undp.org/en/content/human-development-index-hdi

Statement on Well-Being of Indigenous People in Canada:

- A major study on the situation of Aboriginal peoples in Canada (1996) stated
- *"Aboriginal people are at the bottom of almost every available index of socio-economic well-being, whether [they] are measuring education levels, employment opportunities, housing conditions, per capita incomes or any of the other conditions that give non-Aboriginal Canadians one of the highest standards of living in the world." (Rcap, 1996)*

http://iog.ca/wp-content/uploads/2012/12/1997_April_rcapsum.pdf

Indigenous Health Statistics

- Most common cause of death in Indigenous people (up to the age of 44) = ???

Indigenous Health Statistics

- Rate of depression = double the rate of other Canadians (16% vs 8%)
- Most common cause of death in Indigenous people (up to the age of 44) = suicide
  - Generally -Suicide rates are twice the national average and have shown no signs of decreasing
  - Indigenous youth – rates are 5 to 7 times the national average (Health Canada, 2013).
  - Inuit – rates are among highest in World – up to 11 times national average for Inuit people overall (Pauktuutit, 2009, as cited in Allen and Smylie, 2015) and up to 40 times national rate among young men (Hicks, 2006, 2007, as cited in Allen and Smylie, 2015)

Indigenous Health Statistics

- Overall, life expectancy of First Nations people is 7 years less than rest of population
- Infant mortality rates are also two to four times higher
- Rate of HIV in First Nations people in Saskatchewan equals the rate of HIV in Nigeria

http://www.statcan.gc.ca/pub/89-645-x/2010001/life-expectancy-esperance-vie-eng.htm
http://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada

Effect of Colonization

- Significance of colonization reflected in outcome of World Health Organization consultations with international Indigenous community; representatives from around world stated:

"Everyone agrees that there is one critical social determinate of health, the effect of colonization"

(Mowbray, 2007, as cited in Allen and Smylie, 2015)

Colonization in Canada

- *Indian Act*:
  - Remains the **only legislation in Canada based on RACE**
  - Contained numerous rules and restrictions
  - Give Government control over Identity by determining membership guidelines "provisions" [who is considered INDIAN in eyes of government]
  - Included involuntary loss of status if educated or trained in ministry
  - Gender discriminatory – women lost status for marrying non-Indian men

Colonization in Canada: *Indian Act*

Indian Act **has been used to –**

- Facilitate the **acquisition of Indian Lands**
  - Act amended to make it illegal to hire a lawyer and protest land claims
- Facilitate **Assimilation**
  - Rules to promote loss of status/ became illegal to practice cultural traditions - role of Residential Schools
- Facilitate **Domination/Subjugation**
  - Government power to depose non-cooperative Chiefs

Colonization in Canada: *Government Policies*

- **Peasant Farming Policy**:
  - During era when some Reserves were beginning to see success with farming
    - Only produce what could be sown and harvested BY HAND
    - No labour-saving devices were allowed
- **Pass System**:
  - First Nations not allowed to leave reserve without official permission of Indian Agent.

Colonization in Canada: *Government Policies - RESIDENTIAL SCHOOLS*

- **Believed to be the worst of Government policies**
  - Instituted as a policy of AGGRESSIVE CIVILIZATION
  - Goal was to **"kill the Indian in the child"**
  - Premise was to remove children from parents and communities to instill Euro-Canadian culture and ways of life
  - Officially began in 1880s – started to close in 1960s

Colonization in Canada: *Government Policies - RESIDENTIAL SCHOOLS*

- "When the school is on the reserve the child lives with its parents, who are savages; he is surrounded by savages. Indian children should be withdrawn as much as possible from the parental influence."
  - Sir John A. Macdonald, Canada's First Prime Minister (1883)

Colonization in Canada: *Government Policies – RESIDENTIAL SCHOOLS*

- Extreme control, harsh punishments, many stories of abuse and violence
- Extreme trauma due to loss of identity, violence, abuse and poor educational outcomes
- Generational effects due to to associated PTSD, addictions, loss of parenting
  - Continued ripple effects

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Educational Attainment:
Looking at some "WHYs" still prevalent today:

- Major funding inequities also exist for First Nations education
- A First Nations child's education is funded between $2000 to $3000 less than another child in a nearby provincial school
- Unlike provincial schools, the federal government does not provide any funding for other important resources:
  - $0 for libraries
  - $0 for computers, software and teacher training
  - $0 for extracurricular activities
  - $0 for First Nations data management systems
  - $0 for 2nd and 3rd level services (including core funding for special education, school boards, governance and education research)
  - $0 for endangered languages
  - $0 for principals, directors, pedagogical support, and the development of culturally-appropriate curricula

Educational Attainment:
Looking at some "WHYs" still prevalent today:

- Health Concerns in First Nations schools include: Overcrowding, extreme mould, high carbon dioxide levels, sewage fumes in school, frozen pipes, unheated portables, students suffering from cold and frost bite, and schools being abandoned despite a lack of alternative infrastructure

Health Provisions and Access

- Sometimes misconceptions about "advantage" in terms of "free health care and provisions"
- NIHB does pay for some prescriptions, dental services and other health-related costs that non-Indian Canadian citizens often have private responsibility for
- Some of this health care considered "Treaty Rights" from perspective of First Nations

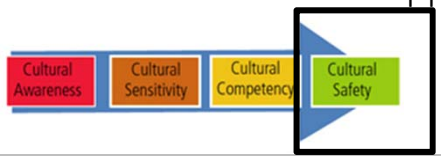
- Unfortunately such 'benefits' can be outweighed by issues of accessibility, poor relationships with healthcare providers, jurisdictional disputes, and interpersonal & systemic racism

Cultural Safety

http://blog.cancerview.ca/2014/02/the-importance-of-cultural-safety-and-competence-2/

Cultural Safety

- Moves beyond cultural awareness, cultural sensitivity, and cultural competency by **challenging power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to health care**
- Requires a systemic approach that encompasses an understanding of the power differentials that are inherent in health service delivery
- Requires organizations to review and reflect on their own policies, procedures, and practices, in order to remove barriers to appropriate care



http://www.nccah-ccnsa.ca/368/Cultural_Safety_in_Healthcare.nccah

Cultural Safety

Cultural Safety

- Without cultural safety protocols, incidents of racism have been problematic:
- Ex: death of Brian Lloyd Sinclair
  - 45 year old Indigenous man who died after a 34-hour wait in emergency room without being seen
  - Determined he would have required a half-hour of care to clear blocked catheter and prescribe antibiotic treatment
  - While in waiting room, he vomited several times on himself and other visitors asked nurses to attend to him
  - Body cold with onset of rigor mortis by time staff responded and attempted resuscitation efforts
  - Staff testified they thought he was there to warm up or sleep off intoxication

www.cbc.ca/news/canada/manitoba/brian-sinclair-s-death-preventable-but-not-homicide-says-inquest-report-1.2871025

Cultural Safety

- The research of Tang and Browne (2008) examined how stereotypes of Aboriginal people impact the care they receive, with participants describing being denied treatment or access to hospital care based on assumptions that they were drunk or that they were “troublemakers”

Cultural Safety

- Critical component for improving patient outcomes
- People who experience culturally safe health care are more likely to:
  - Access care earlier
  - Feel more at ease
  - Feel empowered throughout the process of receiving care
  - Share details about their health concerns & care preferences
  - More willing to return
  - More willing to follow treatment plans recommended by medical professionals

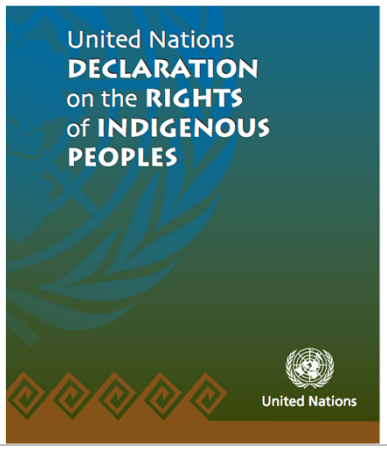
http//www.nccah-ccnsa.ca/368/Cultural_Safety_in_Healthcare.nccah

Canadian Apology

- Prime Minister Stephen Harper (2008):

"There is no place in Canada for the attitudes that inspired the Indian Residential Schools system to ever prevail again. You have been working on recovering from this experience for a long time and in a very real sense, we are now joining you on this journey. The Government of Canada sincerely apologizes and asks the forgiveness of the Aboriginal peoples of this country for failing them so profoundly."

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)



Wall set to apologize for Sixties Scoop

BETTY ANN ADAM, SASKATOON STARPHOENIX

Published on: August 11, 2017 | Last Updated: August 11, 2017 8:30 PM CST

Premier Brad Wall MATT SMITH / SASKATOON STARPHOENIX

SHARE

Premier Brad Wall says he will apologize to Sixties Scoop survivors as soon as Indigenous leaders name the time and place.

Truth and Reconciliation Commission of Canada (TRC)

http://www.trc.ca/

TRC

- Reconciliation:
  - An ongoing process of establishing and maintaining respectful relationships
- A critical part of this process involves:
  - Repairing damaged trust by making apologies
  - Providing individual and collective reparations
  - Following through with **concrete actions** that demonstrate **real societal change**

http://www.trc.ca/

TRC

- Establishing respectful relationships also requires the revitalization of Indigenous law and legal traditions.
- It is important that all Canadians understand how traditional First Nations, Inuit, and Métis approaches to resolving conflict, repairing harm, and restoring relationships can inform the reconciliation process
- TRC developed 94 "Calls to Action"
  - #18-24 are related to health

http://www.trc.ca/

TRC: Call To Action #18

- We call upon the federal, provincial, territorial, and Aboriginal governments to **acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies**, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
- **POSSIBLE RESPONSE: Personally and professionally make this acknowledgement**

http://www.trc.ca/

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TRC: Call To Action #19

- We call upon the federal government, in consultation with Aboriginal peoples, to **establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities**, and to publish annual progress reports and assess long-term trends.

- **POSSIBLE RESPONSE: Establish measurable goals within your own communities to identify and close gaps close to home.**

http://www.trc.ca/

TRC: Call To Action #20

- In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to **recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.**

- **POSSIBLE RESPONSE: Advocate for your Aboriginal patients and families who may be victims of ongoing jurisdictional complexities and inequities.**

http://www.trc.ca/

TRC: Call To Action #21

- We call upon the federal government to **provide sustainable funding for existing and new Aboriginal healing centres** to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

- **POSSIBLE RESPONSE: Promote physical, mental, emotional, and spiritual healing and learn about such people and services to refer patients and families to.**

http://www.trc.ca/

TRC: Call To Action #22

- We call upon those who can effect change within the Canadian health-care system to **recognize the value of Aboriginal healing practices and use them** in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- **POSSIBLE RESPONSE: Honour and congratulate the traditional healing practices desired and used by Aboriginal patients and consider referring patients and families to healers and Elders, when appropriate.**

http://www.trc.ca/

TRC: Call To Action #23

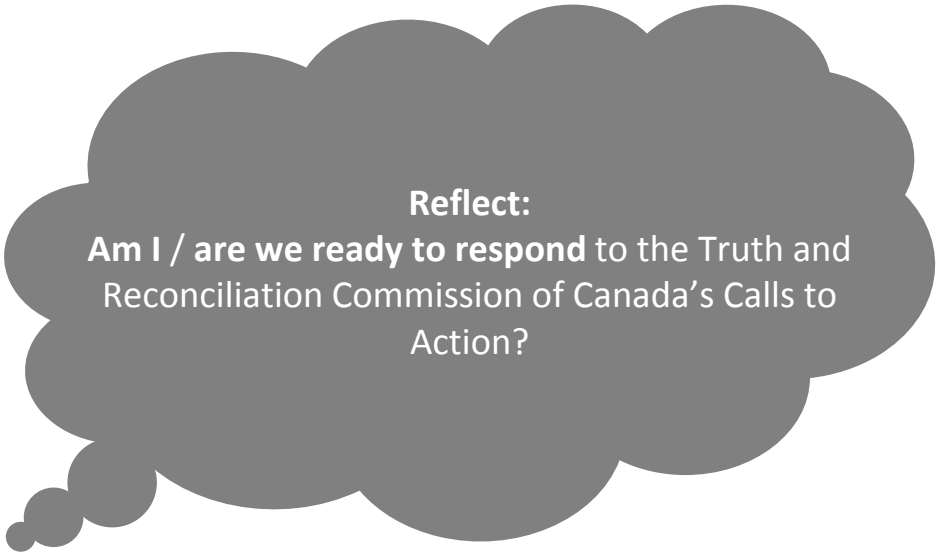
- We call upon all levels of government to:
  - i. **Increase the number of Aboriginal professionals** working in the health-care field.
  - ii. Ensure the **retention** of Aboriginal health-care providers in Aboriginal communities.
  - iii. Provide **cultural competency training for all** healthcare professionals.
- **POSSIBLE RESPONSE: Commit to reconciliation efforts as an individual, pharmacist, pharmacy, team, etc., and hire Indigenous pharmacists and staff.**

http://www.trc.ca/

TRC: Call To Action #24

- We call upon medical and nursing schools in Canada to **require all students to take a course dealing with Aboriginal health issues**, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
- **POSSIBLE RESPONSE: Offer related training in the workplace and in continuing education.**

http://www.trc.ca/



Responding to the TRC

- **Not** placing a strong, or at least stronger, focus on educating health professionals, and all Canadians, on the health challenges and issues faced by Indigenous Canadians can be perceived as **systemic racism**
  - Especially considering where the greatest needs are seen in Canada

Responding to the TRC

- Failing to best-prepare all Canadians (notably health professionals) to not only **address**, but also **proactively prevent**, **Indigenous health inequities** further perpetuates the sub-standard health achievements and experiences of Indigenous Canadians

Recruitment

- Pharmacists, technicians
- Work with Human Resources if and where possible
- Strategic hiring? Include Indigenous representation on interview panels / search committees, etc.
- Assign administrative lead to an Indigenous staff member (e.g., Indigenous Initiatives Coordinator – either at pharmacy level or head office)
- **CAUTION:** Indigenous staff burnout
- Extensive research regarding the success of Indigenous professionals when there are Indigenous mentors and role models present and accessible

Recruitment

- Equitable hiring processes
  - Can request human rights approval for preferential hiring of Indigenous applicants and usually even waiving advertisement, if desired (e.g., if specific candidate in mind)
- Establish relationships with Indigenous and non-Indigenous educational institutions
- Identify current and past Indigenous students to assist
- Recruitment materials
  - Symbols? Language? Secondary logo(s)?
- Potential issues with strategic/equitable hiring:
  - Stigma, falsified self-declaration

Research

- Tri-council Policy Statement 2
  - Chapter 9

- Beyond research of/by/with Indigenous peoples, also consider Indigenous research methodologies

… and so many more …

- E-mail signature file
- Land acknowledgement at all meetings and official events
- Reciprocity plans
  - Ensure in alignment with other relevant units and organizations
- Strategic plan that is appropriately resourced for success
- Indigenous Career Start Programs
- Honour Indigenous employees at relevant cultural events
- Indigenous artwork
- Indigenous representation on institutional products (e.g., name badges, lanyards, white coats, etc.)

Key Takeaways

- This is a challenging journey.
- You will not always get it right.
- Remember Einstein's words:
  - Doing the same thing over and over and expecting a different result = insanity.
- Move forward with a strong sense of humility.
- "Nothing about us without us."

Disruption is necessary.

Key Takeaways

- We all have a responsibility to learn Canada's truth and our own truth **before** reconciliation can happen
- Pharmacy professionals have an **enormous opportunity** to respond to the TRC Calls to Action and in a variety of ways
- The TRC published **Calls to Action** – ***not*** recommendations

One person *can* make a difference, and *everyone* should try.

John Fitzgerald Kennedy

References

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- And others as referenced on individual slides

Thank you!
Questions and Reflections

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