

## Acknowledgement

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We acknowledge and honour the xʷməθkʷəy̓əm (Musqueam) and Syilx peoples on whose ancestral, traditional, and unceded territories the campuses of the University of British Columbia are occupying. UBC School of Population and Public Health is located on UBC's Point Grey Campus, which is located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueam) people whose historical relationships with the land continue to this day.

<b>Course Number:</b>	SPPH 536
<b>Course Title:</b>	Indigenous Public Health in Canada: Ethics, Policy, and Practice
<b>Class Dates:</b>	Thursdays 4:00 – 7:00pm (in person) <i>*With the exception of January 18<sup>th</sup> when class will be held from 4:30-7:30pm</i>
<b>Instructor:</b>	Janene Erickson
<b>TAs:</b>	Isha Gill, Jessica Groat
<b>Office hours:</b>	1 hour after class at UBC SPPH Faculty Office Space on 1 <sup>st</sup> Floor: Room 153
<b>Class Location:</b>	On the traditional, ancestral, unceded territory of the xʷməθkʷəy̓əm (Musqueam) people Room B104, UBC School of Population & Public Health 2206 East Mall Vancouver, BC Canada V6T 1Z3
<b>Contact Emails:</b>	<a href="mailto:J9erickson@icloud.com">J9erickson@icloud.com</a> , <a href="mailto:jessgroa@student.ubc.ca">jessgroa@student.ubc.ca</a> , <a href="mailto:ikgill13@student.ubc.ca">ikgill13@student.ubc.ca</a>

## Course Summary/Structure

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Prior to contact, the Indigenous people in North America (and the world) enjoyed a thriving and interconnected relationship with the land, the medicines within, and with each other. A millennia, rich in culture, wellness, and relationships guided by complex governance systems and grounded in a wholistic understanding of health and wellness, which includes physical, mental, emotional and spiritual well-being. Settler colonialism is a distinct type of colonialism that functions through the replacement of Indigenous populations with an invasive settler society that, over time, develops a distinctive identity and sovereignty. Settler colonialism, the implementation and the ongoing impact of the genocidal colonial policies continues to have devastating impacts on the health and wellness of the Indigenous people in Canada. The recently released In Plain Sight report has articulated a current picture of the BC health care system with widespread systemic racism against Indigenous people. This stereotyping, discrimination and prejudice results in a range of negative impacts, including death; while ongoing public health emergencies are magnifying these issues. With Canada's acceptance and commitment to implement the UNDRIP and the TRC report, the BC provincial government passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA) into law in November 2019. The Declaration Act establishes the UN Declaration as the Province's framework for reconciliation, as called for by the TRC's Calls to Action. It requires the alignment of long-standing historical colonial policies to align with BC First Nations traditional laws/values. Addressing systemic racism requires coherent, systematic action. Uprooting Indigenous-specific racism in health care requires shifts in governance, leadership, legislation, policy, education, and practice. Impactful health system transformation is occurring now in BC and requires health leaders that both learn and lead. This course is for students in the field of public health to advance their understanding and accountability in Indigenous public health leadership through ethics, policy, and practice.

The course will include instructor(s), TA and student-led lectures, teachings from Indigenous Health Leaders, safe spaces for small and large group discussions, and applied learning activities.

### **A note on emotional content and difficult discussions**

This course unpacks a number of challenging truths and traumatic experiences and might be unexpectedly stressful for some students. When discussing sensitive topics please recognize there is a very large difference between feeling unsafe and feeling uncomfortable or experiencing strong emotions. It can be very upsetting to learn about these topics and they can certainly make us uncomfortable, the work of reconciliation takes bravery, courage and compassion for yourself and others. It is expected that all students contribute to building a safe learning environment, meet class content with an open mind, and remain committed to both learning and unlearning.

If you feel unsafe at any point, please reach out to the teaching team so we can help support you. If at any point you encounter distress, we also encourage you to take advantage of the many confidential supports on campus and in the community, which you can find online at:

- UBC Counselling services: <https://students.ubc.ca/health-wellness/mental-health-support-counselling-services>
- Indigenous-specific supports: <https://learningcircle.ubc.ca/ubclc-counselling-support/>
- Indian Residential Schools Crisis Line: 1-866-925-4419
- Women Against Violence Against Women (WAVAW): open and accessible to all women survivors of violence
  - 24-hour crisis line for sexual assault: 1-877-392-7583

### **Generative AI**

The use of Chat GPT or other generative AI tools is permitted in this course. If you use generative AI to get ideas and/or partial answers for an assignment and/or to generate any text for a draft or final version of any part of an assignment, you must declare that you have used it. You must also add a couple sentences describing the extent to which it was used, and you must save any generated text from this tool in case it is requested. The TA or the instructor may ask you to provide the generated text in order to help with grading decisions.

Please note that this course places a significant emphasis on self-reflection. While Chat GPT can offer support by generating ideas or assisting with writing, your success in this course will be evaluated based on the authenticity of your responses. We aim to gauge your ability to absorb the reading materials and class discussions, observing how you apply these insights to your learning journey and articulate your reflections.

### **Course Instructor(s)**

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**Founding Course Instructor/Facilitator:** Dr. Patricia Spittal (instructing SPPH 536 in the summer)

#### **Course Instructors/Facilitators:**

**Janene Erickson** (she/her), *Nak'azdli Whut'en*, MPH, BKin - Partnership Development & Initiatives, FNHA CMO office  
Janene Erickson is Dakelh from Nak'azdli Whut'en, a First Nations community in northern BC, and adopted member of the Takaya Wolf Clan, FNHA family. The FNHA is part of the First Nations health governance partnership in BC and Janene has worked to support its implementation at the most senior levels during her time in the CEO's office. As a 'customer-owner', she serves First Nations people through her current role in the Office of the Chief Medical Officer at the First Nations Health Authority. Janene applies her Masters in Public Health to her work in health system partnerships; facilitating better health outcomes for First Nations people, and passionately involved in Wellness, Quality, and Cultural Safety & Humility Initiatives. She was appointed as a public member to the board of the BC College of Nurses & Midwives and also sits on the Inquiry Committee of the College of Physicians and Surgeons of BC. She brings her energy as a First Nations Wellness Champion to the work – her accomplishments including Boston and Ironman are empowered and inspired by her parents. She brings her lived experiences, the teachings she's learned, and the education she's earned to her work and strives to do life with an open heart and open mind.

**Teaching Assistants:**

Jessica Groat (she/her)

Jessica, a mixed settler of Red River Métis, Cree, and European heritage, is paternally affiliated with the Mountain Métis of Jasper House in Treaty 6/8 territory, Alberta. Currently residing as an uninvited guest on x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Sḵwḵwú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) territories in colonially named Vancouver, she navigates this space as a second-year MPH student. In the realm of public health, Jessica's passions lie in the intersectionalities of health equity, food sovereignty, land protection, climate justice, and community well-being within Indigenous communities. In addition to her academic pursuits, Jessica plays a role in the Indigenous Research Support Initiative at UBC, which focuses on fostering communities of practices that contribute to the ongoing narrative of reconciliation, research excellence, and community partnerships within Indigenous contexts at UBC. Jessica also dedicates her time to the xwçičəsəm Garden, serving educational and research needs related to Indigenous knowledge, with a specific emphasis on Indigenous food sovereignty, food security, and traditional plant knowledge. Drawing from her personal journey of self-decolonization, she actively participates in decolonization initiatives within her discipline, envisioning broader cultural shifts in academic institutions. With humility, she emphasizes the importance of walking gently on others' land, weaving respect for the Host Nations into every facet of her academic and community engagement journey.

Isha Gill (she/her)

Isha is a Punjabi-Sikh woman, who as an uninvited guest was raised and educated on the traditional ancestral territories of the people of the Treaty 7 region in Southern Alberta, colonially-named Calgary. She is currently receiving her education on the traditional, ancestral and unceded lands of the Musqueam, Squamish and Tsleil-Waututh Nations at UBC. Isha comes from a background where she served her community to bridge existing community gaps regarding health literacy and addressed language and cultural barriers that have been intensified over time. As a second year MPH student, Isha, currently serves as one of the co-hosts of the Unlearning Club at SPPH and worked on co-authoring a report that outlined recommendations for the ways in which the school can take steps towards decolonization. She also holds a position of VP for University and Academic Affairs at the GSS, where she passionately advocates for the enhancement of graduate students' overall experience at UBC. Isha has made a commitment to un-learn the colonial ways in which we have been taught in order to leave UBC better than when she found it. She comes from a "Baagi" (revolutionary) lineage who understand that the most learning comes when you make those around you uncomfortable. It comes from a place where truth and honesty take priority. It is with these teachings that she moves forward.

**Guest Instructor(s):** This course will include opportunities to learn from guest speakers who will share their experiences, teachings and expertise in Indigenous health.

## Assessments of Learning

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- 25% - Active Participation (in class)
- 20% - Weekly Discussion Questions (pre-class, online)
- 25% - Weekly Reflective Journals (post-class, online)
- 30% - Final Report (due April 12th) & Presentation (April 4<sup>th</sup> and April 11<sup>th</sup>)

**Example schedule of opening/due dates**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<b>Week 1</b>	<b>8<sup>th</sup></b> Introduce yourself on Canvas	<b>9<sup>th</sup></b>	<b>10<sup>th</sup></b>	<b>11<sup>th</sup></b> Class 1 4:00-7:00pm Journal Reflection of Week 1 opens on Canvas Discussion Week 2 opens on Canvas	<b>12<sup>th</sup></b> Journal Reflection of Week 1 due by midnight	<b>13<sup>th</sup></b>	<b>14<sup>th</sup></b>
<b>Week 2</b>	<b>15<sup>th</sup></b>	<b>16<sup>th</sup></b> Discussion Week 2 due by midnight	<b>17<sup>th</sup></b>	<b>18<sup>th</sup></b> Class 2 4:03-7:30pm Journal Reflection of Week 2 opens on Canvas Discussion Week 3 opens on Canvas	<b>19<sup>th</sup></b> Journal Reflection of Week 2 due by midnight	<b>20<sup>th</sup></b>	<b>21<sup>st</sup></b>
<b>Week 3</b>	<b>22<sup>nd</sup></b>	<b>23<sup>rd</sup></b> Discussion Week 3 due by midnight	<b>24<sup>th</sup></b>	<b>25<sup>th</sup></b> Class 3 4:00-7:00pm Journal Reflection of Week 3 opens on Canvas Discussion Week 4 opens on Canvas	<b>26<sup>th</sup></b> Journal Reflection of Week 3 due by midnight	<b>27<sup>th</sup></b>	<b>28<sup>th</sup></b>

Class Participation (in person and online) (25%):

Students will participate in a weekly in person class. Each student is expected to attend the entire class and be an active participant in the class and in the weekly class discussions held online. Missing part of a class will result in the loss of points for class attendance and participation. The quality and quantity of your participation will be assessed for the following characteristics:

- Reflect understanding and utility of course readings.
- Interact thoughtfully and respectfully with presenters and participants.
- Demonstrate active listening and engagement with presenters; have reflective questions ready for guest speakers
- Strive to understand and appreciate the contributions of others, and seek to employ those contributions in developing ideas and approaches.
- Strive for clear, concise communication. Please be mindful and support the ability for everyone’s perspectives to be heard.

Although this course requires a commitment to active participation, if you need to miss a class (or part of a class) for any reason, please let the course instructors and TA’s know.

## Weekly Readings:

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This course provides students with a comprehensive and applicable overview of important health and wellness matters involving Indigenous peoples. The reading and listening list is, at times, intensive, however a lot of the resources listed are foundational references for your ongoing journey in this work – for your careers. Specific recent articles, videos, and podcasts proposed by lecturers will be assigned in advance of relevant classes. All resources are available through Internet search engines, the UBC library e-Resources, and the Xwi7xwa Library or Canvas. If you have difficulty accessing a reading, please alert a T.A. as soon as possible and the reading will be emailed to you.

## Weekly Online Discussion and Participation (20%):

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Students will answer discussion questions weekly on a Canvas discussion forum. Questions are drawn from the course materials or readings and will be posted after the conclusion of the previous week's class. The discussion will allow students to reflect on the week's topic prior to attending the lecture, ensuring students are well prepared for deeper learning in-class.

The class will be split into two groups which will **alternate** between *posting* a discussion and *responding* to one or more students' discussion posts. Groups will be assigned on Canvas, along with a schedule of which weeks students are required to either post or respond. Answers should be short (300 - 350 words), concise, and well thought out. Comments should be insightful, respectful and contribute to the discussion of the question. **Discussions are based on the coming week's topic. Students will post their discussions and responses on Canvas by Tuesday 11:59pm PST.**

## Weekly Reflective Journals (25%):

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Reflective Journals will be submitted to the Instructors and the TA's weekly. The Reflective Journals consist of the student's personal reflections based on the course materials of the prior class. Course topics are deep, profound, and personal; Decolonization, Cultural Safety & Humility requires everyone to actively self-reflect on personal and systemic conditioned biases. It requires the humble acknowledgement of oneself as a life-long learner when it comes to understanding another's experience. This is absolutely foundational to becoming an effective leader in Public Health.

Reflections are to be between 400 - 500 words, based on the class topic and related activities of the week (assigned readings, guest lecture(s), and small group discussion). Students are not to summarize the course content, but to self-reflect: Did the readings, presentation and discussion provide any new insights? Did they confuse or clarify your thinking? Why? What are some of the ideas/terms/concepts that you are struggling with or that are helping you make sense of the history of Canada, colonization, or privilege? What ongoing settler-colonial rooted systemic Indigenous-specific racism do you see that you never saw before – when you reflect on your own past or current experiences? What learnings do you now understand about the health and wellbeing of Indigenous peoples? **Reflections are based on the previous class' topic. Students will hand in journal reflections by Friday at 11:59pm PST.**

## Final Report & Presentation (30%):

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In response to addressing Indigenous-specific racism in healthcare and in review of the lack of progress that has been done since the TRC Calls To Action, you and your team were tasked with a decolonization project from leadership. To decolonize this organization, your team must examine the organization in its entirety, from its governance, internal operations, and procedures to its external policies. To move beyond [metaphor](#) into action, decolonization must involve recognizing and upholding the rights of Indigenous Peoples. Each team will be tasked with a separate department to provide an explanation of the systemic barriers that lead to exclusion and harm. The team will provide solutions and recommendations that uphold the foundational commitments made to Indigenous Peoples. We have been provided instructions on how to uphold these rights and reconcile past and current harms, and we must action them to transform relationships and systems. Your assignment will include both a mini-report, approximately 2,000-3,000 words (work to

be concise, word count does not include references) as well as a PPT presentation to leadership. **The final report will be due on April 12<sup>th</sup> at 11:59 PM.**

Each group will choose 1 organization and 1 policy/process to focus on. Your team will develop a mini report **(2,000 - 3,000 word count, not including references)** structured in the following way:

- **Background and Context:** Provide a brief summary of the organization's purpose and which department/policy/process your team is focusing on.
- **Barriers:** Articulate the following:
  - Why are the current practices harmful? What values are these systems built on? What interactions with other structures and systems exist that create inequalities and inequities?
  - What barriers exist that maintain the status quo? Be specific (e.g., don't say "administrative barriers" without an explanation of what administrative barriers prevent change from occurring).
    - Name at least 3 barriers that you identified and will dig into
- **Recommendations and Solutions**
  - For each barrier, provide a detailed solution. A solution should utilize the Foundational Commitments (i.e., UNDRIP/DRIPA, MMIWG Justice Report, In Plain Sight, TRC Calls to Action) for its rationale and basis for the solution.
  - Take advantage of the various goings and existing frameworks in this space. Feel free to use examples from other provinces, Indigenous groups, thought leaders, scholars, countries etc. Your solutions do not have to necessarily be novel but adjusted and adapted to the BC First Nations context and their inherent rights.

Along with your report, you and your group will prepare a PowerPoint presentation to leadership of the organization/institution that you have chosen. Presentations will be approximately 30 minutes in length. This will be followed by a 10-minute question-and-answer period (length subject to change based on class enrolment numbers). **Presentations will take place on April 4<sup>th</sup> and April 11<sup>th</sup> in class (in respect for the work of your colleagues, full class participation is expected for both classes).** The presentation will be delivered before the final report is submitted to allow incorporation of feedback following presentations.

**Please note:** All assignments must be properly referenced in either APA or Chicago format. *Failure to cite references or to submit on time will result in failure on the assignment.*

## Obligatory texts

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**Students are expected to purchase the following books:**

1. Joseph, Bob: 21 Things you didn't know about the Indian Act (Indian Policy). Page Two Books, Inc.: 2018
2. Fournier, Susan & Crey, Ernie. Stolen from Our Embrace. Douglas & McIntyre: 1998.
3. Lux, Maureen K: Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s. University of Toronto Press: 2016
4. McCallum, Mary Jane Logan; Perry, Adele Structures of Indifference: An Indigenous Life and Death in a Canadian City. University of Manitoba Press; 1st edition: 2018
5. George, Rueben & Simpson, Michael. It Stops Here: Standing Up for Our Lands, Our Waters, and Our People. Penguin Canada: 2023.

**Other obligatory course materials including journal articles and excerpts from books and non-published literature will be available via Canvas.**

## Class Schedule

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**Week 1** | January 11, 4:00 – 7:00 pm (in-person): **Introductions/Roundtable**

- Introductions
  - Review syllabus, assignments and approach
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**Week 2** | January 18, 4:30 – 7:30 pm (in-person): **Indigenous peoples health in Canada (Part 1)**

- Pre-contact Indigenous health and wellness
  - BC First Nations Perspective of Health and Wellness
  - Governance (Home and Away from Home, distinction-based)
  - Cultural Safety & Humility
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**Week 3** | January 25, 4:00 pm (in-person): **Settler-Colonialism: History of Canada and the Indian Act**

- The intent, implementation, impact
    - Definitions of genocide
    - Understanding Inter-generational trauma
    - Understanding the origins of Indigenous-specific racism through settler colonialism
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**Week 4** | February 1, 4:00 pm (in-person): **Residential Schools in Canada**

- The intent, implementation, impact
    - Understanding Inter-generational trauma
  - Dr. Bryce (Canada's 1<sup>st</sup> Whistle blower)
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**Week 5** | February 8, 4:00 pm (in-person): **The Truth and Reconciliation Commission of Canada**

- The Commission and the TRC report
  - What does Reconciliation look like?
    - Day Schools
    - Indian Hospitals
    - Etc.
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**Week 6** | February 15, 4:00 pm (in-person): **Settler-Colonialism: systemic Indigenous-specific racism; and understanding positionality, privilege & allyship**

- Indigenous-specific racism in health care
- Cultural Safety & Humility
- Grounded in Governance
- Empowering Self-Determination, strengths-based, intersectional, trauma-informed practice
- Understanding positionality, privilege and allyship

**Week 7 | February 22: Reading Break**

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**Week 8 | February 29, 4:00 pm (in-person): Disrupting the Status Quo through understanding privilege and allyship**

- Addressing Indigenous-specific racism in health care (and beyond)
  - Rights and strengths-based
  - Speak Up Culture
  - Accountability
  - Decolonization
  - Roll of the Ally
    - Using privilege to create space, to rein in, to demonstrate how to be an Ally (if done right), to ALWAYS be succession planning - Plan to use and lose your privilege. Centering First Nations/Indigenous voices
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**Week 9 | March 7, 4:00 pm (in-person): Understanding Our Foundational Documents and BC's Implementation of the UN Declaration on the Rights of Indigenous Peoples**

- [Royal Proclamation](#)
  - [Section 35 of the Constitution](#)
  - [RCAP](#)
  - [TRC](#)
  - [UNDRIP](#)
  - [MMIWG](#)
  - [DRIPA](#)
    - <https://www.bcdripa.org/>
    - [https://www.ubcic.bc.ca/undrip\\_bc\\_law](https://www.ubcic.bc.ca/undrip_bc_law)
    - <https://www.fasken.com/en/knowledge/2019/12/with-dripa-as-law-what-can-we-expect>
  - [Human Rights Tribunal](#)
  - [In Plain Sight](#)
  - [Bill C-15](#)
  - [UBC Indigenous Strategic Plan](#)
  - [FoM Indigenous Strategic Plan](#)
  - [SPPH Strategic Plan](#)
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**Week 10 | March 14, 4:00 pm (in-person): Indigenous peoples health in Canada (Part 2)**

Post-contact Indigenous health and wellness

- Statistics
- Our Truths
- Ethical public health research on Indigenous Health
- Indigenous peoples health in BC/Canada: Population & Public Health (current)
  - **Populations:**
    - Children in Care
    - Women
    - 2S/LGBTQQIA\*



- Elderly
  - People w diverse abilities
  - Incarcerated Indigenous people
  - Intersectionalities
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**Week 11 | March 21, 4:00 pm (in-person): Indigenous peoples health in Canada (Part 2 as well)**

Post-contact Indigenous health and wellness

- Statistics
  - Our Truths
  - Ethical public health research on Indigenous Health
  - Indigenous peoples health in BC/Canada: Population & Public Health (current)
    - **Public Health:**
      - Racism in Health Care
      - Toxic Drug Supply / Overdose Crisis
      - Covid19
      - Wildfires
      - Flooding
      - Housing
      - Home and Away from Home
      - Drinking Water
      - Chronic Diseases
      - Transportation (roads, air, boats)
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**Week 12 | March 28, 4:00 pm (in-person): Student experiences addressing Indigenous-specific racism**

- Reflections from the next generation of leaders
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**Week 13 | April 4, 4:00 pm (in-person): Leadership Solutions (Student Presentations)**

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**Week 14 | April 11, 4:00 pm (in-person): Leadership Solutions (Student Presentations)**