

## 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)
<b>Instructor:</b>	Janene Erickson
<b>TAs:</b>	Marnie Scow, Giuliana Del Guercio
<b>Office hours:</b>	1 hour before 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 491, UBC School of Population & Public Health 2206 East Mall Vancouver, BC Canada V6T 1Z3
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## 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 holistic 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

### 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.

**Mathew Fleury** (he/his), Gimewan Niimi (Rain Dancer), PhD(c), MPH, BSW, BA, Manager, Research and Knowledge Exchange, First Nations Health Authority; Adjunct Professor, Faculty of Health Sciences, Simon Fraser University

Mathew Fleury is nēhiyawak (Mistawasis Nēhiyawak; Plains Cree) and, as a proud member of one of the founding families of the Métis Nation, he has deep roots in the Red River Valley of Manitoba. He draws from his lived, academic, and professional experiences to apply grassroots research and policy approaches to issues impacting Indigenous peoples, including harm reduction, mental health, and accessibility. As an Indigenous Social Worker, community-based researcher, and public health professional with lived and living experiences as a queer, Two-Spirit individual, Mathew recognizes the need to promote the inclusion of those who have been faced with marginalization. His passion for human rights and culture have earned him a new name, proffered by Elders in his community: Gimewan Niimi (Rain Dancer). Following studies in psychology at Queen's University, Mathew graduated from Laurentian University's Indigenous social work program and completed studies in public health at the University of Edinburgh. In 2021, he was promoted from the role of Indigenous Harm Reduction Community Coordinator to Manager, Research and Knowledge Exchange at the First Nations Health

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Authority where he is responsible for managing the overall approach, design, and implementation of medium to large-scale research initiatives. Mathew is also a Research Associate at the BC Centre for Disease Control, an Instructor in the Faculty of Health and Human Services, as well as an Adjunct Professor and PhD Candidate in the Faculty of Health Sciences at Simon Fraser University.

**Teaching Assistants:**

Marnie Scow (she/her), Kwakiutl and Namgis First Nations

Marnie Scow is from Kwakiutl and Namgis First Nations. As an Associate Consultant at Len Pierre Consulting, Marnie facilitates training sessions and advises clients on substance use programming and services, Indigenous Harm Reduction practices, and Indigenous Cultural Safety for organizations. Marnie has post-secondary education in criminology and restorative justice and is currently completing her Masters in Public Health at UBC. She has worked in public and Indigenous health in a variety of capacities includes being among the first members of the Indigenous Wellness Team (IWT) at First Nations Health Authority (FNHA) and the first Indigenous woman to work with the grassroots organization, Culture Saves Lives, bringing personal connections, stories, with low barrier access to culture for both residents of Vancouver's Downtown Eastside and BC First Nations communities. While working with the FNHA's Indigenous Wellness Team, Marnie facilitated many dialogues about Indigenous harm reduction and decolonizing addiction throughout First Nations. Marnie has a passion for Indigenizing harm reduction, and often specializes in Housing First, alcohol harm reduction, advocacy for changes in the health care system for Indigenous Peoples, and low barrier access to safe supply. Marnie also has a love for sports and tacos!

Giuliana Del Guercio (she/her)

Giuliana (she/her) is a mixed Mexican and Filipino woman, with Mexican ancestry from Michoacán, the Purépecha Kingdom, and from the Visayas region in the Philippines. She is a second year Master of Public Health student, one of the co-hosts of the SPPH Unlearning Club, and is working with the Office of the Provincial Health Officer's Unlearning and Undoing white supremacy project. Before school, she spent several years in Washington DC, focusing on federal health policy regarding access to healthcare for people with low-income. She is passionate about learning how to imbue health equity into all levels of health policy, better fulfill the rights of Indigenous Peoples, and honor the diversity and shared experiences of those who inhabit multiple intersections of identity.

**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 Student Briefing Note (due March 21<sup>st</sup>) & Presentation (March 22<sup>nd</sup>, March 29<sup>th</sup> and April 5<sup>th</sup>)

**Example schedule of opening/due dates**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
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<b>Week 1</b>	<b>9<sup>th</sup> Introduce yourself on Canvas</b>	<b>10<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>12<sup>th</sup> Class 1 4:00-7:00pm Journal Reflection of Week 1 opens on Canvas Discussion Week 2 opens on Canvas</b>	<b>13<sup>th</sup> Journal Reflection of Week 1 due</b>	<b>14<sup>th</sup></b>	<b>15<sup>th</sup></b>
<b>Week 2</b>	<b>16<sup>th</sup></b>	<b>17<sup>th</sup></b>	<b>18<sup>th</sup> Discussion Week 2 due</b>	<b>19<sup>th</sup> Class 2 4:00-7:00pm Journal Reflection of Week 2 opens on Canvas Discussion Week 3 opens on Canvas</b>	<b>20<sup>th</sup> Journal Reflection of Week 2 due</b>	<b>21<sup>st</sup></b>	<b>22<sup>nd</sup></b>
<b>Week 3</b>	<b>23<sup>rd</sup></b>	<b>24<sup>th</sup></b>	<b>25<sup>th</sup> Discussion Week 3 due</b>	<b>26<sup>th</sup> Class 3 4:00-7:00pm Journal Reflection of Week 3 opens on Canvas Discussion Week 4 opens on Canvas</b>	<b>27<sup>th</sup> Journal Reflection of Week 3 due</b>	<b>28<sup>th</sup></b>	<b>29<sup>th</sup></b>

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

Initially, students will participate in a weekly class via Zoom which will transition to in person after the first two weeks or when allowed. 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. This includes having the camera on while participating with the class online.
- 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.

### Weekly Readings:

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%):

Students will answer discussion questions weekly on a Canvas discussion forum. Questions are drawn from the course materials or readings and will be assigned and posted one week in advance. 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.

Answers should be short (300 - 350 words), concise, and well thought out. Students are then expected to briefly comment on at least one of the answers posted by another student. 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 on Canvas to share with fellow students by Wednesday at 11:59pm PST.**

### Weekly Reflective Journals (25%):

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 Student Briefing Note & Presentation (30%):

Write a 2000 word (double spaced) briefing note written to advise leadership (i.e. decision maker(s) - a person or group who are key leaders in policy change or networks engaged in the process). The briefing note must analyze any of the current health policy issues that impact Indigenous people. **The briefing note is due March 20<sup>th</sup> by 11:59pm PST.**

Along with your briefing note, prepare a PowerPoint presentation to deliver your briefing note to the class (briefly and concisely – include your most relevant points & recommendations). You will have 15 minutes to present, with 10 minutes for a question-and-answer period (length subject to change based on class enrolment numbers). **Presentations will take place March 23<sup>rd</sup>, March 30<sup>th</sup>, and April 6<sup>th</sup> in class.**

#### **It is suggested that your briefing is organized as follows:**

- a) Describe of the policy issue(s)
- b) Background with relevant history, context, relevant facts/evidence, further explanation of the issue (current impacts?)
- c) Objectives of the policy
- d) Options for addressing the policy issue(s) – any solutions demonstrated elsewhere that could be relevant?
- e) Assessment of options (considerations, assessment of impacts and/or outcomes)

- f) Recommendations to address policy issue(s)

**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

**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 12, 4:00 – 7:00 pm (in-person): Introductions/Roundtable**

- Introductions
  - Review syllabus, assignments and approach
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### **Week 2 | January 19, 4:00 – 7:00 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 26, 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 2, 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 9, 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 16, 4:00 pm (in-person): Settler-Colonialism: systemic Indigenous-specific racism; and understanding privilege & allyship**

- Indigenous-specific racism in health care
  - Cultural Safety & Humility
  - Grounded in Governance
  - Empowering Self-Determination, strengths-based, intersectional, trauma-informed practice
  - Understanding privilege and allyship: 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
    - Speak up culture
    - Centering First Nations/Indigenous voices
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**Week 7 | February 23: Reading Break**

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**Week 8 | March 2, 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 9 | March 9, 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
  - 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 10 | March 16, 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 Post-contact Indigenous health

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**Week 11 | March 23, 4:00 pm (in-person): Leadership Solutions (Student Presentations)**

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**Week 12 | March 30, 4:00 pm (in-person): Leadership Solutions (Student Presentations)**

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**Week 13 | April 6, 4:00 pm (in-person): Leadership Solutions (Student Presentations)**