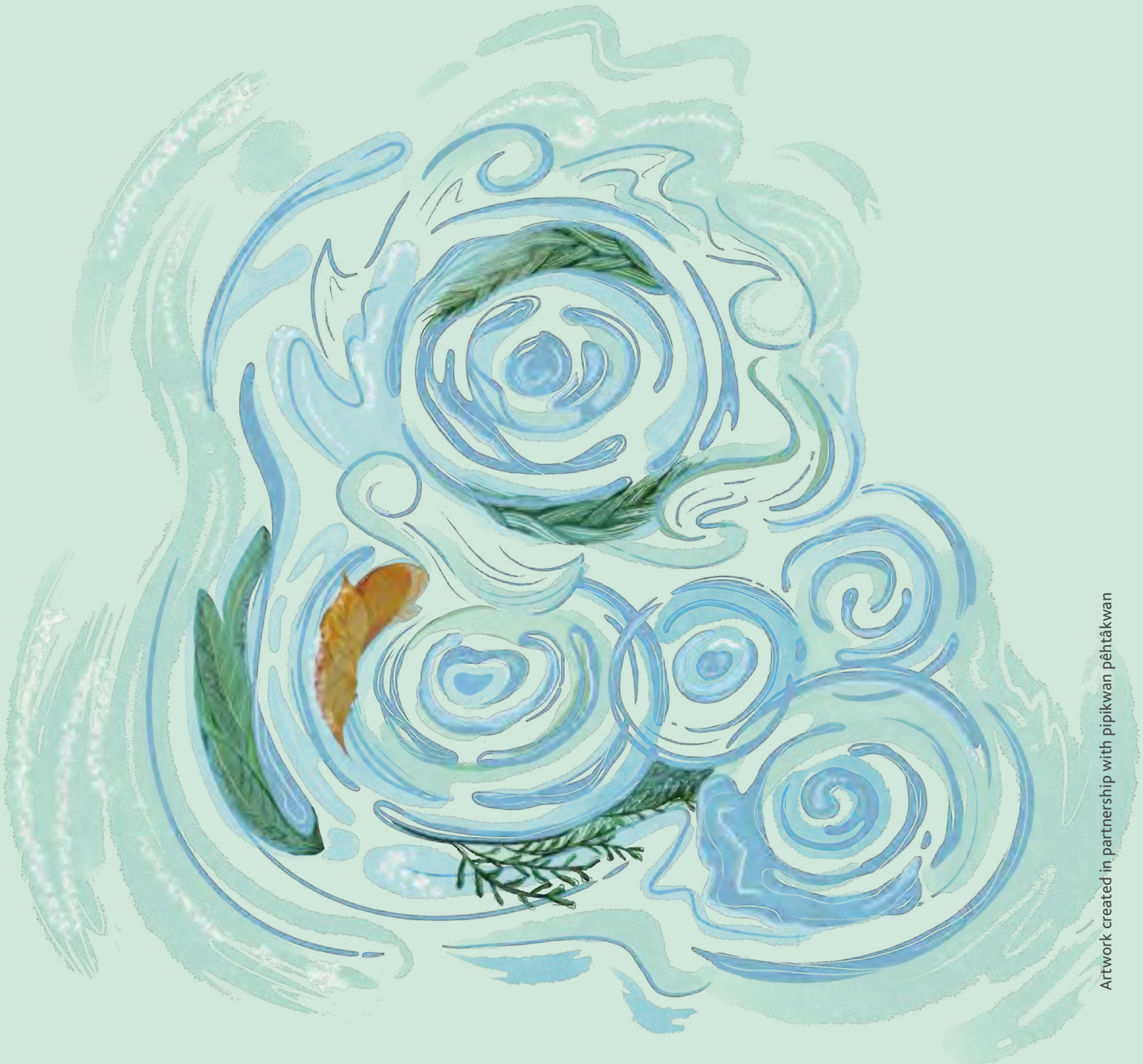


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MEDICAL
ASSOCIATION

The CMA's apology to Indigenous Peoples



Artwork created in partnership with pipikwan pèhtákwán



This apology was delivered on Sept. 18, 2024 at a public ceremony in Victoria, BC, on the traditional territory of the ɫəkʷəŋiʔnəŋ speaking people of Songhees and Xwsepsum Nations. Dr. Alike Lafontaine, CMA past president (2022-23), CMA Indigenous board members Dr. Paula Cashin and Dr. Santanna Hernandez and CMA President Dr. Joss Reimer delivered the statement.

We recognize this apology may reopen wounds and retraumatize First Nations, Inuit and Métis individuals, families and communities who have experienced harms in the health system. For anyone who may require additional support, please use the list of culturally safe supports provided at the end of this statement.

Recognizing past and ongoing harms

In preparation for this apology, the CMA underwent a multi-year process to review its archives, social media accounts, parliamentary debates and committee records. An ethics review of these records was completed on the basis of the CMA Code of Ethics and Professionalism and other key codes and norms that outline the ethical and professional commitments and responsibilities of the medical profession.

The Canadian Medical Association Journal (CMAJ) is in the process of conducting a similar review of its contents in partnership with the National Collaborating Centre for Indigenous Health, the results of which will be available in 2025.

The historical review revealed that the CMA contributed to systemically embedding and upholding anti-Indigenous racism in health care, thus creating an unsafe environment for Indigenous Peoples, patients and communities.

Specific examples of the harms the medical system caused to Indigenous People include the following:

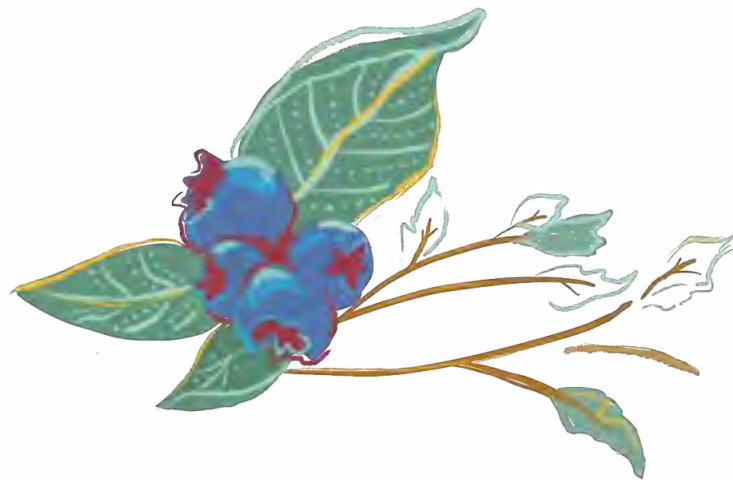
- The Indian hospital system embedded systemic racism and discrimination in the Canadian health system by fostering racial segregation and conditions where Indigenous patients received substandard and unsafe care. Patients were subjected to abuse, experimental treatments and forced and coerced sterilization. Although most Indian hospitals are now closed, the country is still in the process of moving away from the segregated, racist health care model that the Indian hospital system perpetuated to one where Indigenous Peoples have self-determination over their health and health care.
- Medical experimentation was conducted on Indigenous children in residential schools, including studying the effects of malnourishment and withholding necessary care.
- Medical experimentation was conducted on Indigenous adults, including studying the effects of nutritional interventions and testing experimental tuberculosis vaccines and treatments. We still do not know the full extent of medical experimentation on Indigenous children or adults.
- Inuit were forced to relocate to tuberculosis sanatoriums far from their homes, without community support, without their informed consent and against their wishes. Many patients died and their remains were never returned home.





- Indigenous women, some men and two-spirit people underwent forced and coerced sterilization outside the Indian hospital system. Some reports suggest this has happened as recently as 2019.
- There has been a lack of sustained, meaningful commitment by the medical system to advance the health of Indigenous women, men and two-spirit people, which has led to ineffective advocacy and work.
- The medical system has a history of exhibiting and accepting racist, colonial and paternalistic attitudes toward Indigenous Peoples.

Many Indigenous people suffered mistreatment and lack of care. In many cases, this led to ongoing health issues and death.



The CMA also fell short of ethical norms and standards of the medical profession.

For example:

- It had a duty to use its privileged position and voice as a health care leader in Canada to report circumstances preventing physicians from providing the highest standard of care. The CMA failed to do this for residential schools and Indian hospitals and did not address the countless barriers that Indigenous patients experience in accessing health care.
- It had a fundamental ethical obligation to put the well-being and welfare of the patient over physicians' interests. A key example of the CMA's failure in this regard was its focus on physician financial compensation over care provided to Indigenous Peoples in the first half of the 20th century.
- The CMA failed to educate or inform itself about the realities and rights of Indigenous Peoples living in Canada even when advocates made efforts to draw attention to the deplorable treatment of First Nations, Inuit and Métis Peoples in health systems and residential schools.



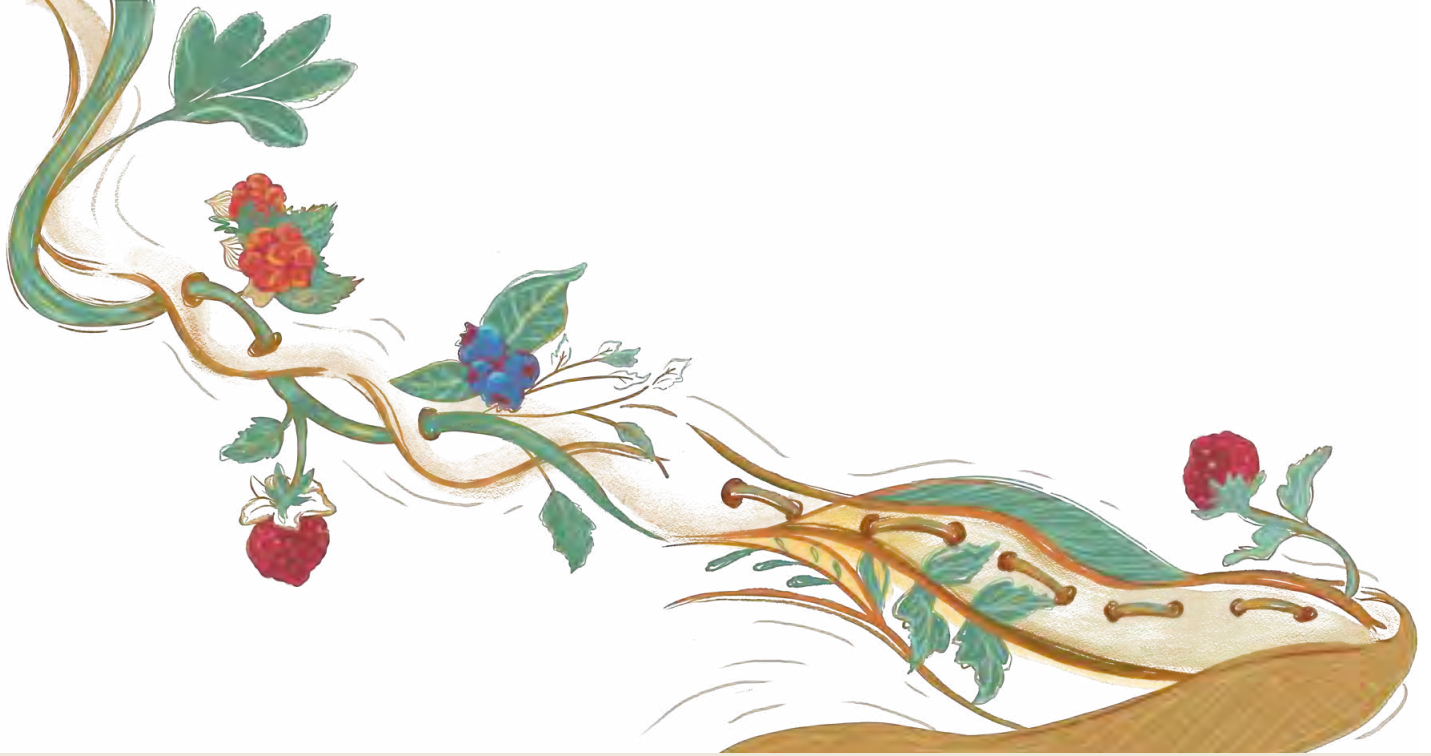
The CMA also acknowledges that harm to First Nations, Inuit and Métis Peoples continues.

- Racism and negative stereotypes of Indigenous Peoples continue to impact the quality of care that medical professionals provide to Indigenous Peoples.
- Medical providers and organizations are ill-informed about the health-related realities and rights of Indigenous Peoples in Canada.
- Medical providers and organizations have yet to fully recognize, respect and honour Indigenous knowledge-led solutions to support Indigenous perspectives in health, including Indigenous wellness and healing practices.
- Medical providers and organizations fail to listen, support and amplify the voices of Indigenous patients and providers.
- There is still limited and/or a complete lack of access to health care services, particularly for Indigenous Peoples living in rural, remote and Northern communities.
- Indigenous Peoples continue to experience profound harm and vast intergenerational impacts as a result of the Sixties Scoop, which saw many thousands of Indigenous children and youth forcibly removed from hospitals and their families, cultures and communities and placed in non-Indigenous foster or adoptive homes in Canada and around the world.
- Medical providers and organizations were responsible for or complicit in these abductions and continue to play a role in ongoing child apprehension practices, such as birth alerts.
- Systemic racism in the medical field has contributed to the mistrust of the profession that leads to serious health concerns going undiagnosed or without proper treatment.
- Systemic barriers continue to prevent Indigenous Peoples from gaining access to medical training, resulting in their continued underrepresentation in the medical profession.



Health care in this country is provided in a complex web of local, provincial, territorial and federal systems. Today, we are speaking the CMA's truth as we know it, but there are many other histories and truths in health care that must be explored — other harms to be acknowledged. We at the CMA will own and continue to build on our understanding of the organization's history, and moving forward, we commit to doing our part to create a better future. We call on all our health partners to do the same.





Apologizing for past and ongoing harms

The Canadian Medical Association is deeply sorry for the harms First Nations, Inuit and Métis Peoples have experienced and continue to experience in the Canadian health system.

The racism and discrimination that Indigenous patients and health care providers face is deplorable, and we are deeply ashamed.

As the national voice of the medical profession, we are sorry for the actions and inactions of physicians, residents and medical students that have harmed Indigenous Peoples.

We recognize the significant power that physicians have had historically, and continue to have, in the health system. Physicians play a critical role in the provision of health care, and they have obligations and accountabilities to patients, the health system and society.

As an association, our purpose is to support the medical profession and create a more sustainable, accessible and equitable health system for all patients and providers. In failing to address systemic anti-Indigenous racism in health care, we have failed to fulfill this purpose.



We have not lived up to the ethical standards the medical profession is expected to uphold to ensure the highest standard of care is provided to patients and trust is fostered in physicians, residents and medical students. We realize we have left Indigenous Peoples out of that high standard of care.

To Indigenous Peoples living in Canada, we apologize to you. We are sorry. We are sorry we have lost your trust and for the harms you, your ancestors, your families and your communities have experienced. We acknowledge there are ripple effects on future generations.

We take ownership of the CMA's history, and we are committed to righting our wrongs and rebuilding our relationship on a foundation of trust, accountability and reciprocity.

We accept responsibility for the CMA's actions and inactions. We know there is nothing we can do to take back what has been done. We can only move forward — beginning with our commitment to work in partnership and reciprocity with Indigenous Peoples to advance reconciliation in health care.

We humbly acknowledge we are on a learning journey — we will make mistakes despite our best efforts —but we commit to acknowledging those mistakes, learning from them and continuing forward in a meaningful, tangible and sustained way.

This would not be possible without the graciousness of Elders, Knowledge Keepers and Indigenous partners who have shared their teachings, knowledge and truths with us. Their courage to trust and take steps alongside us does not go unnoticed. They have guided, pushed and kindly shared with us even though it has been, without a doubt, an emotionally, spiritually and mentally taxing process to relive painful memories and share intimate community knowledge.

Their kindness, honesty, strength and willingness to share will never be forgotten. As we begin our unlearning and relearning, we humbly take these teachings with us and hold them at the forefront of our interactions with Indigenous Peoples in the CMA's future commitments and work.



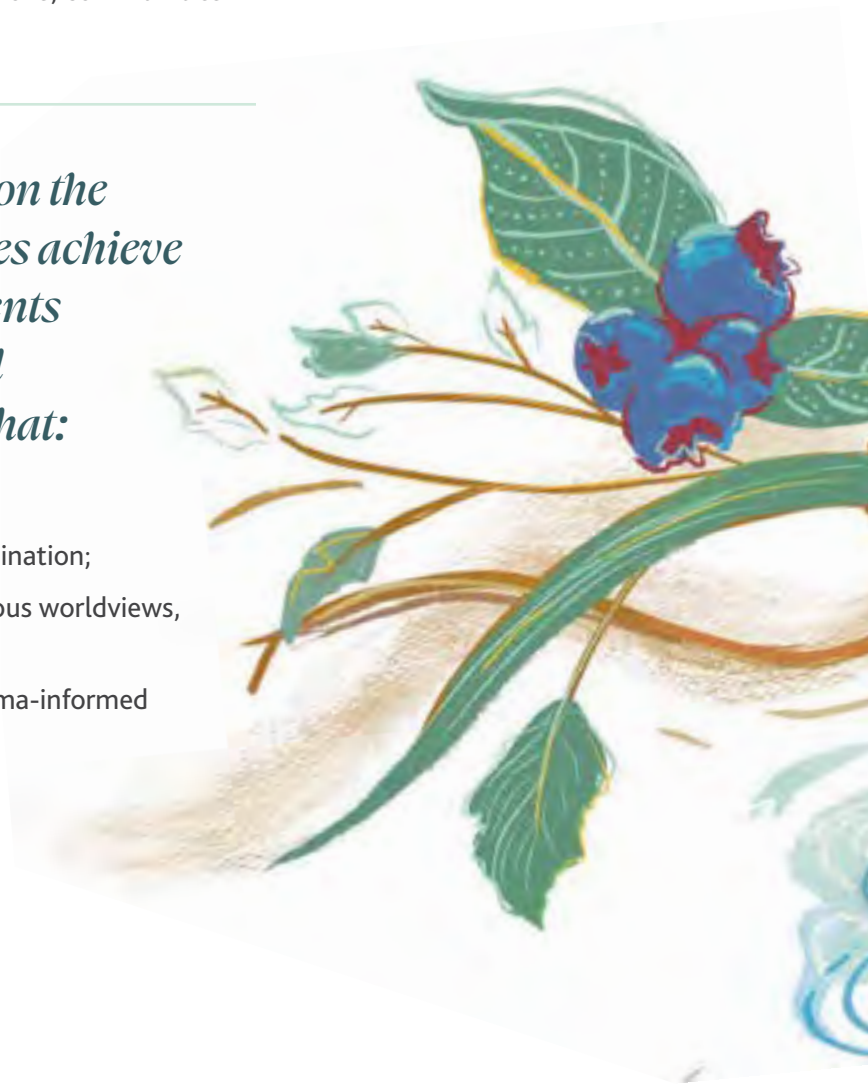
Taking action to advance Indigenous health

To be truly meaningful, an apology must be accompanied by impactful, sustained action. As an organization and the national voice of the medical profession, we acknowledge that there is a lot of hard work ahead of us.

Most importantly, the CMA recognizes that any actions done to advance reconciliation must be done in partnership and reciprocity with Indigenous Peoples. The CMA's Indigenous Guiding Circle has developed an Indigenous health goal that will serve as our North Star, guiding us in our reconciliation journey as we continue to build and strengthen relationships with Indigenous organizations, communities and other willing partners in this work.

The Indigenous health goal calls on the CMA to ensure Indigenous Peoples achieve measurable, ongoing improvements in health and wellness, supported by a transformed health system that:

- is free of racism and discrimination;
- upholds Indigenous Peoples' right to self-determination;
- values, respects and holds safe space for Indigenous worldviews, medicine and healing practices; and
- provides equitable access to culturally safe, trauma-informed care for all First Nations, Inuit and Métis Peoples.

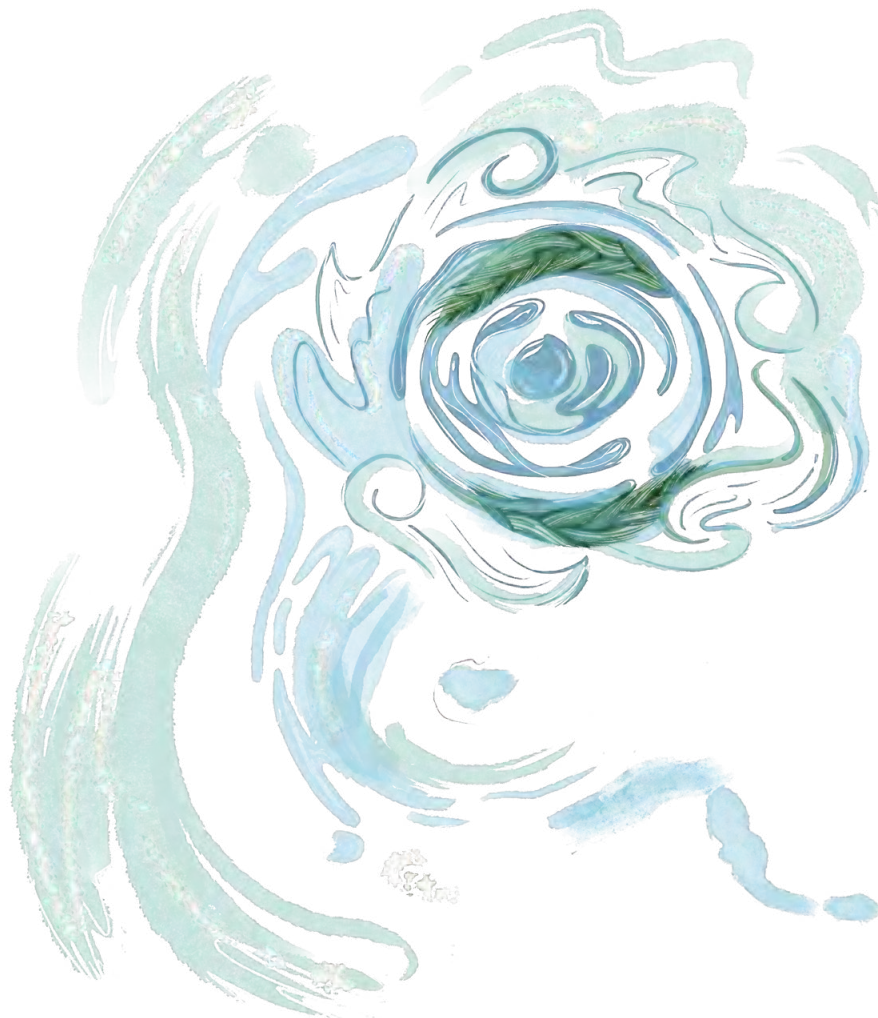


The CMA pledges to act against anti-Indigenous racism in health care and support the medical profession in addressing acts of racism against First Nations, Inuit and Métis patients and providers.

We will recognize and challenge behaviours, practices and conditions that hinder Indigenous healing, health and well-being.

We strongly support the adoption of Joyce's Principle, which aims to guarantee all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services and the right to enjoy the best physical, emotional and spiritual health.

We commit to working in partnership and reciprocity with Indigenous Peoples to create and implement a ReconciliACTION plan that will continue to evolve as we move through this journey together.



We have taken other key steps in this direction and will continue to build on this foundation:

- The CMA will continue to support Indigenous-led organizations, and actively work to strengthen existing and new relationships.
- The CMA will continue to support the Indigenous Guiding Circle, an important space within the CMA where First Nations, Inuit and Métis Peoples inform the CMA's work in Indigenous-specific health care and its connections with the broader health care system.
- The CMA will continue to engage with Indigenous Peoples, organizations and communities to expand our understanding of past and current harms and help inform our future actions.
- The CMA will encourage and support other health system partners to reveal their own history and begin their reconciliation work.

Our ongoing commitment to meaningful reconciliation will focus on three areas.



1

The first is advancing Indigenous health:

- We will continue to co-create and implement initiatives in partnership with the Indigenous Guiding Circle and Indigenous partners to advance more equitable health care in allyship with First Nations, Inuit and Métis Peoples.



2

The second is supporting physicians' journeys to truth and reconciliation:

- We will review our Code of Ethics and Professionalism — a foundational document for ethical medical practice in Canada — with the goal of strengthening provisions related to racism and discrimination.
- We will support initiatives designed to spark and sustain reconciliation efforts; increase the recruitment and retention of Indigenous medical students, residents and physicians; and eliminate anti-Indigenous racism in the health system.
- We will support our partners in walking their own paths of reconciliation and creating spaces where First Nations, Inuit and Métis Peoples and communities are engaged and welcomed.



3

The third is promoting internal reconciliation for CMA employees and leadership:

- We will continue to build on current Indigenous representation across all parts and at all levels of our organization.
- We will continue to review our policies, systems and processes to support a culture of ongoing truth and reconciliation.
- We will foster a deeper understanding within our organization of Indigenous Peoples' rights, as identified in international law, constitutional law and treaties.



Moving forward, we recognize that First Nations, Inuit and Métis Peoples are the experts on their own experience. We affirm Indigenous knowledge, seek to support Indigenous cultures and communities, and recognize and honour that Indigenous Peoples' approaches to healing, health and wellness have existed and flourished since time immemorial. Any actions the CMA takes to advance Indigenous health will be Indigenous led, guided and designed in a relational, reciprocal and accountable way.

Reconciliation always involves two sides. Through apology and action, we can close the distance between us and join hands to find a shared way forward.

Today we turn the first page of a new chapter in the CMA's history. It's a chapter that we hope First Nations, Inuit and Métis Peoples can write with us together, as we work toward a health system that provides you with the right care, at the right time, in the right place, in a good way.



For anyone seeking additional support, here is a list of culturally safe supports:

THE INDIAN RESIDENTIAL SCHOOL CRISIS LINE: 1-866-925-4419

The crisis line is available 24 hours a day for anyone experiencing pain or distress as a result of a residential school experience.

HOPE FOR WELLNESS HELPLINE: 1-855-242-3310, OR CHAT

ONLINE AT HOPEFORWELLNESS.CA The Hope for Wellness Helpline offers immediate help to all Indigenous peoples across Canada in the following languages: Ojibway, Cree, Inuktitut, English and French. They provide 24/7 culturally grounded assessment, referrals, counselling and support in times of crisis, including suicide intervention.

SUICIDE CRISIS HELPLINE: CALL OR TEXT 9-8-8 (TOLL-FREE)

The Suicide Crisis Helpline provides a safe space to talk, 24 hours a day, every day of the year. This service is available in English and French.