



Indigenous Physicians Association of Canada

NATIONAL NEWS RELEASE

April 23, 2009

For Immediate Distribution

RE: IPAC Recommends an Investigation for Institutional Racism in the Health Care System

In Manitoba there have been three high profile deaths in the past year in which access to or quality of health care was raised as a possible contributing factor. These deaths included:

- Brian Sinclair, a 45-year-old man who died of an infection, which spread from a blocked bladder catheter after waiting in the emergency room for 34 hours. An inquest is pending, and all parties including Premier Gary Doer have agreed that his death was preventable.
- Chace Barkman, a 6 month old baby, died of meningitis with a six-day delay in receiving the correct diagnosis and obtaining appropriate care at the Garden Hill Health Centre considered a possible contributing factor to the death.
- MayLynn Sanderson, a 34 year old female, died of a heart infection within 24 hours of being transferred from a correctional institution to a hospital. According to the Winnipeg Free Press Sanderson had previously been hospitalized for this condition, and had been requesting further treatment since February 9th. She wasn't transferred until April 5th and died on April 6th.

The Indigenous Physicians Association of Canada (IPAC) does not have the detailed clinical information or information about the experiences of care for these patients and their families that would be required to determine whether or not racism was a contributing factor in any of these three deaths. However, the fact that all three of these people were First Nations requires that we carefully consider this question. All three of these deaths should be formally reviewed with the involvement of Indigenous health professionals who can lend both expertise and a critical Indigenous perspective to the process.

Further, the fact that there were three deaths of First Nations individuals in which racism may have been a contributing factor should prompt a systematic review for multilevel racism (i.e. institutional and interpersonal) within the health care system.

The anecdotal evidence suggests an intolerably high level of racism in health care, and so does the formal evidence. While to date very little of this research has been done in Canada, there is some evidence regarding racism and Indigenous peoples in comparable countries. A recent report from Australia showed that 93% of urban Aboriginal people experienced racism at least sometimes in at least one setting, including 60% who experienced racism at least sometimes in the justice system and 42% in a health care setting. The Australian report states that the health inequalities of Indigenous people will never be closed without aggressive campaigns against discrimination and racism.

The time for action is now, before more preventable deaths occur.

**Improving Indigenous Health Status
to the Highest Attainable Level.**



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IPAC is prepared to work with Manitoba Health and Healthy Living and any other jurisdiction that is willing to ensure that the health care system is fair and equally responsive to all whom it serves. In addition to an initial systematic review for multilevel racism in the health care system, we need to develop the ability to regularly monitor our institutions for the presence of racism and take actions both to prevent it and to redress it through zero tolerance policies.

It is time for us to start upholding our rights to justice, to health, and to freedom from discrimination for all people who live in Canada and to turn the gaze from the victims of racism to the institutions that continue to perpetuate it.

Marcia Anderson, MD MPH FRCPC
President
Indigenous Physicians Association of Canada

Indigenous Physicians Association of Canada

Our Vision:

The vision we hold is healthy and vibrant Indigenous nations, communities, families and individuals supported by an abundance of well educated, well supported Indigenous physicians working together with others who contribute to this vision with us.

Our Mission:

It is our collective intent as Indigenous people diversely rooted in our ancestry (past and present) and our relationship with the natural world (our homelands) who have also had the privilege of medical training and accept the responsibility of working together to use our skills, abilities and experiences to improve the health (broadly defined) of our nations, communities, families and selves.

For Further Information:

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