Treating families and victims of missing and murdered Indigenous women and girls tragedies: Recommendations for physicians

The murder and disappearance of hundreds of Indigenous women and girls in Canada is a national tragedy; here, an Indigenous medical student discusses health care through the lens of two well-known reports and offers practical tools and recommendations BC physicians can use to make health care safer for Indigenous patients.

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Positionality statement

During my first year of medical school at the University of British Columbia, an Indigenous youth went missing on the streets of Amiskwaciy Waskahikan (Edmonton). As a Nehiyaw (Cree) and Otipemisiwak (Métis) Indigenous youth worker, I worked as an Indigenous liaison in an Edmonton school district by creating spaces and opportunities for our sacred Indigenous youth, and I worked with this particular missing youth for an extended time as a traditional "auntie," advocating for them in their education while providing cultural and spiritual experiences. Upon their disappearance, we—their community and their family—were at a complete loss as to their well-being. After a taxing series of search parties, posters, fundraising, and media coverage (and lack thereof), our sacred youth was found living but not well. What resulted for them and their family was a multiyear process of custody, ownership, financial burden, and ultimately failing and fractured health. My role throughout the experience was that of distressed and helpless bystander; throughout the search and the subsequent consequences, I was terrified for the lives of those involved. I struggled with the threat not only that the youth might become a statistic of the missing and murdered Indigenous women and girls (MMIWG) (and men and boys) tragedies, but that their family would fall victim to the mental, emotional, physical, and spiritual harm that I have witnessed during the fallout of these tragedies. Since then, this youth and their family truly have become statistics of tragedy, their health marred by the trauma of the situation and its proceedings.

As I continued to integrate into the world of Western medicine in the UBC Southern Medical Program, I was strongly compelled by my experience to advocate for the wellness of victims such as my sacred youth and their family. I saw a gap in the intended holistic care we provide for Indigenous patients and their families. I witnessed several health concerns in my Indigenous community members that directly stemmed from their MMIWG tragedy experience, including posttraumatic stress disorder, suicidality, depression, and eating disorders.

After careful review of the literature and guidance from my ever-growing mentorship from Indigenous physicians and allied health care workers, recommendations for physicians were born **[Box 1]**. These recommendations invite physicians to enrich their care and enhance their approach to providing necessary health services to the Indigenous population that has been affected by the MMIWG tragedies. The recommendations are actionable and direct, and they are accompanied by a list of relevant terms **[Box 2]** and patient resources **[Box 3]** designed to provide physicians with a supplement to the care they provide to Indigenous people in British Columbia.

As I near the end of my training as a medical student, I see a need for cultural support for our fellow BC physicians as the pressures of providing care for more and more patients with increasingly complex needs rise. I hope this article supports you in your goals to provide more deeply informed and holistic care to my Indigenous brothers and sisters.

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Two reports on Indigenous health issues: Problems and solutions

Two reports—*Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* and *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*—make it clear that there is a great need for strategies to address the specific health needs of Indigenous people affected by the MMIWG tragedies.[1,2] It is important to note that it is not only women and girls that are affected by the MMIWG tragedies; men, boys, and nonbinary, queer, trans, Two Spirit, and gender-nonconforming people are affected as well. The health outcomes of Indigenous people affected by these tragedies are undermined by a combination of a violent systemic colonial history and suboptimal cultural-safety education. Indigenous needs

BOX 1. Recommendations for physicians.

- Approach, acknowledge, and treat medical hesitancy with grace and compassion. Many Indigenous people may be nervous or frightened to see a doctor due to a historical legacy of trauma and adverse medical experiences.
- Acknowledge that traditional Indigenous cultural and medicinal practices may be the primary source of healing; Western medicine may come second.
- Consider having Indigenous-focused resources on hand, including 24-hour resources. Advise patients when to seek emergent and urgent care at hospitals and urgent care centres.
- Consider making an infographic with contact information for patients about professionals in your area.
- Learn the names of the nations on which your practice resides and have local language–based resources available when possible (https://native-land.ca).
- Clearly communicate your availability and work hours. Provide options and alternatives for 24-hour care **[Box 3]**.
- Describe the full scope of your practice. If you can provide psychiatric care as a primary care physician, for example, or if you need to refer to another professional, be clear about the process for referral and that professional's role.
- Continue to practise empathy for the unique experience of missing family/community members.
- Stay updated on your patients' missing family/friend/community member's cases. If your patients volunteer updated information, make note of it.
- Advocate, when possible, for acute aid/intervention (often with local police/RCMP) in missing person's cases if that hasn't happened yet and your patients desire help.
- Acknowledge that you may be the first point of contact outside patients' friends or family following new developments in a missing person's case.
- Acknowledge that gender and sexual identity play a large role in Indigenous-based violence. Know and understand terms and dynamics that 2SLGBTQQIA Indigenous people experience **[Box 2]**.
- Familiarize yourself with the resources and services the First Nations Health Authority provides for Indigenous people in BC. Understand the difference between Status, Non-Status, Métis, and Inuit and how these identities influence government- and health authority–funded care.
- Consider taking the University of Alberta's free online course, Indigenous Canada (www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html).
- Read the fact sheet on MMIWG in Canada and familiarize yourself with the inquiry (www.nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Missing_and_Murdered_Aboriginal_Women_and_Girls.pdf).

BOX 2. Definitions of relevant terms.

2SLGBTQQIA: An umbrella term for people who are Two Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, or asexual (https://sharedhealthmb.ca/wp-content/uploads/Pronouns-2SLGBTQQIA-Health-Care-Leading-Practice-Guide-v2.pdf).

Gender-based violence: Harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power, and harmful norms. It is estimated that one in three women will experience sexual or physical violence in their lifetime.[3]

Historical and intergenerational trauma: Occurs when trauma caused by historical oppression is passed down through generations. As generations of Indigenous children left the residential school system, impacts of their institutionalization continue to be felt by subsequent generations.[4,5]

National Inquiry into Missing and Murdered Indigenous Women and Girls: The National Inquiry's final report (2019) reveals that persistent and deliberate human and Indigenous rights violations and abuses are the root cause of Canada's staggering rates of violence against Indigenous women, girls, and 2SLGBTQQIA people. The two-volume report calls for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country. Testimony from family members and survivors of violence spoke about a surrounding context marked by multigenerational and intergenerational trauma and marginalization in the form of poverty, insecure housing or homelessness, and barriers to education, employment, health care, and cultural support.[2]

Trans: An umbrella term for people whose gender identity doesn't fit with societal expectations. Members of this group might use the words transgender, transsexual, transitioned, genderqueer, or Two Spirit to describe themselves. Transgender people are those who are biologically male, female, or intersex but feel like a member of the opposite or another sex.[6]

Trauma-informed care: Trauma is often closely tied to substance use, mental illness, stigma, barriers to health care access, and other challenges. Trauma-informed care means recognizing this link and making sure people feel safe and are not retraumatized by their care.[2]

Two-Eyed Seeing: Refers to learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing and from the other eye with the strengths of Western knowledge and ways of knowing—then learning to use both eyes together, for the benefit of all.[7]

Two Spirit: A translation of the Anishinaabemowin term *niizh manidoowag*, referring to a person who embodies both a masculine and feminine spirit. Two Spirit is used by some Indigenous people to describe their gender, sexual, and spiritual identity.[8]

may be better served by improving health care providers' understanding of how to safely and efficiently provide care.[1] As the number of both documented and undocumented missing and murdered Indigenous people climbs through the thousands, it is crucial that physicians have necessary resources available.

Many Indigenous patients are affected by the MMIWG tragedies because of the structure and function of traditional Indigenous kinship and communities. Although a patient may not be directly tied to a victim, these tragedies affect whole Indigenous communities. Special care may also be extended to survivors who were once a missing person themselves and are in need of trauma-informed, safe medical care.

Reclaiming Power and Place report and recommendations

The *Reclaiming Power and Place* report focuses on testimonies from families and friends of missing individuals in Canada by sharing the findings of the truth-gathering process.[2] Section 2 of the report addresses encountering oppression and proposes an approach that defines a right to culture, a right to health, a right to security, and a right to justice. It describes how the federal government's approach to health programs and services for Indigenous people does not enforce any statutory or treaty obligations to provide health services for First Nations or Métis people.[2] Based on several Indigenous witnesses' descriptions of the failings of Canadian health care,[2] I believe that health care providers' unfamiliarity with traditional and holistic elements of Indigenous well-being plays an instrumental role in the discrepancies in health outcomes for families.

Reclaiming Power and Place also identifies that implicit discrimination violates one of the fundamental principles of human rights and often lies at the root of poor health status;[2] it then urges that barriers to health and well-being, such as lack of trauma-informed care for Indigenous people, should never be considered normal.[2] Because there are not enough financial supports and sustainable funding models to encourage Indigenous individuals to enter into health and wellness fields,[2] non-Indigenous physicians may respond to these deficits by practising informed and compassionate care. Although non-Indigenous physicians practising informed care may not replace the need for Indigenous physicians, I believe it is instrumental in easing the implicit discrimination that exists in the current standard of Indigenous care in Canada.

In Plain Sight report and recommendations

The *In Plain Sight* report conducted an Indigenous Peoples' survey that examined stereotyping and racism, discrimination at the point of care, decreased access to health care, and poor outcomes in British Columbia hospitals.[1] In total, 2780 Indigenous people responded to the survey;[1] 20% of all respondents "do not trust health care workers,"[1] and 19% "always receive poorer service than others."[1] Only 27% "always felt like their needs were taken seriously," as compared to the 59% of non-Indigenous respondents who "felt that their needs were always taken seriously."[1] The report references specific poor outcomes that Indigenous people face in BC, including higher suicidation, higher levels of stress, reduced life expectancy, increased rates of chronic disease, and higher infant mortality.[1] Suicidation is a term used in the report; it encompasses suicidal ideation, suicidal thoughts, and suicide attempts. I believe these findings may be extrapolated to the context of family, friends, and communities affected by the MMIWG tragedy, a group of individuals who are undoubtedly faced with a high burden of stress and mental health comorbidities. The recommendations included in **Box 1**

BOX 3. Patient resources.

BC Crisis Centre	https://crisiscentre.bc.ca Toll free: 1 800 SUICIDE (1 800 784-2433) (24 hour)
Centre for Suicide Prevention Information, research, and links to national distress websites.	www.suicideinfo.ca
First Nations Health Authority Health Benefits Program Information about First Nations Health Authority health benefits in BC.	www.fnha.ca/benefits/about-us
Hope for Wellness Helpline Hotline and online chat. Languages spoken: English, French, Cree, Ojibway, and Inuktitut.	https://hopeforwellness.ca/home.html Toll-free: 1 855 242-3310 (24 hour)
KUU-US Crisis Line Society Indigenous-specific 24/7 crisis line based in Port Alberni, serving all of BC.	www.kuu-uscrisisline.com Toll-free: 1 800 588-8717 Youth line: 250 723-2040 Adult line: 250 723-4050
310 Mental Health Support Provides empowering emotional support, information on appropriate referral options, and a wide range of support relating to mental health concerns.	www.wellbeing.gov.bc.ca/resource/310-mental-health-support 310-6789 (no area code needed) (24 hour)
Trans Lifeline Not-for-profit dedicated to the well-being of transgender people. Free help line run by volunteers.	www.translifeline.org Toll-free: 1 877 330-6366
Youth in BC Connecting youth with support, information, and resources.	www.youthinbc.com Toll-free in BC: 1 866 661-3311 (24 hour)

may be used by physicians to improve the reliability and trustworthiness experienced by their patients by fostering an environment of care and understanding.

The recommendations of the *In Plain Sight* report almost exclusively call for administrative and governing systems to make changes that will trickle down to individualized care provided by specialists and primary care physicians.[1] Until these higher-level recommendations are enacted, physicians are left to their own devices to initiate change and begin to challenge their workspaces. Many physicians may feel compelled to transform their practices to even further facilitate the unique needs of their Indigenous patients affected by the MMIWG tragedies.

A word of hope

Physicians may feel discouraged that so many of the implicit issues in the health care system depend on redesigning system-level approaches to Indigenous health care. I hope these recommendations instead serve as a starting point for those who are motivated by the inequities and driven by the need to provide trauma-informed, safe, and directed care for a systemically disadvantaged group. ■

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