

Dear Colleagues and Students,

The report [\*In Plain Sight- Addressing Indigenous Specific Racism and Discrimination in B.C. Health Care\*](#) has done the difficult work of bringing to light the stories and truths about Indigenous people's experiences in health care right here in BC. This kind of truth-telling is brave and hard. They are brave and hard truths to tell, and they are hard to read and hear as well. Reconciliation cannot occur without first laying bare the stories of hurt that we have been living with, which we hope will then move us to action on individual, collective and systemic levels. Truth and reconciliation work together as partners in healing and repairing, and this is what is needed right now to attain a just, equitable and genuinely caring healthcare system. The effects of negative healthcare experiences, ongoing trauma, the neglect and the violence perpetuated towards Indigenous people and on Indigenous bodies in the healthcare system are apparent in this report, and **we must be moved** to real, meaningful and timely action.

UBC Midwifery is simultaneously on a learning path and dedicating energy towards responsive actions. We are learning about our role in perpetuating and maintaining systemic racism in the healthcare and education systems. We are learning about our gaps, and imperfections, and about where we have work to do. We are also taking every opportunity we can to learn more about how we can effect change on individual and program levels, and taking every opportunity to address the needs and recommendations laid out in the United Nations Declaration on the Rights of Indigenous Peoples ([UNDRIP](#)), Canada's Truth and Reconciliation Commission Inquiry ([TRC](#)), and now *In Plain Sight*. There is much more to learn and much more work to do. In response to the release of the report, UBC Midwifery provides the following summary of our current work to share where the Program is at this point in time on these challenges we are collectively called to respond to and overcome. As a community of learners and mentors it benefits us greatly to share the same knowledge about the directions we are taking. We are committed to evolving with expert guidance, including learning from and following recommendations from reports such as *In Plain Sight*.

As Indigenous midwifery student enrollment increased at UBC, so did calls for preventing racist interactions and developing safe clinical placements. To date Midwifery Program efforts have been what Joe Gallagher characterizes in *In Plain Sight* as "one person at a time, or one complaint at a time," when systemic changes are required. A critical mass of statements, organizations determined to be anti-racist, and social movements now provides a collective energy that could support the changes needed in BC midwifery. The [UBC Indigenous Strategic Plan](#), goal #4, Indigenizing Our Curriculum, urges the inclusion of Indigenous ways of knowing, culture, histories, experiences and worldviews in curriculum delivered across faculties, programs and campuses. The UBC Indigenous Strategic Plan is an over-arching directive to systematically increase Indigenous representation and learning within UBC.

The Canadian Midwifery Regulators Council is poised to release new core competencies for midwifery education programs that will include an expectation that each midwife provides care that is culturally safe and humble, and recognizes and takes action against racist incidents to effect change. In an effort led by Indigenous midwives and students, these new competencies in anti-racist action will be integrated into the UBC midwifery curriculum along with competences from the NACM [Indigenous Midwifery Knowledge and Skills: A Framework of Competencies](#) during spring 2021. As core competencies, these competencies become accreditation standards. They work toward *In Plain Sight*

Recommendation 8, which calls on all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. to adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism. They were developed in collaboration and cooperation with Indigenous peoples. As Faculty of Medicine students, midwifery students have required study in Indigenous health issues during the Integrated Curriculum Program, a program that is under revision and expansion. A new required course debuts in Winter Term 2, MIDW 120: Midwifery and Social Justice, which includes studies in social determinants of health and intersectionality, white supremacy and decolonization, cultural safety, cultural humility, and Indigenous birthing and midwifery. The work to increase curriculum content and thread new core competencies into midwifery coursework additionally will begin to address Recommendation 21: That all B.C. university and college degree and diploma programs for health practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of Indigenous specific racism, colonialism, trauma-informed practice, Indigenous health and wellness.

*In Plain Sight* Recommendation 14 calls for the B.C. government, the Provincial Health Services Authority, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities to recruit Indigenous individuals to senior positions to oversee and promote needed system change. The Midwifery Faculty is committed to recruiting additional BIPOC faculty members when there are open appointments. In 2018, UBC Midwifery added the Indigenous Student Coordinator's position. This Indigenous midwife's work is devoted to improving cultural safety for Indigenous midwifery students and increasing their exposure to Indigenous midwifery and traditional healing. At the suggestion of midwifery students, UBC clinical faculty created the [BIPOC Mentors Network](#), clinical faculty mentors with lived experience as BIPOC midwives who will be available to provide individualized support for BIPOC students. The BIPOC Mentors Network augments the work of UBC Midwifery's Indigenous Student Coordinator, who provides ongoing education in Indigenous issues to the Midwifery Faculty and Indigenous gatherings and knowledge sharing opportunities for Indigenous midwifery students.

*In Plain Sight* Recommendation 16 calls for the B.C. government to implement immediate measures to respond to [Reclaiming Power and Place: the Final Report of the National Inquiry into Missing and Murdered Women and Girls](#), which calls for justice and the specific experiences and needs of Indigenous women, girls, trans and two-spirit peoples as outlined in that review. *In Plain Sight* highlights midwifery care as a measure of access and reproductive health service to Indigenous people specifically, saying that 24.7% of non-Indigenous people are able to access midwifery care while only 15.4% of Indigenous people receive midwifery care. The preterm birth rate for Indigenous people is twice that of non-Indigenous individuals and the infant mortality rate is 1.7 times higher. Decades of research on midwifery care around the world has shown midwifery care to be effective in reducing both preterm birth and infant mortality. Increasing access to midwifery care in BC has the clearest mandate for UBC Midwifery because increasing access requires increased numbers of midwives, specifically Indigenous midwives, and more Indigenous midwives who are prepared to provide services in rural BC.

Increasing Indigenous midwifery students is called for in Recommendation 18, that entreats the B.C. government to require all university and college degree and diploma programs for health professionals in B.C. to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for

Indigenous students. From its inception in 2002, UBC Midwifery has held dedicated enrollment slots for Indigenous applicants, but the applicant pool has been scarce and intermittent. In the past two years, the program has increased recruitment in rural areas and targeted Indigenous applicants. The Distributed Option in Midwifery Education (DOME) was specifically designed to enable Indigenous students to remain in their communities instead of moving to Vancouver by delivering all first year coursework by videoconferencing. Midwifery Student Services along with the Indigenous Student Coordinator have developed an Indigenous midwife led interview process specifically for Indigenous applicants. Whenever possible, cluster admissions and establishment of peer networks, to provide admitted Indigenous students cultural safety of community, will be the goal. During 2015 to 2020, 11% of applicants admitted to study midwifery self-identified as Indigenous.

A human rights approach to Indigenous health equity also demands that universities and academics examine the effects of colonization and racism within their systems of enquiry, data collection, and knowledge translation. The United Nations Fund for Population Activities ([UNFPA](#)) noted that “the lack of data ....is masking huge disparities between populations, preventing effective action to address it. Improving the health of Indigenous women and adolescents girls is achievable.....It requires States to disaggregate data by ethnicity and age, tackle discrimination, and make health centers physically, financially and culturally accessible.” Similarly, *In Plain Sight* highlights that disaggregating data is essential to understanding the health effects of racism and discrimination, and that research and interpretation must be authentically inclusive of Indigenous communities and leaders. Recommendation 9 calls for the development of measures of cultural safety, rights to health, and racism. UBC Midwifery is committed to decolonized approaches to research and the production of knowledge through adhering to [The First Nations OCAP](#) principles of Indigenous data governance, and developing sincere partnerships with Indigenous researchers, Elders and Knowledge Keepers as we study access to midwifery, structural racism, and on reproductive justice for Indigenous families. UBC midwifery faculty are currently hosting two community-led research projects that respond to this recommendation: the national *RESPCCT* Study, and the provincial *Decolonizing Birth Research: Indigenous researchers, clinicians, and communities measuring respect during childbearing*.

Finally, Recommendation 23 calls for the B.C. government, in partnership with First Nations governing bodies and representative organizations, Métis Nation BC, Indigenous physicians, experts, and the University of British Columbia or other institutions as appropriate, to establish a Joint Degree in Medicine and Indigenous Medicine. Then, in partnership with First Nations governing bodies and representative organizations, Métis Nation BC, Indigenous nurses, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions. While a distinct profession from either nursing or medicine, midwifery has elements in common with both. Indigenous communities and Nations have important ways around pregnancy, birth and family formation that are preserved and developed by Indigenous midwives, Elders and Knowledge Keepers. Inclusion of Indigenous midwifery competencies from the *Indigenous Midwifery Knowledge and Skills: A Framework of Competencies* and the development of Indigenous specific clinical placements and course assignments could be a first step in the development of a Joint Degree in Midwifery and Indigenous Midwifery. The UBC Indigenous Strategic Plan supports this direction.

UBC Midwifery has an unprecedented opportunity to increase and improve opportunities for study by Indigenous midwifery students and learning about Indigenous midwifery leveraged by the collective actions that will follow the *In Plain Sight* report. Midwifery cannot simply follow actions

designed for medicine, nursing or other health professions but must create a midwifery educational pathway that reflects anti-racist and cultural safety goals and values, result in positive health experiences and outcomes for all, and contribute to the healing and repairing that is needed.