THE NATIONAL APOLOGY TO INDIGENOUS PEOPLES ON BEHALF OF THE MEMBERS OF THE CFNU

The National Apology on behalf of the members of the Canadian Federation of Nurses Unions (CFNU) to Indigenous Peoples who suffered harm due to lack of health care, unethical care and lack of advocacy by nurses for their health needs, and ongoing racism in health care today.

The CFNU is Canada's largest nurses' organization, representing frontline unionized nurses and nursing students in every sector of health care – from home care and long-term care to community and acute care. As one of the country's leading health care advocacy organizations, the CFNU has a duty and responsibility to uphold reconciliation and safety for Indigenous people in care.

The CFNU has been working towards building a trusted advocacy role for Indigenous Peoples since Jordan River Anderson from Norway House Cree Nation in Manitoba was hospitalized from birth with a rare medical condition. He lived for over two years in a hospital because governments did not do the right thing and simply argued about who should pay for his care. It is not acceptable that Indigenous Peoples continue to face racism seeking health care today. The way forward for us is to first apologize for our historical lack of action and for the current experiences of racism faced by Indigenous Peoples, and to continue our efforts to lay a strong foundation for future generations. Indigenous people deserve excellent care by nurses, and we commit to doing better.

> ***Reconciliation is a process which is building.***
> ***It's not a spectator sport. It involves everybody.***
> ***And everybody is implicated in it, whether you like it or not.***
> ***You are either for it or you are against it. No neutrality exists here.***
> ***And when you think about it, you have to understand it.***
> ***And understanding it is part of the education process.***
> ***And understanding the implications it has for you is part of the challenge that we also need to face.***
> ***And all of that has to do with knowledge. All of that has to do with dialogue as well,***
> ***and developing consensus and agreement about where we're going to go as a country.***
> ***We have to talk about what kind of relationship we're going to have going forward.***
> ***And that means we have to think differently. We have to think better.***
>
> — The Honourable Murray Sinclair, Senator and Chief Commissioner of the Truth and Reconciliation Commission (TRC), in remarks delivered at the Tommy Douglas Institute at George Brown College in Toronto, Ontario, on May 28, 2018.

INTRODUCTION

We begin by acknowledging the traditional custodians and stewards of these lands on which we live, benefit and prosper. From east to west to north, we pay our respects to First Nations, Inuit and Métis, Knowledge Holders and Elders past, present and emerging. We understand that these lands are and always will be Indigenous, even though it is colonially known as Canada. We recognize that Indigenous Peoples today and future generations will need to be cared for in ways that nurture relational obligations. We recognize that we also have responsibilities to nurture relationships with Indigenous Peoples, but the Canadian Federation of Nurses Unions needs to do better.

Indigenous Peoples deserve to be heard and respected; they deserve the very best care possible in hospitals, clinics and long-term care. Indigenous Peoples deserve to feel safe in our care, and to trust that nurses are effective advocates for them. Instead, Canada and the health care system did harm to Indigenous Peoples, and we need to apologize to Indigenous Peoples for our part. As nurses, we must face our past with honesty and humility. This is truth that must come before meaningful reconciliation.

COLONIZATION IN HEALTH CARE

Nursing training programs in Canada are rooted in Western biomedical science, a system that has historically ignored, dismissed and disrespected Indigenous knowledge. While Western health care emphasizes the individual, Indigenous understanding of wellness and social determinants of health are holistic – grounded in community, land, ceremony and interconnection.

Western-based health care has actively suppressed Indigenous knowledge. Instead of collaborating with Indigenous Peoples on what is considered good health, Western-based health care has historically dismissed Indigenous knowledges as folklore, irrelevant or not scientific – and so played a significant role in Canada to nullify or dismiss Indigenous knowledges. This dismissal is not neutral; it is colonial.

Colonial governments enforced these colonial approaches through laws and policies that criminalized Indigenous ceremonies, languages and cultural practices. These actions were a violation of human rights. We know that ceremony is a part of Indigenous well-being; a beautiful way of maintaining balance with the land and others. It is essential.

Today, we acknowledge the deep harm caused by dismissing Indigenous knowledges of wellbeing, which was fundamentally wrong. Today, we see that the dismissal of Indigenous knowledges contributes to racism against Indigenous Peoples.

We apologize to Indigenous Peoples for not listening to you, for devaluing the wisdom that has sustained your communities for generations and for dismissing the knowledge which has kept you well for countless generations. True health care must be co-created, rooted in respect, reciprocity and the recognition that Indigenous knowledge is not only valid, but vital.[1]

1 The vast majority of nursing curriculum in Canada is based in Western science. While Western science has given us much to be grateful for, it also played a significant role in colonization. Western-based science and medicine demands a standardized model of care which erases cultural differences in patients and dismisses spiritual and social determinants of health in communities. Western science and health care devalues or nullifies Indigenous knowledges, and in doing so, has been a key plank in building the racism that exists against Indigenous Peoples today.

Moreton Robinson, A. (Ed.). (2020). *Sovereign subjects: Indigenous sovereignty matters.* Routledge.
Cole, D., & Chaikin, I. (1990). *An Iron Hand Upon the People: The Law Against the Potlatch on the Northwest Coast*. Douglas & McIntyre.

WITHHOLDING OF HEALTH CARE

The health care system, and the science that underpins it, has not historically served Indigenous Peoples with equity, respect or justice. In many cases, it actively refused to serve them at all.

The Indian residential schools were designed under the colonial mandate – in the words of then-Prime Minister John A. Macdonald: "to kill the Indian in the child." These institutions became sites of systemic neglect, abuse and death. Health care was not provided to children in residential schools or was not provided on par with any other Canadian child. Thousands of children died of preventable diseases including tuberculosis, because they were denied even the most basic health care.

Federal policies directed health professionals to give services that were "less than" what was given to any other Canadian. Health professionals including nurses did not challenge the federal government's policies, and so did not protect Indigenous children. In residential schools, nurses were present when unethical medical and nutritional experiments occurred. We acknowledge that nurses were complicit in the neglect and abuse of Indigenous children. Rather than advocating for the wellbeing of First Nations, Inuit and Métis children, nurses became complicit in their suffering.

The decisions to underserve or not serve Indigenous Peoples were not only unethical, but they were also deeply racist. Health care at times agreed with the racism that said Indigenous Peoples were genetically inferior and therefore more susceptible to disease. This fueled systemic racism and contributed to the devastating health inequities Indigenous communities continue to face today. The government and health care policies that created inequity for Indigenous health care, and the racism, are both wrong. Nurses provided inadequate care and failed to advocate against the deplorable conditions that led to widespread illness and death, and as such failed to uphold ethical standards. We failed to protect children. We failed to speak out against the inhumanity occurring in the institutions at which we served.

We deeply apologize to First Nations, Inuit and Métis peoples for our inaction. We deeply apologize to First Nations, Inuit and Métis peoples for our actions that caused you harm, and for the harm caused by our silence. We apologize for the care that was denied, for the trust that was broken and for the lives that were lost.[2]

2 Conditions in the residential schools were characterized by neglect and systemic racism, with overcrowding, malnutrition and inadequate medical and oral health care leading to high mortality rates. Infectious diseases such as tuberculosis and influenza spread unchecked due to the lack of proper health resources and care.

Residential schools were also places of unethical medical research. Children were subjected to nutritional experiments that, in part, were used to inform federal nutrition policies at the time, including aspects of Canada's Food Guide. These experiments often involved the deliberate withholding of essential nutrients, leaving children hungry, causing immediate harm and contributing to long-term health issues, including an increased risk for chronic conditions such as diabetes.

Woolford, A. (2015). *This benevolent experiment: Indigenous boarding schools, genocide, and redress in Canada and the United States*. University of Nebraska Press.
Mosby, I. (2013). *Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952*. Histoire Sociale/Social History, 46(1), 145–172. https://doi.org/10.1353/his.2013.0015

INDIAN HOSPITALS

Survivors of Indian hospitals recently reached a class action settlement, with an official acknowledgement of the profound harms committed against Indigenous Peoples. The Government of Canada created Indian hospitals as a separate hospital system for Indigenous Peoples, but everything about these institutions was deeply racist and designed to segregate and devalue Indigenous lives. From their inception, Indian hospitals were marked by systemic discrimination, offered substandard care, frequently operated without consent and violated the most basic human rights.

Survivors have bravely shared their stories about their non-consensual treatment, abuse and substandard levels of care that failed to meet scientific standards, much less ethical standards. Nurses worked in these institutions. Nurses were present. Too often, they remained silent in the face of suffering. They did not advocate. We acknowledge that nurses were complicit.

We need to know the truth of our country's history to understand why reconciliation is so necessary. While people in the room today may not have worked directly with Indian hospitals, we must live with this truth of the actions of our profession. We must ensure that we are accountable for understanding how nursing has contributed to harm. We carry the responsibility to ensure that such abuses are never repeated.

We cannot claim to stand for health and healing if we refuse to acknowledge the pain that was caused. We are deeply ashamed that our profession did not uphold its own core principles of compassionate, ethical and equitable care. Nurses did not provide safe or compassionate care. We did not protect First Nations, Métis and Inuit patients. With humility, we offer our deepest apologizes to First Nations, Inuit and Métis peoples for our role at these institutions, for the betrayal of trust and for the harm caused.[3]

3 Like residential schools, a tragic legacy of pain and suffering remains from the establishment of 29 segregated "Indian hospitals" across the country, which were introduced in the mid-20th century under the guise of addressing tuberculosis outbreaks in Indigenous communities. These hospitals primarily served to segregate Indigenous patients from mainstream health care. Inuit women were also disproportionately affected by the medical evacuations of the mid-twentieth century, during which many were separated from their families, sometimes indefinitely, to receive treatment in southern institutions. These policies routinely disregarded Indigenous social structures, subjected women to coercive sterilization practices and generated enduring intergenerational trauma. Instead of reflecting a genuine commitment to Indigenous well-being, they embodied colonial violence, fears and systemic racism. These facilities were notorious for being understaffed, underfunded and characterized by substandard care. They also became sites of invasive and unethical medical procedures, with many performed without any type of informed consent. The trauma inflicted by these hospitals left lasting scars on individuals, families and communities, deepening mistrust in health care systems and contributing to ongoing health disparities.

Lux, M. K. (2016). *Separate beds: A history of Indian hospitals in Canada, 1920s–1980s*. University of Toronto Press.
Geddes, G. (2017). *Medicine unbundled: A journey through the minefields of Indigenous health care*. Heritage House Publishing Co.
Government of Canada. (2025, March 19). *Final agreement reached to resolve Hardy class action*. Crown-Indigenous Relations and Northern Affairs Canada. https://www.canada.ca/en/crown-indigenous-relations-northern-affairs/news/2025/03/final-agreement-reached-to-resolve-hardy-class-action.html

RECOGNIZING WE MUST DO BETTER

While we must have enough knowledge to understand the historical reasons for reconciliation, we must also be truthful about the current levels of racism in health care against Indigenous Peoples. Racism threatens Indigenous patient safety.

The systemic racism that led to separate beds and separate hospitals for Indigenous Peoples still lingers in the structures and policies of our institutions, and it continues to impact Indigenous Peoples today. The health care system is still underfunded in Indigenous communities compared to the rest of the country. We have not stood up for the funding in Indigenous communities that they need and deserve. We have not stood up for justice for Indigenous health care equity.

Racism in health care has long been justified by false and dehumanizing beliefs: that Indigenous Peoples are genetically inferior, that they feel less pain and that they do not comply with treatment. These ideas are rooted in ignorance and hate, and they have shaped clinical decisions, denied necessary care and caused lasting trauma. When Indigenous patients experience poorer outcomes, the system often blames them rather than examining how racism and inequity have shaped their care. That is wrong. We have to take responsibility for our part and do better.

One of the horrific examples of this ongoing violence for First Nations, Inuit and Métis women has been forced and coerced sterilization, with some as recently as 2023, and sometimes without them even knowing. These acts were violations of human rights, of bodily autonomy and of medical ethics. Nurses were in the room. We did not stop it. We were complicit in the misuse of power over a patient, when we should have been protectors of patient choice, safety and dignity.

First Nations, Métis and Inuit patients and families should not feel unsafe in health care. The current racism and inequitable treatment that Indigenous Peoples face is unacceptable and threatens patient safety. This is a truth that must come before reconciliation.

We are ashamed that First Nations, Inuit and Métis peoples face racism in health care today – in our workplaces. We are supposed to be your advocates, and we have let you down. We apologize that racism continues to impact on your wellbeing, and we humbly ask that you give us another chance to show you the respect and honour which is your right.[4]

4 Institutional racism is part of systemic racism as it is embedded in the policies, practices and structures of organizations and institutions (e.g., hospitals, universities and governments) and sustains racial disparities by limiting equitable access to resources, opportunities and leadership roles. Other examples are the unequal allocation of resources and biased triage protocols in emergency departments, which place Indigenous patients at lower priority. Similarly, lack of interpretation services makes it difficult for patients to communicate symptoms, understand diagnoses or advocate for their care, especially when some Indigenous languages have no direct translation for concepts like pain.

Government of British Columbia. (2020). *In Plain Sight: Addressing Indigenous-specific racism and discrimination in BC health care*. Vancouver, BC: Ministry of Health. In-Plain-Sight-Full-Report-2020.pdf

Symenuk, P. M., Tisdale, D., Bearskin, D. H. B., & Munro, T. (2020). *In search of the truth: Uncovering nursing's involvement in colonial harms and assimilative policies five years post Truth and Reconciliation Commission*. Witness: The Canadian Journal of Critical Nursing Discourse, 2(1), 84–96. https://doi.org/10.25071/2291-5796.51

Standing Senate Committee on Human Rights. (2022, July). *The scars that we carry: Forced and coerced sterilization of persons in Canada – Part II*.

INDIGENOUS NURSES

There have always been caregivers within Indigenous communities. When Indigenous people entered the nursing profession, they encountered the same racism that their families and communities experienced as patients. Virtually every single Indigenous nurse, here in this room, watching online and working to care for our families, has experienced racism and witnessed racism against Indigenous patients. For decades, Indigenous Peoples were not even allowed to become nurses unless they gave up their Indigenous identity. That discriminatory policy did not end until the early 1970s.

As we reflect on the history of nursing, it is crucial to acknowledge, honour and elevate the contributions of Indigenous nurses. In humility, we owe them a debt of gratitude for their persistence and leadership. We must ensure that the stories of Indigenous nurses are fully integrated into the narrative of the nursing profession. One way we can honour Indigenous nurses is to confront the racism, both systemic and interpersonal, that they continue to face in their chosen profession.

I cannot imagine the strength that Indigenous nurses show by choosing to be here with us today, and I thank you.

We have not protected you against racism. We have not held up your contributions in health care. We deeply apologize to you, First Nations, Inuit and Métis nurses. We humbly request that you give us a chance to do better.

MOVING FORWARD

The truth is often painful, especially when it has been hidden. Today in this room, and online, we hold each other up to be strong to face the truth. This is the truth before reconciliation.

An apology is only one step. It must be followed by action. CFNU knows that we are accountable for our actions, and we are committed to doing the best we can towards reconciliation. We recognize that we hold power in the health care system, and we are committed to standing up for Indigenous Peoples' safety and inclusion.

We are currently developing an action plan that will guide our path forward. This plan is grounded in truth, responsibility and accountability. We humbly ask Indigenous partners to hold us accountable; to ensure that our actions match our words.

I also speak personally. I am committed to my own learning journey, building cultural competence, embracing cultural humility and committing to cultural safety. I am doing the internal work so that I can one day earn the trust to say: You are safe with me. We invite you to do the same.

We are on a learning journey as nurses, as peers and as friends. We will continue to learn and build our skills and capacity to provide culturally safe care. Today is another step on our journey, and we will not stop here. Please join us. Reflect on what you can do, in your role, to advance reconciliation. Support one another. Learn together. Lead together. Apologize together.

Thank you for joining us today, and for joining the work of reconciliation.

GLOSSARY

Biomedical model of care: A Western-oriented health care model primarily focused on disease diagnosis and treatment through scientific and physiological methods, often limiting consideration of socio-cultural, emotional and spiritual factors.

Colonization: a process of dominance that continues to reshape the lives of Indigenous Peoples today. It displaces Indigenous Peoples, disrupts Indigenous ways of life, erases Indigenous sovereignty, language and cultural practices and reinforces social structures that perpetuate systemic power imbalances and inequities. Colonization in Canada created the dominance of settlers over Indigenous Peoples and provided the foundation for racism against Indigenous Peoples.

Cultural humility: A lifelong process of self-reflection and self-critique foundational to achieving cultural safety. It involves examining one's own assumptions, beliefs and privileges to foster relationships based on mutual trust, respect, open dialogue and shared decision making.

Cultural safety: An environment – as defined by the recipient of care – where individuals feel respected in their identity and free from racism and discrimination. This requires health care providers to address power imbalances, practice cultural humility and adopt anti-racist approaches.

Health equity: The pursuit of ensuring that individuals and communities have access to the resources needed for optimal health by addressing unique circumstances, removing systemic barriers and implementing culturally appropriate policies.

Indigenous knowledge systems: The complex body of knowledge, cultural practices and philosophies developed by Indigenous Peoples over generations, deeply connected to land, language, spirituality and community relationships.

Indigenous-specific racism: Stereotyping, bias and prejudice uniquely directed at Indigenous Peoples in Canada, rooted in the history of settler colonialism and perpetuating systemic discrimination and inequities.

Interpersonal racism: differential assumptions about the abilities, motives and intents of others by 'race', and differential actions based on those assumptions. Prejudice and discrimination occur through doing and also not doing; can be intentional or unintentional.

Institutional racism or systemic racism: differential access to the goods, services and opportunities of society by 'race'. It doesn't require an identifiable perpetrator and explains differential access to housing, jobs, health care and political support. Occurs through doing and shows up through not doing – a lack of action in the face of need.

Reconciliation: A continuous process of establishing and maintaining respectful relationships between Indigenous and non-Indigenous peoples to address the historical and ongoing impacts of colonization by acknowledging past harms and collaboratively working toward equity.