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Diabetes in Indigenous Populations as a Result of Intergenerational Effects

Type 2 diabetes is caused by insufficient production of insulin by the pancreas leading to insulin resistance. Without insulin, muscle and fat will not take up glucose, and the liver will begin to produce additional glucose, resulting in hyperglycemia or high blood sugar. If type 2 diabetes goes untreated, life-threatening medical emergencies can arise as well as long-term complications such as heart and kidney damage, eye damage, and nerve damage. Lifestyle choices such as inactivity and poor diet as well as genetic predispositions are a few of the known factors that contribute to type 2 diabetes. Type 2 diabetes is known to be at a higher prevalence in Indigenous communities compared to the non-Indigenous population of Canada due both to genetics and the high-risk lifestyle that some Indigenous peoples live. Although the advent of modern medicine and technology has undoubtedly brought forth many benefits in terms of health care, it seemingly has failed to benefit the lives of members within Indigenous communities. To change the paradigm that we view Indigenous people who live with type 2 diabetes, we need to first understand the trauma that Indigenous people experienced in Canadian history, the intergenerational effects and racism that contemporary Indigenous peoples live with, and to adopt traditional Indigenous research and healing methods to address underlying problems and ultimately treat type 2 diabetes.

The first residential school was established in the early 17th century in Quebec with the purpose of assimilating Indigenous Canadians and to essentially “kill the Indian”. The eventual mandatory attendance resulted in an entire generation of Indigenous children that lost their traditional knowledge of healing practices and medicines “that promoted mental, physical, and spiritual well-being” (MacDonald & Steenbeek, 2015), as well as their identity, their spirit, and their culture. The abuse suffered by residential school attendees created a disconnect between themselves, their family and their community, resulting in depression and a negative impact on both physical and mental health (Hackett et al, 2016). Not only did residential schools promote the ignorance of Indigenous culture, the schools provided an effective breeding ground for dangerous diseases, such as tuberculosis. If a child was sick enough, he or she would be sent back to their community, where the disease would spread. Due to colonization and assimilation, Indigenous peoples were no longer capable to treat these foreign diseases with their traditional medicine and practices, and were therefore rendered ineffective, forcing Indigenous people to seek medical aid from a colonialist healthcare system. With the dramatic rise in Indigenous peoples being infected with tuberculosis, colonialist healthcare systems were concerned with having the tuberculosis-infected Indigenous peoples near white people in hospitals. This laid the ground for the emergence of ‘Indian-only’ hospitals, which allowed the segregation of Indigenous patients from white patients. Although these hospitals were first established to treat tuberculosis, the hospitals began to serve as general hospitals and were yet another system that attempted Indigenous assimilation, as the hospitals were rooted in Canadian middle-class reformist values (Drees, 1996). These hospitals lacked the necessary tools and equipment to provide adequate health services (Tremonti, 2013) and were unable to address the rise in other chronic diseases that assimilative actions promoted such as “alcoholism, diabetes, mental health

issues, cardiac diseases . . . and obesity, which were not prevalent in Aboriginal communities prior to colonization” (MacDonald & Steenbeek, 2015). Historic colonization and assimilative practices through residential schools provided Indigenous peoples with the negative attitude towards their own lifestyles, as well as promoted the negative social conditions in which Indigenous people live in. This is made worse by the “patriarchal healthcare [system] that [medicalizes] social problems as arising from individual lifestyles, cultural differences or biological predisposition – rather than from impoverished social and economic circumstances, marginalization and oppressive internal colonial politics” (MacDonald & Steenbeek, 2015).

Many diseases are more prevalent in Indigenous communities compared to non-Indigenous communities. However, type 2 diabetes specifically offers an ideal foundation in which to understand how the negative historical conditions have created negative social conditions that have manifested into a chronic disease within Indigenous communities. The loss of cultural identity as a result of colonialization creates a disconnect between an individual’s mental and physical well-being:

[I]f you don’t feel who you are, you’ll be so outside of yourself and reckless and don’t care. So when you feel, and you know who you are, and you can feel that things are wrong, and you pay attention, you’re at peace because people who are stressed will start taking to cigarettes, taking to alcohol, taking to food, or any kind of reckless behaviour. So when they’re calm, they’re content, and they’re feeling at peace, they’re going to want to feed their spirit healthy foods, you know? . . . I make sure that they know that the foods that they eat will affect their emotions; will affect their spirit, who they are”.

The above quote is taken from a study performed by Hovey et al. (2014). The participant who spoke the quote makes a convincing argument that when you do not know who you are, often

from a loss of cultural and personal identity from colonization, your stresses will manifest into unhealthy lifestyle choices, such as smoking, drinking, over-eating, or reckless behaviour, all of which can contribute to an increased type 2 diabetes risk. The disconnect created by colonialism not only comes from a personal level, but also at a level between patient and healthcare provider. Jacklin et al. recently published a study that addresses how colonialism has created mistrust from Indigenous peoples living with type 2 diabetes towards their healthcare provider (2017). To begin with, the study reports on how colonialism has created a legacy in terms of health care; “For several [diabetic] patients, care was mediated by traumatic historical relations between Indigenous people in Canada and the government, most often materializing in avoidance of health care systems, mistrust of physicians and resistance to other health service providers” (Jacklin et al., 2017). The legacy instilled by colonialism has created a situation where diabetic Indigenous peoples are unwilling to visit their physician, thereby making it more difficult to effectively treat their diabetes, and as mentioned previously, untreated diabetes can be life-threatening. A result of colonization is racism of Indigenous peoples by non-Indigenous peoples, including physicians, and is another theme explored by Jacklin et al. Participants recall being denied care or experiencing inferior care, as well as policies that were unsupportive of their cultural practices. One patient even recalled ‘sitting in a waiting room and overhearing a physician say to his secretary: “Skip through these so we can get to the real patients”’ (Jacklin et al, 2017). It was also reported in the study that ‘multiple participants suggested that health care providers lacked education about residential schooling, including long-term effects: “I think the doctors do have to be educated on what happened, and also to realize that it’s intergenerational”’ (Jacklin et al, 2017). Although the rate of diabetes is greater within Indigenous populations and is continually expanding, it seems as though physicians choose to remain ignorant to these

statistics and continue to perpetuate the racism and stereotyping that has been embedded into them through colonialism. As summarized succinctly by Goodman et al, “without understanding the social and historical contexts of the current health status of Aboriginal peoples, racialized stereotypes . . . prevail. Internalizing negative assumptions about Aboriginal peoples has allowed for systemic racism and discrimination to permeate many facets of society, including the healthcare system” (2017). In addition to removing stereotypes, current healthcare providers need to realize that although some of their patients were not affected by residential schools directly, the legacy of these schools persist for them through intergenerational effects. Patients’ inherit the negativity towards themselves and towards the healthcare system by witnessing the negative actions that their parents have internalized and often re-enact.

By the increasing rates of diabetes seen in Indigenous communities, it is obvious that colonialist interventions through research and healthcare have not been effective. Luckily, there has been a shift in focus, and rather than using colonialist approaches to research diabetes intervention strategies within Indigenous communities, some researchers have adapted traditional ways to approach the issue. Hovey et al used philosophical hermeneutics as a research approach, as it closely aligns with the interpretive relationship amongst Coyote, Raven, and Hermes, the three tricksters that required interpretation of a collaboration of messages to ultimately understand what was being said. This approach allows for a conversation amongst members of the community, holding in nature more traditional ways of sharing beliefs, values, and customs (2014). The researchers interviewed members of the Kahnawà:ke community “about diabetes prevention strategies that consider medical and behavioural lifestyle modifications as well as interventionist approaches within the context of overarching social circumstances” (Hovey et al, 2014). Participants did not address colonialist intervention methods when considering prevention

strategies, but rather spoke about diabetes in relation to their self, their identity, and their spirit. This research method also allowed free and open communication amongst community members, a practice that aligns closely with traditional story-telling and gatherings. Following this, Howell et al. published their own research in using holistic health circles to educate Indigenous participants in four components: mental health, emotional healthy, physical health, and spiritual wellness. Each holistic circle was facilitated by an Aboriginal Elder or traditional healer. Programs such as holistic health circles can provide an environment that fosters a sense of community and belonging and allow “participants to learn about self, spirit, and culture and the role they have in strengthening identity, emotional competency, and self-esteem” (Howell et al., 2016). By promoting Indigenous peoples to become connected to themselves and to their community on a personal, spiritual, and cultural level, these people can hopefully gain a sense of calmness and finally be at peace. This sense of peace will hopefully manifest into individuals wanting to take better care of themselves, and in turn reduce the rates of chronic diseases, such as type 2 diabetes, in Indigenous communities.

Indigenous peoples have a greater disparity in their health compared to non-Indigenous peoples. This is because unlike non-Indigenous peoples, Indigenous peoples have negative experiences or memories, either firsthand or passed down, with colonialist government agencies. These colonialist agencies extend to the healthcare system, resulting in Indigenous peoples often avoiding a visit to their physician. Coupled with the ongoing racism and discrimination that many Indigenous peoples experience, these people are often left untreated for their chronic diseases. An example would be type 2 diabetes, that not only goes untreated, but manifests at higher rates in Indigenous communities as a result of, again, colonialism. Colonialism fostered an environment through residential schools whereby Indigenous children forgot about, or were

unable to learn about, their traditional diet, medicines, and practices. Culminated with physical and mental abuse, Indigenous peoples were faced with depression that led them to not care about what they were feeding their bodies or spirit. However, a paradigm shift has been established in contemporary research, with many researchers abandoning colonialist intervention and research strategies in favour for traditional approaches. These approaches emphasize open communication that fosters traditional methods to prevent and treat diseases. Hopefully this shift will continue to push Indigenous peoples to return to their traditional ways of healing, eating, and exercise in order to prevent the health disparities seen so greatly within Indigenous communities.

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