



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Resolution Statement

Director of Indigenous Health Advocacy as an Executive Committee Voting Member

Approved by: 2019 National Assembly, Canadian Nursing Students' Association

Submitted: December 7th, 2018

Submitted to: Board of Directors

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Introduction and Background

In the 1982 Constitution Act, Prime Minister Trudeau reformed Canada's relationship with the 'Aboriginal peoples of Canada' by acknowledging Indigenous Peoples' inherent rights and treaty rights in Section 35 (Government of Canada, 2017). However, the previous legislation of the Indian Act (1876) ensured that all Indigenous cultural practices were abolished in relation to traditional governing structures. In this ongoing and outdated Act, Indigenous Peoples are continuously assimilated, indoctrinated, and reconditioned to believe their practices and means of being are inferior through the grips of modernized colonization, albeit the 1982 acknowledgements.

In the Post-Constitution era, we can observe many waves of Indigenous activism: the strongest being a resurgence of Indigenous presence when the Truth and Reconciliation Commission (TRC) emerges with its 94 Calls to Action. The TRC declared that the patterns of social inequality has brought us to these 94 calls to action. However, we are now faced with tokenism (TRC, 2015). Tokenism is defined as "actions that are the result of pretending to give advantage to those groups in society who are often treated unfairly, in order to give the appearance of fairness" (Cambridge Dictionary, 2018, para. 1).

In the resolution passed by the Canadian Nursing Students' Association (CNSA) in 2016 for the creation of the Director of Indigenous Health Advocacy (DIHA), the CNSA indicates that "according to literature, a means to counter the colonization process that continues to play a role in the determinants of health for Indigenous Peoples has identified self-determination as a key concept. Indigenous self-determination is to be understood as a way to level the balance of power between Indigenous peoples and the nation-states in which they live and interact. Self-determination does not describe one specific arrangement as it takes different forms in



different contexts. In this context, the term self-determination refers to the representation of Indigenous people at all political levels” (CNSA, 2016a, pg.2). The quote is extensive however, we must take into account that we are working off prior resolution statements to further Indigenous leadership initiatives.

Relation To Canadian Nursing School Curriculums

“The Truth and Reconciliation Commission recommends that all nursing and medical schools in Canada implement courses for students to learn about health issues that are relevant to Canada’s Indigenous peoples (TRC, 2015). The Truth and Reconciliation Commission further states that a comprehensive Indigenous Health curriculum should include education about the history of residential schools in Canada, treaties and Indigenous rights, Indigenous practices and teaching, and the implementation of United Nations Declaration on the Rights of Indigenous Peoples” (CNSA 2016a). Forming authentic relationships with Indigenous Peoples is a key component of building our foundation of relational practice as nurses as well. CASN (2015) states that relational practice includes active listening, mutuality, reciprocity, empathy and sensitivity. These assets are essential components forming authentic relationships and including and maintaining the Indigenous voice in executive decision making within the association.

Links to CNSA’s Mandate and Current Position

Objective A: To be the primary resource for Canadian nursing students

The DIHA is the primary liaison between the association and the Indigenous nursing students of Canada. As such, the DIHA maintains an essential role in ensuring the Indigenous voice is heard in every decision made by the association. However, without a vote and position on the Executive Committee, this voice is lost for every Indigenous nursing student across the country. Furthermore, it is imperative that self-determination is maintained in the association and that Indigenous ways of knowing are incorporated into all decisions, including Executive decisions, so that the association may adhere to the TRC calls to action and so that the CNSA can authentically be the primary resource for all nursing students, including Indigenous nursing students.

Objective B: Influence and advance innovation and social justice in the nursing curriculum and the nursing profession

With the current role of the DIHA, CNSA has been able to participate in the Truth and



Reconciliation Committee with the Canadian Association of Nursing Schools, to ensure proper and appropriate representation of Indigenous Peoples. This directly impacts how nursing schools will implement Indigenous health core competencies into nursing curriculum and therefore the nursing profession.

In terms of influencing innovation in the nursing profession, the Indigenous Health Advocacy Committee has been able to identify current issues within the Indigenous nursing student environment, and work towards spreading awareness via different platforms i.e. social media: Blog, Facebook, etc.

Objective C: Strengthening linkages and creating new partnerships

The CNSA currently has a partnership agreement with the Canadian Indigenous Nurses Association (CINA) that establishes CINA as a national stakeholder of the CNSA and allows the DIHA a position on their board. Currently, the other three Executive members (President, Vice President, and Director of Communications) ensure the national stakeholder relationships are adequately maintained, and hold positions on their boards (Canadian Nurses Association, Canadian Association of Schools of Nursing, and Canadian Federation of Nurses Unions). This executive function and role is essential for the DIHA to uphold to insure continued success of the partnership with CINA. By solidifying an Indigenous voting voice within the Executive Committee, the organization and the students CNSA represents can begin to recognize and address the unique health status of Indigenous populations in Canada and advocate for broader change within the healthcare system.

The Executive Committee of CNSA has many duties to ensure the success of the association, including but not limited to, managerial, operational, administrative, fiscal, and disciplinary duties. Many of the decisions made at the Executive level affect the actions and directions of the associations functioning. Currently, the Indigenous voice is excluded from these broader, more constitutional decision making processes, therefore adding to ongoing colonial constitutional practices within the CNSA. By ensuring that the Indigenous voice is represented in these imperative decision making processes, the CNSA can begin to decrease tokenistic, colonial constitutional practices, and begin to solidify its authentic relationship with Indigenous nursing students through self-determination and Indigenous ways of knowing.

Rationale

WHEREAS, the CNSA's mandate is to be the primary resource for nursing students; and,

WHEREAS, the CNSA has a duty to authentically maintain their stakeholder relationship with the CINA; and,



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WHEREAS, Allowing Indigenous nursing students to practice self-determination is the key component for the CNSA to move away from tokenism and colonial constitutional practices; and,

WHEREAS, the CNSA must authentically make culturally safe decisions that reflect Indigenous Peoples appropriately; and,

WHEREAS, The Canadian Nurses Association and many other CNSA stakeholders locally, regionally, nationally, and internationally have passed multiple motions and resolutions that identify Indigenous Health as a priority; and,

WHEREAS, the addition of the Director of Indigenous Health Advocacy to the Executive Committee with include the Indigenous voice in executive decision making pertaining to the association; therefore

Resolution

BE IT RESOLVED That CNSA amends the governing documents of the association and takes all required and appropriate actions to reflect the Director of Indigenous Health Advocacy as a voting member of the Executive Committee.

Conclusion

With the inclusion of the Director of Indigenous Health Advocacy on the Executive Committee, the CNSA moves past tokenism and authentically moves into a position of true reconciliation, positive power relations, while adhering to appropriate cultural inclusion at executive levels. As the CNSA continues to commit to being the primary resource for nursing students across Canada, representing our Indigenous nursing students must be at the forefront of this commitment to enhance visibility within the association. To ensure this is done in an ethical and culturally safe manner, the CNSA as an association has an ethical obligation to safely include the Indigenous voice in executive decision making.

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