



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

## **Resolution Statement**

Establishing a Non-Voting Position for Indigenous Allyship

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

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**Submitted to:** Board of Directors

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### **Introduction and Background Information**

In Canada, many Indigenous leaders and activists consider that the principal barrier to decolonization is ignorance (Schaepli, 2018, p. 110). For far too long, settler populations have not seen Indigenous people as an integral part of Canadian society and this has ultimately led us to take an uncritical approach to Canadian governance. Foundational institutional frameworks throughout Canada support English and French contributions to Confederation but often forget to mention the role that Indigenous people had in Confederation as the original inhabitants that were forcefully removed (Hewitt, 2016). Acknowledging that there are power imbalances between Indigenous and non-Indigenous professionals in the nursing academy and developing strategies that seek to transform these relations is a cornerstone of decolonizing nursing education (Green, 2016, p.131).

Colonialist policy in its simplest form works against Indigenous students at a systemic level. The Indigenous Ally can bring awareness to non-Indigenous students on this matter so that future generations are in a better position to advocate for policy that looks out for the best interests of Indigenous people, thus improving health outcomes for these populations.



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The Truth and Reconciliation Commission of Canada (TRC) was officially launched in 2008 as part of the Indian Residential Schools Settlement Agreement (IRSSA) where a foundation for lasting reconciliation across Canada was established (Moran, 2017). Andrea Kennedy, an associate professor at Mount Royal University of Métis and European ancestry, has done research on exploring the barriers and facilitators to implementing the TRC's *Calls to Action*. Her work reveals how academic ownership of expertise presents a barrier to decolonization and respecting Indigenous Knowledges (Kennedy, McGowan & El Hussein, 2018). From the viewpoint of a nursing student, this means that achieving reconciliation poses a challenge when many Canadian nursing students lack even the most basic understanding of colonialism and Indigenous presence in communities (Ermine, 2007; Donald, 2012). Creating room for allyship is important because those that hold positions of power within the government still view Indigenous health advocacy through a colonialist lens. The TRC's ninth principle of reconciliation is grounded in the idea of joint leadership with emphasis on how reconciliation requires political will, trust building, accountability, and transparency, as well as a substantial investment of resources (TRC, 2015, p. 4).

In 2018, the Canadian Nursing Students' Association (CNSA) established an ad-hoc Indigenous Ally position when a non-Indigenous student, who was the Director of Indigenous Health Advocacy (DIHA) at the time, stepped down from the position. After collaborating in meaningful dialogue with an Algonquin nursing student from Kitigan Zibi Anishinabeg, she uncovered how occupying the DIHA position would take away from enduring practices of Indigenous self-determination, a reality she had not been self-aware of when she applied. At the time, policy allowed for a non-Indigenous nursing student with a passion for Indigenous health to apply for the position in the event that no Indigenous student stepped forward. Through working in an authentic partnership with the elected Indigenous DIHA over the course of the year, the ad-hoc ally learned through trial and error how being a genuine ally involves a lot of



self-reflection, education, and listening. As a student with a genuine interest in Indigenous health, she made mistakes while being the ally, including indirectly asking Indigenous people to do emotional labour to confirm she was a good ally and feeling threatened or bothered by Indigenous people leading their own projects. She began to uncover how being an ally means more than just wanting to advocate for Indigenous health. It means actively deconstructing the colonialist system we live within. Creating the ally position within CNSA was an excellent first step toward decolonization. The mentorship that the DIHA provided to the ad-hoc ally contributed to decolonization by integrating the knowledge of the marginalized to understand health and health challenges from a different perspective than the mainstream post-positivist paradigm.

Creating a new position for an Indigenous Ally would rethink higher education to facilitate self-determination of Indigenous peoples (Pidgeon, 2016), look for possible bridges (Battiste, 2013) and role model joint leadership. The Indigenous Ally position would allow nursing students with the aspiration to improve Indigenous health across the country to do so without overstepping the progress Indigenous leaders have made towards self-governance. The position would represent the voice of the ally, the non-Indigenous nursing student who wants to learn more about decolonizing policy. The Indigenous Ally position would inspire new learning conversations as the ally would educate other non-Indigenous people about oppression, privilege and one's own experience and journey as an ally (Smith, Puckett, Simon, 2016).

### **Information on CNSA's Mandate and Current Position**

As a society that claims to value democracy, it is imperative that people use the power it gives them to demand that the government make changes. This can not only come from the Indigenous voice but also from the voice of the settler population (Smith, Puckett, Simon, 2016). Some of the primary barriers to equitable access to health care and services for Indigenous



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peoples in Canada are complicated policies and legislation. Nurses are in a privileged position to advocate and educate for Canadian governance changes, especially those involved in the CNSA who represent nursing students to government, professional nursing organizations at national and international levels, health care organizations, nursing students globally, and the Canadian public. Canadian not-for-profit organizations are often looking to other colonial board structures to model their own. This is why the ally position should be on the board of directors and not a member position in the Indigenous Health Advocacy committee. We know that the journey to reconciliation requires participation from both sides. The ally will not enter into the role with all of the knowledge required to fulfill this position successfully, they will learn through trial and error working the DIHA on a professional board. Most importantly, this is not a token position.

If the CNSA were to adopt this resolution, it would be achieving all three objectives and outcomes on the 2016-2021 Strategic Plan (to be the primary resource for Canadian nursing students, to influence and advance innovation and social justice in the nursing curriculum and the nursing profession, and strengthen linkages and create new partnerships) as evidenced by the rationale in this document.

### **Rationale**

**WHEREAS,** The CNSA is in a unique position to explore and inform policy opportunities and social innovation for advanced and sustained reconciliation in broader systems; and

**WHEREAS,** The Indigenous Ally would not be a voting member on the board of directors nor hold a co-chair position on the Indigenous Health Advocacy Committee, maintaining the journey for self-governance for Indigenous peoples in Canada; and

**WHEREAS,** The Indigenous Ally position can help offset some of the responsibilities of the DIHA so initiatives within the Indigenous Health Advocacy Committee do not fall through if the DIHA moves onto the executive committee; and



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

**WHEREAS,** The CNSA's objective is to influence and advance innovation and social justice in the nursing curriculum and the nursing profession; and

**WHEREAS,** The CNSA's objective is to strengthen linkages and create new partnerships; therefore,

### **Resolution**

**BE IT RESOLVED,** That the CNSA amend 6.13.6 from the CNSA Bylaws to now include "The election of the Indigenous Ally"

**BE IT RESOLVED,** That the CNSA amend the work of the Indigenous Health Advocacy Committee to now include "responsibility of the DIHA to mentor the Indigenous Ally"

**BE IT FURTHER RESOLVED,** That the CNSA amend the CNSA Rules and Regulations Part V: Power and Duties of the Board of Directors and Committee Chairs to add, "The Indigenous Ally shall: Be an advisor to the board; Report to the Director of Indigenous Health Advocacy; Be a non-Indigenous nursing student; Have a genuine and authentic interest in learning more about First Nations, Métis, and Inuit populations and advocating for the health inequities that exist for these populations in Canada; participate in a mentorship with the Director of Indigenous Health Advocacy to better understand the struggle for decolonization and what effective ally ship means to Indigenous peoples; Support the Director of Indigenous Health Advocacy and the Director of Membership Development with Indigenous Nursing Students' Day; Celebrate National Indigenous Peoples' Day in conjunction with the Director of Indigenous Health Advocacy; Maintain and build relationships with Indigenous nursing partners and student committees nationally and internationally; Liaise with all key national partners that are committed to or represent Indigenous Health and Advocacy; Prepare a report for each BOD and National



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Assembly meeting; Attend the National Assembly (if financially feasible); and Advocate for more Indigenous representation at CNSA events such as the Regional and National Conferences.”

### **Relation to Canadian Nursing School Curriculums**

This position would build student capacity for intercultural understanding, empathy and mutual respect. By establishing a non-voting position for the Indigenous Ally, the CNSA is answering the Canadian Association of Schools of Nursing (CASN)'s national consensus Framework on *Educating Nurses to Address Socio-Cultural, Historical, and Contextual Determinants of Health Among [Indigenous] Peoples*. This Framework was established in 2013 in collaboration with the Aboriginal Nurses Association of Canada, now known as the Canadian Indigenous Nurses Association, and the Inuit Tapiriit Kanatami. These nursing stakeholders agreed that future nurses need to learn: self-knowledge including recognition of one's personal location in society, cultural knowledge including recognition that respectful relationships are more important than trying to fully understand a person's culture, and cultural societal knowledge including recognition of societal threats to health and health relevant behaviours including social inequality and inequity, power imbalances, racism and stereotyping (CASN, 2013). Right now there is a need for more education on how Canadians, especially nurses, can be better allies for Indigenous populations.

### **Conclusion**

The role of the ally would be to help the DIHA maintain the work of the Indigenous Health Advocacy Committee if the position is voted onto the executive committee. The ally will bring awareness to colonialism in health care so that future generations are in a better position to advocate for the calls of the TRC. This aligns with previous statements passed on Indigenous



health advocacy including establishing a voting director position for an Indigenous student in 2017. Therefore, be it resolved that the CNSA include the election of the Indigenous Ally as a non-voting member on the board of directors.

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