OFIFC

Ontario Federation of
Indigenous Friendship Centres

SUBMISSION TO THE STANDING COMMITTEE ON HEALTH:
LGBTQ2 Health In Canada

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OFIFC

INTRODUCTION

Two-Spirit people have always existed in, and been an intrinsic part of, Indigenous communities. Prior to colonization, each Nation had their own unique understandings and language around Two-Spirit people and their roles in the community. Two-Spirit people were recognized and valued by their communities as having gifts of knowledge, insight and responsibility, which allowed them to become visionaries, healers, caregivers, medicine people, warriors, and leaders. They were respected as equal and vital members of Indigenous societies. Our role in the Friendship Centre Movement is to support the maintenance and flourishing of Indigenous identities, including support for traditional roles of Two-Spirit[1] community members in a contemporary context.

Two-Spirit people's health outcomes are often worse than the average Canadian because of the intersecting forms of marginalization (i.e. homophobia, transphobia, racism, sexism) and the range of Indigenous social determinants of health (i.e. income, housing, education, colonialism, residential schools, food security). These factors not only shape health outcomes, but also greatly impact access to health care to address negative outcomes. To manage their marginalization, Two-Spirit people seek community and culture in urban centres and urban Indigenous organizations, such as Friendship Centres.

TWO-SPIRIT AND INDIGENOUS 2SLGBTQ HEALTH

The health outcomes of Indigenous people are generally worse than the Canadian population, in practically every area (e.g. communicable and non-communicable diseases, mental illness, injury, health risk factors, etc.). Because of their additional layers of marginalization, it is expected that Two-Spirit people fare even worse. Since it is difficult to collect and analysis recent health data on Indigenous people, we are dealing with incomplete understandings of the depths of Two-Spirit outcomes in physical health, mental health and sexual health. Of the information that is available, we do know that Two-Spirit people are often targeted for violence and sexual assault; are at higher risk for depression, mental distress, substance dependence, self-harm, risky sexual practices, and suicidal activities; and are disproportionately affected by STIs, HIV and AIDS.[2,3] While unconfirmed, we suspect Two-Spirit people are disproportionately affected by chronic disease, due to limited access to health promotion, primary care and treatment. The intent of this section is to explore the factors leading to these outcomes and preventing access to much needed health interventions.

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[1] Throughout this submission, the OFIFC will be using the term Two-Spirit or 2SLGBTQ. The OFIFC uses "Two-Spirit" as a self-descriptor for gender and sexual variant Indigenous people across Turtle Island in a manner that honours their ancestral past and reclaims Indigenous identity. As not all 2SLGBTQ Indigenous people identify as Two-Spirit, the OFIFC uses the acronym 2SLGBTQ with 2S at the beginning of the acronym to specifically acknowledge the sovereignty of Indigenous communities as first peoples as well as the impacts of colonization and interference on Indigenous genders and sexualities.

[2] National Aboriginal Health Organization (2010). *Two-Spirited People and Suicide Prevention*. NAHO: Ottawa.

[3] Ristock, J., Zoccole, A., and Passante, L. (2010). *Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health Research Project: Winnipeg*, Final Report, November 2010.

HOMOPHOBIA, TRANSPHOBIA, RACISM

To begin we must understand that Two-Spirit people are dealing with complex challenges, shaping their health outcomes and access, due to the intersecting experiences of race, culture, gender, and sexuality. For many Two-Spirit people, intersectionality is experienced through the layering of multiple forms of oppression and inequality, even from the very groups they identify with. For instance, Two-Spirit individuals frequently experience homophobia, transphobia, and sexism from their own communities, forcing them to leave their families and homes. Two-Spirit people have come up against resistance to their participation in traditional practices and ceremonies, due in large part to the lasting legacies of church involvement and teachings. Simultaneously, many Two-Spirit people face racism and stereotypes within the 2SLGBTQ community, rendering it quite difficult to find a positive community support system. All the while they experience overarching racism, homophobia, transphobia and sexism from a predominantly heteronormative and patriarchal society. Thus, when moving into specific barriers and solutions to health care access for Two-Spirit people, the intersections of race, culture, sexuality and gender identity must be considered and dealt with concurrently.

Experiences and perceptions of homophobia, transphobia, sexism and racism within health organizations, institutions and systems create barriers to health services and programs for Two-Spirit people. Fear of discrimination based on health status, sexual orientation, gender identity or Indigeneity has prevented or delayed Two-Spirit people from accessing health care in all health sectors. When spaces feel unsafe to a Two-Spirit person, they may choose or be forced to hide their identity (racial, sexual, or gender) for fear of potential consequences, such as violence, abuse, discrimination, exclusion, and harassment. For example, if they do not feel safe disclosing their transgender identity to a health professional, Indigenous transpeople will not receive crucial health information, diagnosis or treatment. The health care sector requires training and campaigns to better understand the barriers to care Two-Spirit people encounter and to implement polices and procedures to support and protect Two-Spirit people within health systems.

URBAN INDIGENOUS

As the Indigenous population becomes increasingly urbanized, so does the Two-Spirit community. In fact, the 2018 Our Health Counts survey found that 23% of Indigenous adults in Toronto identified as Two-Spirit, almost one-fourth of the Indigenous adult population in Canada’s largest city. Two-Spirit people live in urban centres for a multitude of reasons, such as education, employment, improved access to health and social services, escape violence and/or abuse, foster care, entertainment and opportunity, availability of gender reassignment services, anonymity, to live openly, and to develop 2SLGBTQ identity and part of a broader 2SLGBTQ community. Any health interventions for Two-Spirit health must recognize and target the urban Indigenous populations if they are to be effective. And urban Indigenous organizations, like Friendship Centres, must be included in the development, delivery and evaluation of health interventions and strategies, because they have been and currently are supporting Two-Spirit and Indigenous community with a strong cultural foundation.

SYSTEMIC INVISIBILITY OF TWO-SPIRIT IDENTITY

Within Canadian health care systems, Two-Spirit people are forced to conform to overarching cultural frameworks that render their identities and health needs invisible. For the limited amount of health services for LGBTQ communities and Indigenous communities, Two-Spirit people must choose between two defining components of their identities, instead of accessing specific health programs, services and organizations for Two-Spirit people. Two-Spirit learn to accept health services, programs and organizations that do not recognize their Two-Spirit identity and its relevancy to their health. For instance, Two-Spirit people, especially youth, have limited to no access to sexual and reproductive health education that is relevant to their bodies, identities or cultures. When Health care providers have little knowledge of Two-Spirit identity or Indigenous culture, they provide poorer quality health care as a result.

To reiterate, Two-Spirit people as well as urban Indigenous organizations must be central to the development of any health strategies or approaches intended to affect change in the lives of Two-Spirit people. Two-Spirit people are often absorbed into larger 2SLGBTQ health strategies, programs and services and their unique intersectional health outcomes and barriers remain unaddressed. Mainstream non-Indigenous health services providing services to Two-Spirit and Indigenous people will continue to underperform as compared to services that are designed, developed, delivered and evaluated by urban Indigenous organizations. Two-Spirit people of all age groups need targeted health interventions in all areas, which are delivered by urban Indigenous service providers in their own communities.

CULTURE

The role of culture in the lives of Two-Spirit people is a powerful social determinant of health and the regeneration of Indigenous culture, including cultural teachings and practices on wholistic health and healing, has been shown to improve health outcomes.[4] The legacy of colonization within Indigenous communities can often make it difficult for Two-Spirit people to access healing ceremonies and medicines that contribute to health and wholistic well-being. But Two-Spirit people and urban Indigenous communities want Indigenous teachings, ceremonies, and practices that acknowledge and support Two-Spirit people and integrate them into community with roles and responsibilities. Cultural reclamation and resurgence are key components of healing for Two-Spirit people to address harms – physical, mental, emotional and spiritual - from colonial and contemporary traumas, and increasingly urban Indigenous communities are providing space to explore Two-Spirit Indigenous culture and community.

COMMUNITY

Many Two-Spirit people manage marginalization by coming together to create urban communities and families based on affirmation, empowerment and teachings. Increasingly, Friendship Centres are fulfilling a gap in care for the Two-Spirit urban community as a safe place to support coming out, to find other Two-Spirit people, to share cultural knowledge, and to coordinate, navigate and address health care needs.

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[4] Hall, G. C., Ibaraki, A. Y., Huang, E. R., Marti, C. N., and Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy, 47*, 993-1014. P. 995.

This is often done through a multitude of programs, not a specific stable program designed by the local Two-Spirit community to meet their needs. For instance, Friendship Centres programs, such as Kizhaay Anishinaabe Niin, Cultural Resource Coordinator and Aboriginal Healing and Wellness Coordinator, are working on the decolonization of Indigenous gender roles for men, women and children, but Friendship Centres require a specific program to foster the reclaiming of Two-Spirit identities and revitalisation of their traditional roles. This program would focus on the development of positive self-esteem and the development of supportive community, and as a result, good overall health among Two-Spirit people.

In creating community health networks, the formation of partnerships with urban Indigenous organizations and health service providers are critical to a safe, supportive and reflective health care system for Two-Spirit people. Friendship Centres are experts on the health needs and priorities of the urban Indigenous communities and support all Indigenous people, including Two-Spirit people, to access the health care they need. Yet, health care providers do not recognize the work of Friendship Centres in health promotion, prevention, management and care for the urban Indigenous population and do not include them in health planning. This is leading to the failure to provide equitable health services to urban Indigenous people, including Two-Spirit people. Partnerships would provide net coverage for the health and cultural needs of Two-Spirit people.

HARM REDUCTION AND STRENGTHS-BASED APPROACHES

Because of a legacy of colonial harm, the OFIFC supports harm reduction and strengths-based approaches to urban Indigenous community health care. Harm reduction can take multiple forms but is centred around providing care for people as they are currently, not waiting until they achieve better outcomes. And, a strengths-based approach would focus on the strengths of the individual, organization or community, not on its deficits, for targeted approaches to health plans. Together these approaches will support Friendship Centres in providing the best care possible all Two-Spirit people in urban communities.

As a harm reduction approach, Indigenous people, especially Two-Spirit and 2SLGBTQ people do not have enough access to pre-exposure prophylaxis (PrEP) treatments, an HIV prevention drug. PrEP is an expensive medication, rendering it inaccessible for Indigenous people without a provincial health insurance plan. PrEP is not included in the drug formulary for Non-Insured Health Benefits (NIHB). For years, Indigenous people have been overrepresented in the HIV epidemic, making up about 11% of all new HIV infections in 2016.[5] The development of any national pharmacare program must examine coverage for PrEP, including immediate coverage for Indigenous people at risk of HIV infection.

As part of a strengths-based approach, the OFIFC supports the widespread application, monitoring and evaluation of the federal Gender Based Analysis + (GBA+) tool on all federal agencies and departments and their policies and programs. The GBA+

[5] Public Health Agency of Canada. Summary: Estimates of HIV Incidence, Prevalence and Canada's Progress on Meeting the 90-90-90 HIV targets, 2016. Public Health Agency of Canada, 2018.

analytical tool was created to acknowledge and include the diverse experiences of women, men and non-binary people in policies, programs and initiatives, but it is not making a positive impact for Indigenous men, women and Two-Spirit people if it is not consistently applied to all federal sectors. It is not a mandatory requirement for all federal departments or agencies to conduct the GBA+ analysis nor is there any monitoring, evaluating or reporting on the implementation or the outcomes by Status of Women Canada or by the departments and agencies themselves. There are no measurement or indicators of gender equity to mark change over time. The federal government made commitments to gender equity with wide-ranging implications for the Canadian population and especially for the Indigenous and Two-Spirit community and we hold the federal government accountable to its commitments under its own GBA+ policies. The GBA+ must be have supportive policies, legislation and program decisions making it mandatory with incentives and consequences to apply GBA+ to all federal sectors. Its application is intended to change and improve the societal landscape for all genders, including Two-Spirit people, and improve their overall outcomes.

RECOMMENDATIONS

1. Collaboratively develop with urban Indigenous organizations a Two-Spirit Health Strategy with an urban Indigenous focus. This includes:
    a. The development and support the delivery of health information, resources and education tools, including physical health, mental health and sexual health, for Two-Spirit communities for all age groups.
    b. Supporting urban Indigenous communities to provide strengths-based, harm reduction programs and services to address trauma and healing for Two-Spirit people.
    c. Supporting the establishment of partnerships between the health care sector and urban Indigenous organizations to address health needs of Two-Spirit people.
    d. The development of an awareness campaign on Two-Spirit health needs;
    e. The provision of Indigenous Cultural Competency Training for all health service providers with a focus on Two-Spirit health; and
    f. Support for the provision of gender and sexuality-affirming policies and procedures that support Two-Spirit health care access in health care organizations and systems.

2. Support the development and continuity of strong Two-Spirit community in urban centres through the development of Two-Spirit programming through the Friendship Centre Movement.

3. Take measures to increase Indigenous people's access to PrEP, including its addition to the NIHB drug formulary.

4. Implement and fund GBA+ to allow it to be to be applied consistently across all federal departments and agencies.

APPENDIX A

ABOUT THE ONTARIO FEDERATION OF INDIGENOUS FRIENDSHIP CENTRES

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build the capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grass-roots movement dating back to the 50's, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally-based and culturally-appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario more than 85 per cent of Indigenous people live off-reserve, in urban and rural communities. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

APPENDIX B

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