

Playbook to Eliminate Indigenous-Specific Racism & White Supremacy in BC Health College Governance

Acknowledgement

This work took place on unceded territories of the hə́h̓qə́mih̓ə́n speaking peoples – xʷməθkʷəy̓əm (Musqueam), and sel̓il̓witulh (Tsleil-Waututh) Nations – and the Sk̓w̓x̓wú7mesh-ulh Sníchim speaking peoples – Sk̓w̓x̓wú7mesh Úxwumixw (Squamish Nation) – whose historical relationships with the land continue to this day. We acknowledge the rights and title of BC First Nations whose territories stretch to every inch of this province. We give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to lands and waters have existed here since time immemorial. We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Métis, and Inuit people from elsewhere in Canada who now live in British Columbia. As leaders in the settler health system, we have responsibilities to these rights under international, national, and provincial law.

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About the Draft Playbook

We must [be] conscious, coherent, consistent...if we want to effect true reconciliation.”

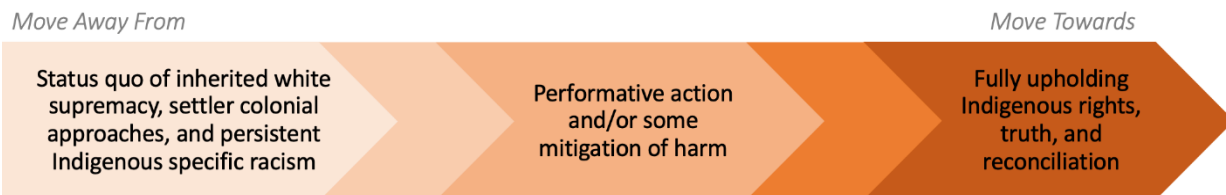
– Puglaas Hon. Jody Wilson-Raybould (We Wai Kai Nation) in True Reconciliation¹

This playbook reflects proposed expectations and essential strategies for where BC health regulatory colleges are at *now*.

Through the Safe Spaces Dialogue Series, we have been working through three tasks shared by Dr. Camara Jones² alongside Puglaas Jody Wilson-Raybould’s (We Wai Kai Nation) three core practices for True Reconciliation¹:

1. LEARN: Naming racism and white supremacy
2. UNDERSTAND: Asking, how are they operating here?
3. ACT: Organizing and strategizing to act

Now, we have moved into the ACT task. Undertaking the Six Expectations in this document will help health regulatory boards and committees to move *away* from the status quo of inherited white supremacy, dominance of settler colonial approaches, and persistence of Indigenous-specific racism. They will help you move *towards* fully upholding Indigenous rights, truth, reconciliation, and legal pluralism.³



As we move away from and move towards, we are undertaking two interconnected journeys with one starting point: acknowledgement of Indigenous rights. Each of us are on an *individual* journey to **learn** the history of these lands; **understand** our relationship to white supremacy, white privilege, and white fragility; and **act** on our obligations to uphold Indigenous rights and eradicate Indigenous-specific racism.

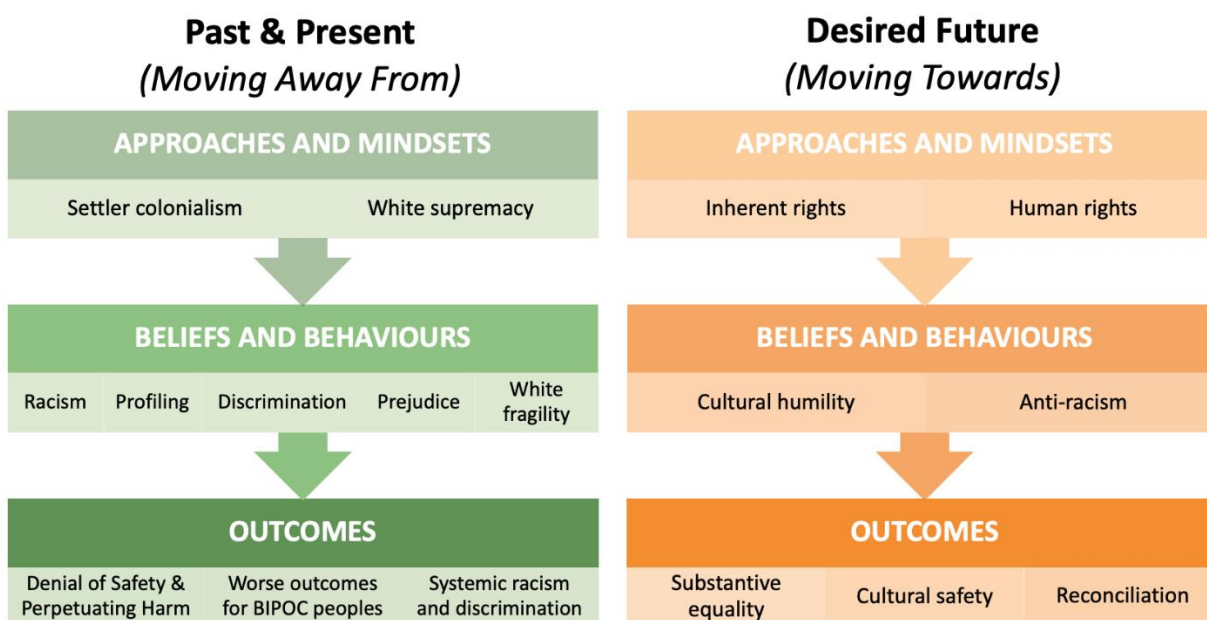
We are also on a *collective* journey, joining other individuals and other colleges towards a collective goal of eradicating Indigenous-specific racism in BC’s health system. Again, on this collective journey we must **learn** to name racism and white supremacy as structures that cause harm in our organizations and health system; **understand** how they are operating within our specific spheres of influence; and come together to organize and strategize to **act** with guidance from First Nations, Métis, and Inuit peoples.

The journey is dynamic and complex. We recommend checking in regularly – at six months, at two years, at five years – to ensure that you are still in motion. When in doubt, use the Three Core Practices of True Reconciliation shared by Puglaas Jody Wilson-Raybould (We Wai Kai Nation): *learn, understand, act*.¹

Where we are now

First Nations territories cover every inch of what is now known as British Columbia. Longstanding laws, governance systems, and health systems rooted in connection to land and waters have been here since time immemorial.

Arrival of settlers began a process of claiming authority and imposing foreign laws that dispossessed and denied safety to First Nations peoples.⁴ The explicit purpose was to remove Indigenous peoples from the land and extract resources to build wealth for European powers.⁵ Today, Canadian institutions – including our laws, governance systems, and health systems – are built on those foundations of white supremacy, settler colonialism, and Indigenous-specific racism.



We understand that there is no neutral policy, action, or belief.⁶ Instead, they are either racist or anti-racist. It is safe to assume that if a policy, action, or belief hasn't undergone a process to ensure it is anti-racist, it likely maintains and upholds racism. As Jody Wilson-Raybould says, we must be conscious, coherent, and consistent to eradicate Indigenous-specific racism from our policies, actions, and beliefs.¹

Our obligation to uphold inherent Indigenous rights, anti-racist approaches, and truth and reconciliation is articulated in provincial, federal, and international laws. Solutions to Indigenous health disparities evidenced in BC health data have already been provided in nearly 1000 clear and detailed instructions on how to uphold inherent rights, anti-racist approaches, and truth and reconciliation across what we call our Foundational Obligations to Indigenous Peoples (Appendix 1):

- UN Declaration on the Rights of Indigenous peoples (UNDRIP) and the related BC DRIPA law and Action Plan.
- National commitments including the UN Declaration Act and Action Plan, the Truth & Reconciliation Calls to Action, and the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice.
- Health-specific instructions, including the In Plain Sight Recommendations and Joyce's Principle.

- College-specific commitments and standards, including the Declaration of Commitment to Cultural Safety, apologies, and practice standards.

BC Health Regulators

BC health regulatory colleges have taken important steps in this journey, but there is still a long way to go. Commitments have been made and regulators recognize that this is important work. Still, tremendous work is needed to eradicate Indigenous-specific racism from structures, policies, practices, norms, and values.² Unfortunately, white supremacy, white fragility, and white privilege remain present.

College representatives have now heard truths and witnessed some of the acts of Indigenous-specific racism experienced by Indigenous board and committee members, including:

- Indigenous-specific racism is present and active on boards and committees.
- Racism is cumulative.
- Conflating Indigenous-specific racism and racism experienced by racialized settlers is a harmful form of denial and results in resistance to act.
- Being the only Indigenous person in the room creates unsafety.
- Asking for Indigenous perspective, but not upholding it maintains the tyranny of the majority.
- Racism met with silence or denial. Silence may result from not seeing, from seeing and not acting, or from prioritizing maintenance of settler privilege.
- Racism taking place without response or repercussions.
- Giving “benefit of the doubt” preferentially to non-Indigenous people upholds white supremacy.
- Settler protocol is privileged above all else.
- Lack of humility in determining progress on cultural safety & humility.
- Existing power dynamics are exacerbated by intersecting systems of oppression.

Despite a desire to learn and good intentions declared, non-Indigenous participants in the Safe Spaces project struggled to adapt to Coast Salish protocols, wanting to return to a space that was safer and more familiar *for them*.

Policy documents broadly, overwhelmingly reflect an attachment to colonial structures and still privilege settler perspectives and traditions, with some exceptions where some college boards have begun to revise some documents and processes.

Six Expectations for Action

Boards must commit to substantial, sustainable change to become culturally safe spaces which act to name and address Indigenous-specific racism and discrimination. Below are six expectations coming out of the Safe Spaces Dialogue Series, each with detailed essential strategies that will help health regulatory boards move away from maintaining Indigenous-specific racism and white supremacy, towards cultural safety and upholding Indigenous rights, truth, and reconciliation. The Expectations are interdependent, reinforcing, and move towards inviting more Indigenous board and committee members as essential cultural safety measures are put into place.



Considerations for Collective Action Across Colleges

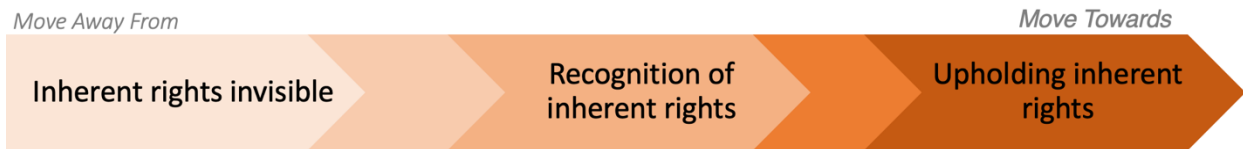
BC health regulation is in a transition moment with amalgamation, the new Health Professions and Occupations Act, and activation of umbrella infrastructure (e.g., superintendent). This creates powerful opportunity for colleges to work together to implement many of the strategies offered below. We recommend establishing an Indigenous leadership position and team to support the process of embedding Indigenous rights and Indigenous-specific anti-racist approaches during this transition.

Three Core Practices for True Reconciliation

Engage the 3 Core Practices shared by Jody Wilson-Raybould in her book ***True Reconciliation*** to help move through challenges, resistance, stuckness, or when the way forward is not clear:

- **LEARN:** What Indigenous wisdom has already been shared related to this topic? How will we learn what we need to know to move forward? Naming racism: what is the settler colonial truth here?
- **UNDERSTAND:** How is racism and white supremacy operating here? What solutions have already been provided: what instructions have we been given by First Nations, Métis, and Inuit people in the Foundational Obligations to Indigenous Peoples documents?
- **ACT:** What conscious, coherent, and consistent action can we take to mitigate harm (short term) and move towards fully upholding Indigenous rights, truth, and reconciliation (longer term)?

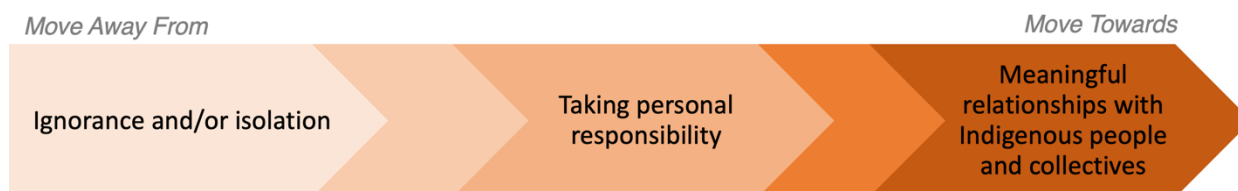
1. Uphold inherent rights and title of First Nations whose territories encompass the land area colonially known as BC, as well as inherent rights to health and wellness of Indigenous peoples (First Nations, Métis, and Inuit) from elsewhere in Canada who now live in BC.



Essential Strategies

- 1.1 **Include meaningful territorial acknowledgement**, in all meetings, documents, and presentations. A separate rights acknowledgment should also be included. This is a responsibility shared by all members of boards and committees. It is important to move beyond performative to reflective. Situating self in the acknowledgement – recognition of our complicity in settler colonial dispossession – is one way to make this shift. Given the changeover on boards and committees, the imperative of land and rights acknowledgments of should be embedded into structure and policy.
- 1.2 **Invest time and energy into understanding what it means to recognize the territory, including the inherent rights and title of First Nations** whose territories stretch to every inch of the province of British Columbia. Invest in structured opportunities for shared learning about the territories where the board and committee operate. Build capacity of boards, committees, and leadership to affirm and uphold inherent rights and title in all aspects of health governance.
- 1.3 **Uphold a distinctions-based approach**. This is an obligation is set out in the *BC Declaration on the Rights of Indigenous Peoples Act*⁷ Action Plan. A distinctions-based approach is one “that acknowledges the specific rights, interests, priorities and concerns of First Nations, Métis, and Inuit peoples, while respecting and acknowledging these distinct Peoples with unique cultures, histories, rights, laws, and governments.”⁸ This approach recognizes that different approaches and outcomes may be realized for the diversity of over 200 First Nations communities across BC, as well as the other First Nations, Métis, and Inuit people who do not have a land base in this province. It avoids “pan-Indigenizing” or assuming that the governance, relationships, perspectives, and priorities are the same across these Peoples.
- 1.4 **Explore avenues to uphold legal pluralism in the health regulatory governance context**. Legal pluralism is a principle set out in the *BC Declaration Act Action Plan*. It recognizes that multiple legal orders exist within BC. Settler laws were imposed over existing First Nations laws. Now, we have an obligation to disrupt their dominance to be inclusive of the laws of the First Nations of these territories, including within regulation of health professions.

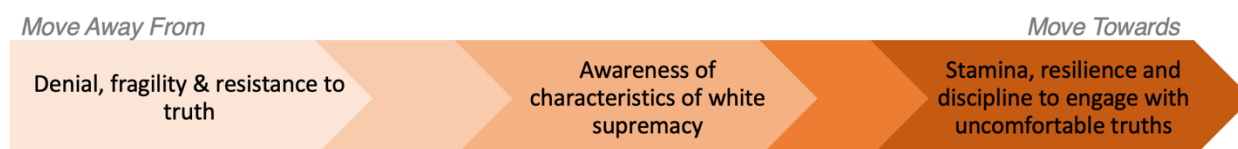
2. Strengthen relational approach by engaging deeply in individual journey.



Essential Strategies

- 2.1 **Provide a mandatory orientation to the commitment and obligations to Indigenous cultural safety, cultural humility, and Indigenous-specific anti-racism for new board and committee members.** Board and committee turnover was identified as an obstacle to progress on cultural safety and humility. Getting everyone to the same baseline on is an important step. At present, there was a sense that this type of training is seen as “nice to do” rather than an essential part of what is required to successfully fulfil obligations while serving on college governance.
- 2.2 **Develop structures that support individual self-reflective practice** for board and committee members. Include this in formal evaluation processes.
- 2.3 **Establish opportunities and supports for board and committee members to take personal responsibility** for their relationship with white supremacy, white fragility, white privilege, within the context of settler colonialism and how that shows up in relation to your board and committee responsibilities.

3. Establish approaches to build collective stamina, resilience, and discipline to deal with uncomfortable truths.

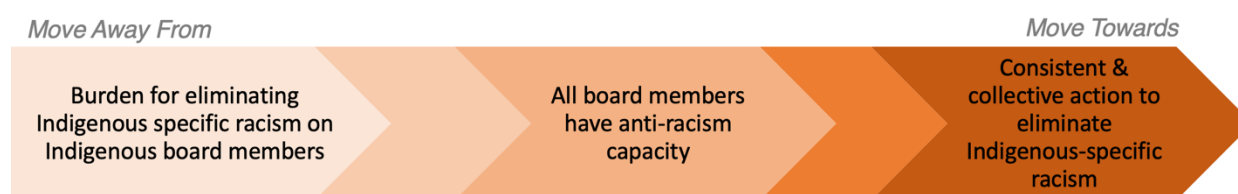


Essential Strategies

- 3.1 **All board and committee members and senior leaders to take believing stance** when Indigenous board and committee members raise concern or comment (mitigate tyranny of majority⁹). Boards and committees must commit to stopping harmful detouring through patterns of resistance (Appendix 2) and to address the lack of safety experiences by Indigenous board and committee members in situations of racism and colonial violence.
- 3.2 **Commit to mounting a timely and active response** when an issue of Indigenous-specific racism is raised, as opposed to inaction when concerns are raised. This may require deviation from existing protocols, as well as time and resources.

- 3.3 Create an agile mechanism to raise harm alarms and identify/untie colonial knots¹⁰.** Create a culturally safe process to raise “harm alarms” and colonial knots to appropriate levels. This action is aligned with fostering a speak-up culture (IPS 11) related to both interpersonal and institutional Indigenous-specific racism. Right now, regulators have not fully implemented calls to action (TRC 23, MMIWG 7.7, IPS 14) to recruit and retain Indigenous people, including into senior leadership levels or on all boards and committees. Until there is a critical mass of Indigenous wisdom and perspectives embedded within each college, we must pay extra special attention when the Indigenous people who are there raise a harm alarm or colonial knot. This may mean usual norms, practices, policies, or procedures (for example, separation between governance and operations) are interrupted. In those moments, energy should be directed to addressing the colonial knot rather than towards maintaining the status quo. Ensure that meetings offer a space for Indigenous people to remove themselves if that is what is right for them in the moment.
- 3.4 Create a consistent and structured unlearning plan** for all board and committee members to build capacity over time. Make this a part of board and committee members responsibilities as a board member. Experience shows that ‘one offs’ and lunch-and-learns are not sufficient to support meaningful change. Consider how new board and committee members will join this process.
- 3.5 Seek regular and ongoing opportunities for (and disrupt existing obstacles to) relational approaches to working together** as a board or committee. It was noted in the Dialogue Series that boards and committees can make better decisions when they are in relationship with each other. Relational approaches also create space to build supportive accountability. This may include time and space to process and debrief together following hard meetings; enabling policy to allow involvement of Elders; unstructured time.

4. Embed mechanisms for consistent and collective action to eliminate Indigenous specific racism on all Boards & Committees.



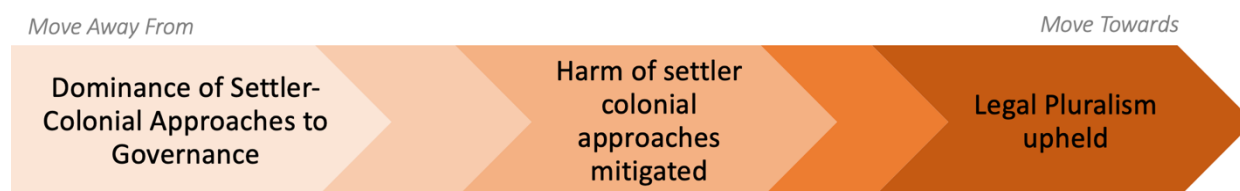
Essential Strategies

- 4.1 Allocate resources and leadership to creating safe spaces on boards and committees as well as addressing Indigenous-specific racism within boards, committees, the college, and the profession.**
- 4.2 Revise codes of conduct to support Indigenous cultural safety and anti-racism.** Build the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard for Registrants into health governance codes of conduct. Focus especially core practices 1 (self-reflective

practice – it starts with me), 2 (building knowledge through education), 3 (anti-racist practice – taking action), and 6 (strengths based and trauma informed practice – looking below the surface). Embed any additional relevant commitments to cultural safety and anti-racism into codes of conduct or terms of reference. Provide relevant training.

- 4.3 **Create and uphold a zero tolerance to Indigenous-specific racism policy** for all board and committee members emphasizing a culture of accountability and sustained learning. Zero tolerance in this context refers to actively addressing racism when it occurs, with a response that matches the situation. This is an essential antidote to the status quo of tolerance (including silence) for racism when it occurs in board and committee settings. Important elements include commitment from board and committee to name and address in the moment instances of anti-Indigenous racism and cultural unsafety; calling out or calling in of members displaying Indigenous-specific racism; and consequences when appropriate. It is important that this responsibility does not rest solely on Indigenous board and committee members. For more details on this strategy, see criteria 1.1.3 of the BC Cultural Safety & Humility Standard for health organizations.¹¹
- 4.4 **Establish mechanisms that prioritize new members who have cultural safety, humility, and anti-racism knowledge, skills, and capacity.** For example, include commitment and capacity in cultural safety, cultural humility, and Indigenous-specific anti-racism in board composition matrices.
- 4.5 **Build a discipline to applying an Indigenous rights, truth, and reconciliation lens to all board and committee business.** Capacity of board and committees to identify and respond to Indigenous-specific racism is currently low. Denial and resistance continue to occur.
- 4.6 **Use Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard as an analytical tool.** All members – especially those who participate in inquiry committees – must have training and support to fully apply and uphold the Practice Standard.
- 4.7 **Support collaboration between existing Indigenous Board & Committee members.** At present, there is a shortage of Indigenous people serving on boards and committees. The Safe Spaces project demonstrated the power of having Indigenous board and committee members from across colleges come together. We should strengthen and resource opportunities for Indigenous board and committee members across all Colleges to engage with each other. Create mechanisms for their collective wisdom to influence processes across multiple colleges.
- 4.8 **Create evaluation and accountability mechanisms** through relationships with Indigenous partners to ensure that we are going in the right direction and milestones are reached.
- 4.9 **Set up a way to share good practices between colleges.** There is so much work to be done, and limited capacity. Sharing good practices ensures that efforts are amplified. It allows us to efficiently direct our energy to undoing colonial knots and establishing new ways of doing things.

5. Disrupt settler colonial approaches to respect and include governance protocols from the territory (uphold legal pluralism).



Essential Strategies

- 5.1 **Avoid reliance on dominant settler colonial approaches simply because “it has always been this way.”** When this is the answer to a “why,” use it as a signal to revisit that approach. Implement the Three Core Practices framework to learn, understand, and act.
- 5.2 **Review each existing board and committee policy and practice** to eliminate existing Indigenous-specific racism and work towards reflecting an intercultural, shared understanding of terms, definitions, and concepts. It is important that the right expertise is called upon in this review.
- 5.3 In developing new policies, practices, and processes, seek out ways to **hardwire inclusion of Indigenous protocols, practices, and governance.**
- 5.4 **Uphold the guidance from the Safe Spaces policy audit** to eliminate Indigenous-specific racism from the written components of health regulatory governance.
- 5.5 **Review, adopt and implement relevant criteria from the [BC Cultural Safety and Humility Standard for Health Organizations](#).** Developed in partnership with First Nations and Métis people in BC, this tool provides an actionable list of 92 strategies for health organizations in BC to address Indigenous-specific racism. It has been endorsed by key First Nations and Métis leadership bodies across the province and aligns with In Plain Sight Recommendation 8, which explicitly includes health regulatory bodies. In May 2022, the BC Ministry of Health made the decision to operationalize the standard, despite not being an accredited health organization. Though health regulators are not accredited and not every criteria is relevant to every college, we recommend all Boards call upon the wisdom and insight captured in this Standard to support their commitments to eradicating Indigenous-specific racism. This includes ensuring that all relevant strategies are incorporated at the board and committee levels, and the board gives direction to the organization to uphold the Standard’s clear guidance.

6. Recruit and retain Indigenous Board & Committee members as we move toward shared decision making with Indigenous Peoples.



This Expectation is deliberately listed last in the Playbook recognizing that recruiting Indigenous board and committee members into unsafe spaces (those that have not taken steps towards expectations 1 to 5) may cause additional harm.

Essential Strategies

- 6.1 **Work towards demonstrating trustworthiness to potential Indigenous board and committee members** through truth and transparency. Asking people to identify as Indigenous requires a certain level of trust to be in place.
- 6.2 **Take deliberate and strategic measures to recruit and retain Indigenous people to serve on boards and committees.** The TRC, MMIWG 2SLGBTQIIA+, and In Plain Sight reports all call for increased involvement of Indigenous people in health leadership and decision making. Recruiting and retaining Indigenous people takes additional steps, time, and creativity. Regularly audit recruitment processes to understand where barriers exist.
- 6.3 **Ensure that no one must do this work alone.** The minimum expectation to mitigate unsafety is to have two Indigenous members in every setting. This is a challenge in settings where there may be just three members on a committee. Work with Indigenous board and committee members to identify a path forward that works for them
- 6.4 **Build relationships with Indigenous registrants.** The first step is to be able to identify who the Indigenous registrants in your profession are. Look to other colleges who have begun this process to understand what has worked best.
- 6.5 **Build relationships with Indigenous people and communities,** treated as true partnerships in system change. Work towards engagement of Elders and Knowledge Keepers in health governance in meaningful and compensated ways. Joyce's Principle – guidance that grew out of the racist death of Joyce Echaquan (Atikamekw) in a Quebec hospital – emphasizes the importance of relationships in multiple areas and is a key resource for this essential strategy.¹²

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Appendix 1: Foundational Obligations to Indigenous Peoples

UNDRIP-Related

- [United Nations Declaration on the Rights of Indigenous Peoples](#)
- [BC Declaration Act](#)
- [BC Declaration Act Action Plan](#)

National Commitments

- [Truth and Reconciliation Commission Summary of the Final Report](#)
- [Truth and Reconciliation Commission Calls to Action](#)
- [National Inquiry into Missing and Murdered Indigenous Women and Girls](#)
- [National Inquiry into MMIWG: 231 Calls for Justice](#)
- [2SLGBTQIA+ Sub-Working Group - MMIWG2SLGBTQIA+ National Action Plan](#)
- [Federal UNDRIP Act \('UNDA'\)](#)
- [Federal UN Declaration Act Action Plan](#)

Indigenous-Specific Racism in Health

- [In Plain Sight: Summary Report](#)
- [In Plain Sight: Recommendation](#)
- [Joyce's Principle](#)

BC Health Regulatory College Commitments & Standards

- [Declaration of Commitment to Cultural Safety and Humility](#)
- [Apology \(Big 4\)](#)
- [Apology \(Allied Health\)](#)
- [Practice Standard](#)
- [New BC Health Professions and Occupations Act](#)

Appendix 2: Patterns of Resistance

Source: PHSA Patterns of Resistance.

1. **Denial.** Thinking that attempts to push away or negate the issue or responsibility for Indigenous specific racism. Denial can be around refusal to acknowledge the pervasiveness or extent of the racism and/or about one's personal complicity with participating in, perpetuating, and upholding structures of racism. Denial blocks one's ability to truly comprehend the significance of ISR and/or projects the issue as being outside one's personal scope, in turn (either consciously or subconsciously) de-prioritizing the work of eradicating it.
2. **Whitewashing.** Whitewashing involves operating on the false assumption that we just need to respect and/or be nice to each other and the problem will go away or be solved. This can be connected to varying forms of sentiments like "we are all human", "I don't see race", or "he/she/they are good people", ideas that disguise and distract people from recognizing that racism cannot be 'fixed' through good intentions but rather requires acknowledging and addressing the very real and ongoing impacts of Indigenous specific racism.
3. **Stuck in Anger/Guilt.** When people learn the truth about colonization and begin to realize the full extent and implications of Indigenous specific racism, they often feel outrage, disbelief, and a deep sense of injustice. Feelings of guilt may also come up, guilt for not having known the history and current reality sooner, guilt for what ancestors may have done, and/or guilt for benefitting from intergenerational privilege at the expense of Indigenous peoples. While these sentiments are important to acknowledge, it is necessary to process, unpack and move through these emotions in order to move towards meaningful responses.
4. **Awareness Fatigue.** The more people learn about colonization and Indigenous specific racism, the more they will begin to realize how longstanding and pervasive the issue is. Once one begins to understand and see, it is impossible to un-see. For those who have the privilege of not having had to think about racism, the new awareness can be exhausting and can lead to an urge to disengage. If this urge arises, it is important to remember that countering privilege is about finding ways to stay engaged and build the resilience needed to sit with and move through awareness fatigue. It can also be helpful to remind oneself that some people don't have the luxury of being able to choose not to think about it.
5. **Incapacitated by Fear.** As people learn about Indigenous specific racism, the responsibility to do something looms large. Alongside that responsibility, a fear of making mistakes or causing more harm can also set in. When coupled with a feeling of not knowing what to do, the fear can become immobilizing. This is particularly potent within white supremacy culture, where characteristics like perfectionism, defensiveness, right to comfort,

and power hoarding are emphasized. It is important to remind oneself that learning from mistakes can only happen through engagement, vulnerability, and openness to feedback.

- 6. Narrative of Exception(alism).** For some people, the journey of learning about Indigenous specific racism is a seamless one. It all makes sense and the importance of eradicating ISR is clear. No stuckness is felt and no resistance seems to manifest. These people often embrace the learning wholeheartedly and try to spread the learning, starting conversations with partners, family members, or friends. For these people, there can also be a distancing from the problem, with ready learners associating themselves as knowing more and doing better than their peers. This narrative of exceptionalism can be a barrier as it can prevent one from seeing the ways in which one is part of the problem.
- 7. Hierarchy of Oppressions.** For people who experience (other forms of) racism or oppression, the focus on Indigenous specific racism may feel like a threat or detract from an acknowledgement of their own experiences of discrimination. This “what about me?” response is grounded in white supremacy values of either/or and scarcity of resources, a divide and conquer approach that pits marginalized groups against each other and perpetuates a hierarchy of oppressions. It is important to ground in a both/and approach instead, taking the time to understand how eradicating Indigenous specific racism is beneficial for everyone and sets a foundation for addressing all forms of racism and oppression.
- 8. Jumping to Solutions.** Another white supremacy culture characteristic that often surfaces when learning about Indigenous specific racism is a sense of urgency. Once people learn how devastating the harms have been and continue to be, they want to fix it – right now. Indigenous specific racism has been pervasive for hundreds of years. We are not likely to eradicate it in our lifetimes, though we can certainly contribute to the work and pave the way for generations to come. Anyone who thinks they have the solution may be approaching it with a saviour mentality, which is grounded in the deeply racist idea that (white) people know better.
- 9. Displacing the Work.** While it is important to recognize that the work of eradicating Indigenous specific racism must be led by Indigenous thought leadership – that is, the critical perspectives, lenses, and insights of Indigenous leaders who bring lived experience of and expertise in ISR – this principle often gets conflated with the idea that Indigenous people should be doing the work. This is further compounded when Indigenous leadership is absent or when Indigenous representation is tokenized, with the work then being sidelined or displaced. The responsibility for eradicating Indigenous specific racism lies with non-Indigenous people. Settlers must distinguish between following Indigenous leadership and relying on Indigenous colleagues to do the work. The question of how to center Indigenous thought leadership whilst not placing the burden of labour on Indigenous people should be constantly front of mind.

Appendix 3: Examples of Good Ideas & Good Practices for each action

Note: These are not comprehensive or sufficient on their own but are shared here to help you get moving if you are stuck.

	EXPECTATION	GOOD IDEA / GOOD PRACTICE	RESOURCES
1.	Uphold inherent rights and title of BC First Nations, as well as inherent rights to health and wellness of Indigenous peoples (First Nations, Métis, and Inuit) from elsewhere in Canada who live in BC.	<ul style="list-style-type: none"> Rotating responsibility for a slightly longer land acknowledgement at each meeting (e.g., 10 minutes). Identify and attend public events hosted by local nations. Walking meetings to visit monuments and artworks created by local nations as part of in-person meetings. These often hold important laws, teachings, and histories of the places where we work. For example, poles in Stanley Park or Signs of Lekwungan in Victoria. Explore booking space for meetings/retreats at a First Nation community where your office is located and potentially expand to all territories in BC. Venue, catering costs etc. will go directly to the community and the group has opportunity to learn about that community. 	<ul style="list-style-type: none"> BOOKLET. FNHA Territory Acknowledgements Information Booklet YOUTUBE. Transformative Territory Acknowledgements from Len Pierre BOOKLET. Doctors of BC Guide to Indigenous Land Acknowledgements
2.	Strengthen relational approaches through deep engagement with individual journey.	<ul style="list-style-type: none"> Eat meals together Create opportunities for debriefing hard meetings, especially inquiry committees Invite Indigenous guests to speak Create a handbook for new board & committee members 	<ul style="list-style-type: none">
3.	Build collective stamina, resilience, and discipline to deal with uncomfortable truths	<ul style="list-style-type: none"> Review example from Canadian Public Health Association of acknowledging a mistake & sharing how they undermined advice of an Indigenous Guidance Council. 	<ul style="list-style-type: none">

4.	Embed mechanisms for consistent and collective action to eliminate Indigenous specific racism on all Boards & Committees	<ul style="list-style-type: none"> • Include a section at the start of all briefings/presentations that shares all related instructions from TRC, MMIWG 2SLGBTQIA+, In Plain Sight reports. (What instructions have we been given by Indigenous people on this topic?) • Add Indigenous rights and anti-racism questions to board briefing notes “questions to consider” section. • Initiate an Unlearning Club for all board and committee members (3h commitment per month for 17 months). • Add yours here... 	•
5.	Disrupt settler-colonial approaches to respect and include governance protocols from the territory (uphold legal pluralism)	<ul style="list-style-type: none"> • Use the OPHO’s Rapid Colonial Knot Review Tool to review policies and other written materials. • Avoid Roberts Rules 	•
6.	Recruit & retain Indigenous Board & Committee members as we move toward shared decision making with Indigenous Peoples	<ul style="list-style-type: none"> • Ask BCCNM to learn more about their pro-active approach. • Consider reserving Indigenous-specific positions. • Add yours here... 	•