

# Truth and Reconciliation and the Arthritis Community: A Call for Collective Action

By Terri-Lynn Fox, PhD; and Cheryl L. Koehn, President, Arthritis Consumer Experts

The theme of the recently held 2022 Canadian Rheumatology Association and Arthritis Health Professions Association Annual Scientific Meeting was “Towards Equity: Rheum for Everyone.” To move towards equity in arthritis, the community must take meaningful action beyond working to provide equitable care. It must come together and take meaningful and respectful action on Truth and Reconciliation.

Arthritis affects Indigenous peoples more significantly and more severely than non-Indigenous populations. Specifically, Indigenous peoples in Canada experience:

- Higher rates of inflammatory arthritis such as lupus, rheumatoid arthritis and ankylosing spondylitis;<sup>1</sup>
- Higher rates of death from lupus and its complications compared to non-Indigenous patients;<sup>2</sup>
- Worse disease outcomes in early rheumatoid arthritis compared to white patients. This means slower improvements in pain and swelling and less likelihood of achieving remission;<sup>3</sup>
- Fewer visits to specialists than the non-Indigenous population as well as significantly more hospitalizations due to arthritis complications;<sup>4</sup> and
- Lower rates of evidence-based inflammatory arthritis therapies being used among Indigenous people despite the disease being more severe;<sup>4</sup>

Yet today, the path to appropriate, timely care for an Indigenous person dealing with debilitating symptoms of inflammatory and non-inflammatory arthritis continues to be rooted in systemic racism, implicit bias and geographical challenge.<sup>4,5</sup> To address this, the arthritis community — rheumatology researchers, healthcare professionals, and patient organizations and their members — needs to start at the beginning by learning about and understanding the historical and intergenerational trauma and pain Indigenous peoples with arthritis survived and continue to deal with because of policies such as the Indian Act (1876) and Indian residential and day schools.

The Truth and Reconciliation Commission was formed to address and reckon with the horrific legacy of forced assimilation and abuses brought on Indigenous peoples by the residential school system. The Commission’s final report contained 94 Calls to Action that Canadians must take for Truth and Reconciliation to truly occur. Calls to Action #18 to 24<sup>6</sup> are specifically related to Indigenous peoples’ health.

Call to Action #22 requires us — those who can effect change within the Canadian healthcare system — “to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal leaders and Elders, where requested by Aboriginal patients.” Bridging academic/institutional medical practice with Indigenous healing practices and belief — the intentional and respectful merging of two worldviews — will facilitate bringing together mainstream society and Indigenous peoples’ paths in unity, equity, fairness and harmony, and begin to address harmful gaps in arthritis models of care.

The Truth and Reconciliation Commission Calls to Action are a starting point to guide our arthritis community that numbers six million-plus in Canada. If we work and act together on Call to Action #22, we can meaningfully contribute to efforts towards “Reconcili-ACTION” and the design and delivery of healthcare that is knowledgeable of, and supports, Indigenous approaches to health and wellness.

The Truth and Reconciliation Commission’s Final Report is a testament to the courage of each survivor and family member who shared their story, which continue to resonate today six years after the report’s release.

The time for arthritis community action is now. Walk with us.

*Dr. Terri-Lynn Fox is an Indigenous Scholar and Indigenous Person living with rheumatoid arthritis.*

*Cheryl L. Koehn is the president of Arthritis Consumer Experts and a settler-colonial living with rheumatoid arthritis*

#### References:

1. McDougall C, Hurd K, Barnabe C. Systematic review of rheumatic disease epidemiology in the Indigenous populations of Canada, the United States, Australia, and New Zealand. *Semin Arthritis Rheum.* 2017; 46(5):675-686.
2. Hurd K, Barnabe C. Mortality causes and outcomes in Indigenous populations of Canada, the United States, and Australia with rheumatic disease: a systematic review. *Semin Arthritis Rheum.* 2018; 47(4):586-592.
3. Nagaraj S, Barnabe C, Schieir O, et al. Early rheumatoid arthritis presentation, treatment, and outcomes in Aboriginal patients in Canada: A Canadian early arthritis cohort study analysis. *Arthritis Care & Research.* 2018;70(8):1245-1250. <https://doi.org/10.1002/acr.23470>.
4. Loyola-Sanchez A, Hurd K, Barnabe C. Healthcare utilization for arthritis by Indigenous populations of Australia, Canada, New Zealand, and the United States: A systematic review. *Semin Arthritis Rheum.* 2017; 46(5):665-674.
5. Thurston WE, Coupal S, Jones CA, et al. Discordant indigenous and provider frames explain challenges in improving access to arthritis care: A qualitative study using constructivist grounded theory. *International Journal for Equity in Health.* 2014; 13(1). <https://doi.org/10.1186/1475-9276-13-46>.
6. Government of Canada. Truth and Reconciliation Commission of Canada: Calls to Action. Available at <https://publications.gc.ca/site/eng/9.801236/publication.html>. Accessed March 7, 2022.