

# **Two Row Wampum, Human Rights and The Elimination of Tuberculosis from High-Incidence Indigenous Communities**

**Chair:** Richard Long

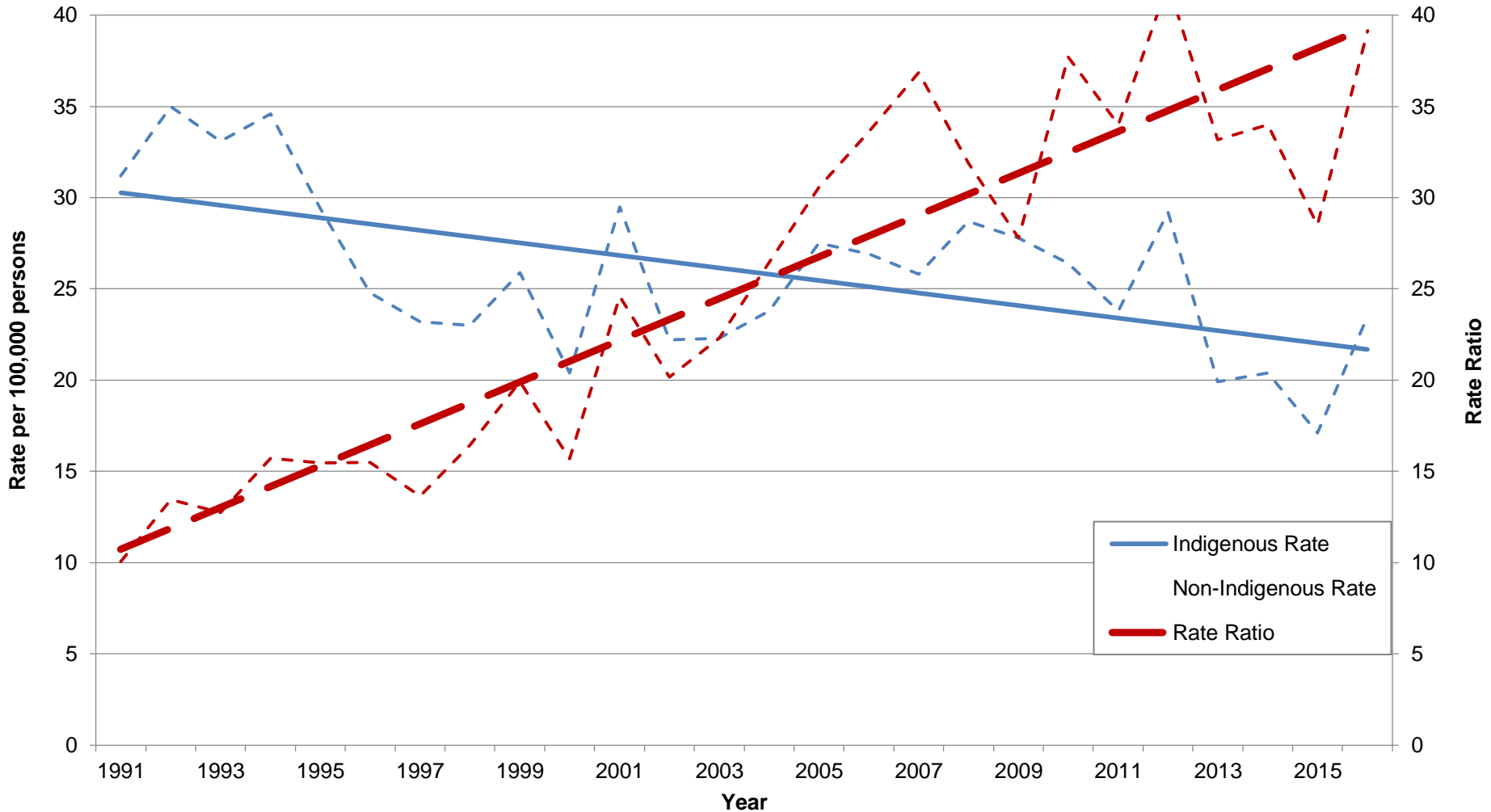
**Panelists:** Lori Sparling, Diane Janvier,  
Courtney Heffernan, Melissa Cardinal-Grant

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# Four Principles of the WHO End TB Strategy

- Government stewardship and accountability, with monitoring and evaluation
- Strong coalition with civil society organizations and communities
- Protection and promotion of human rights, ethics and equity
- Adaptation of the strategy and targets at country level, with global collaboration

## TB Incident Rate Ratio: Indigenous vs. Non-Indigenous Canadian-Born



The incidence of TB in the Indigenous population of Canada divided by the incidence of TB in the Canadian-born non-Indigenous population of Canada – i.e., the rate ratio, over time (1991-2016).



# Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve





This renewal was divided into three themes:

1. Preventing, Diagnosing and Managing TB
2. Targeting Populations at Greatest Risk
3. Developing and Maintaining Partnerships



## Reading Wampum

## The Allegorical Two-Row Wampum Belt

- High incidence Indigenous communities
- Indigenous organizations and natural law

### Ethical Space

- Government stakeholders (federal, provincial, regional)
  - TB Programs / Public Health

**The allegorical Two Row Wampum Belt, a respectful and meaningful way for high TB-incidence Indigenous communities and government/programmatic stakeholders to relate to one another.**

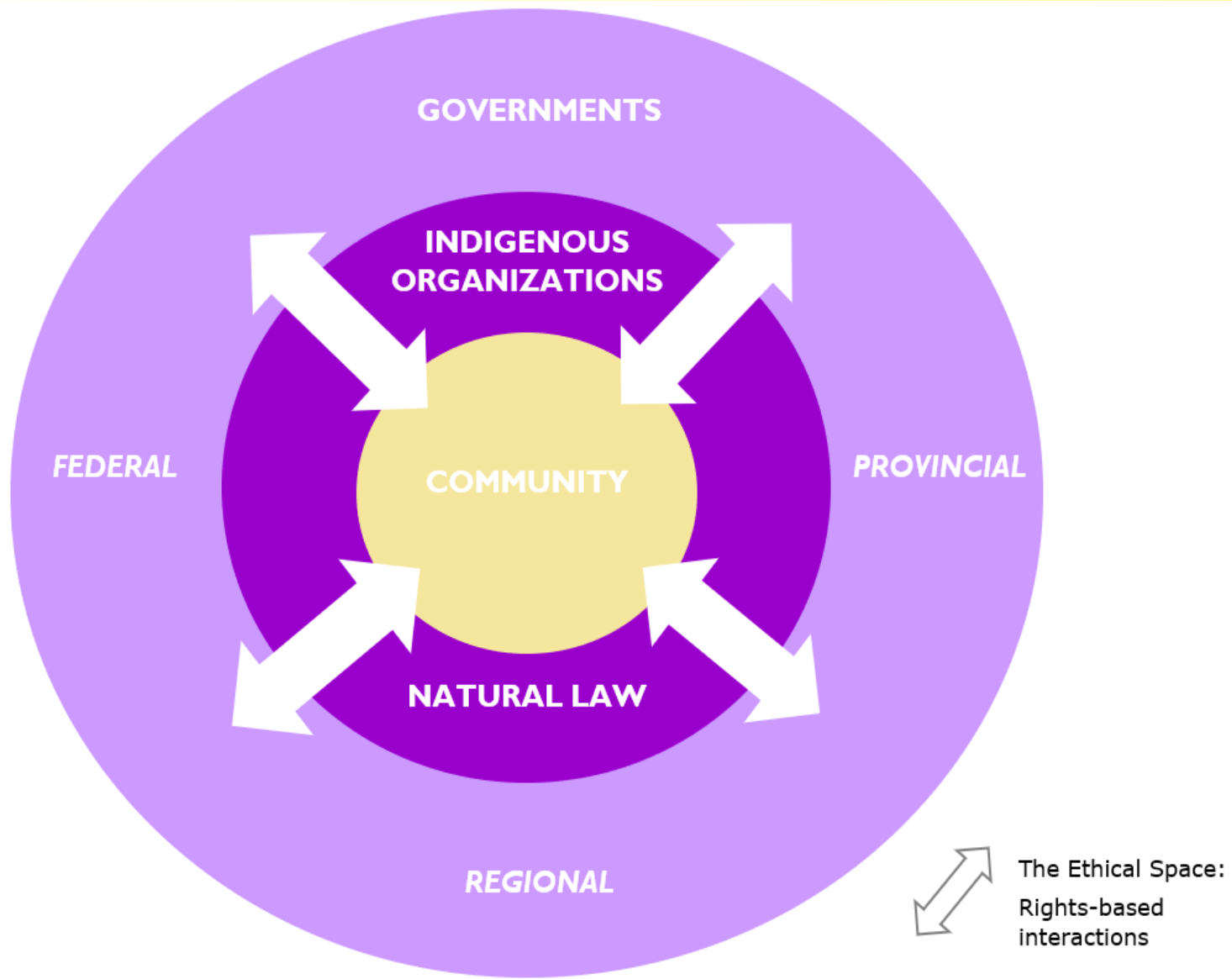
# Human Rights, Indigenous Peoples and Tuberculosis Prevention and Care

- Patients' Charter for Tuberculosis Care (2006)
- United Nations Declaration on the Rights of Indigenous Peoples (2007)
- Jordan's Principle (2007)
- Truth and Reconciliation Commission of Canada (2015)

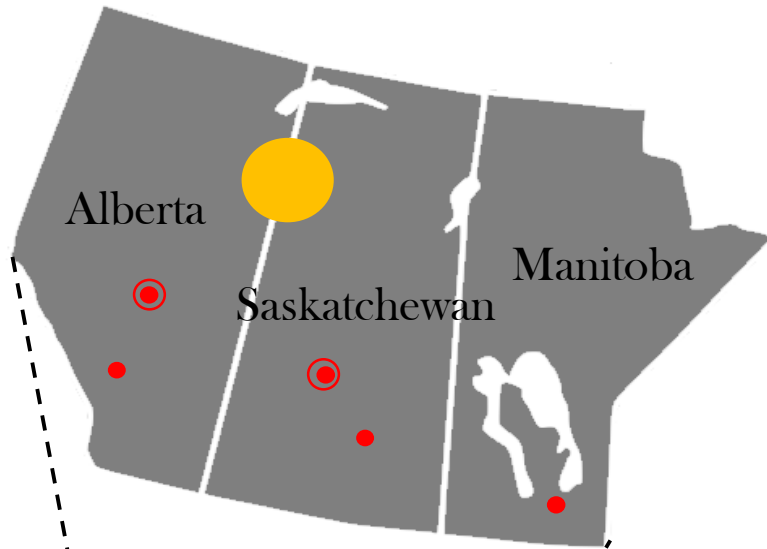


## United Nations Declaration on the Rights of Indigenous Peoples (2007), Article 23:

“Indigenous peoples have the right to determine priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and economic and social programs affecting them and, as far as possible, to administer such program through their own institutions”

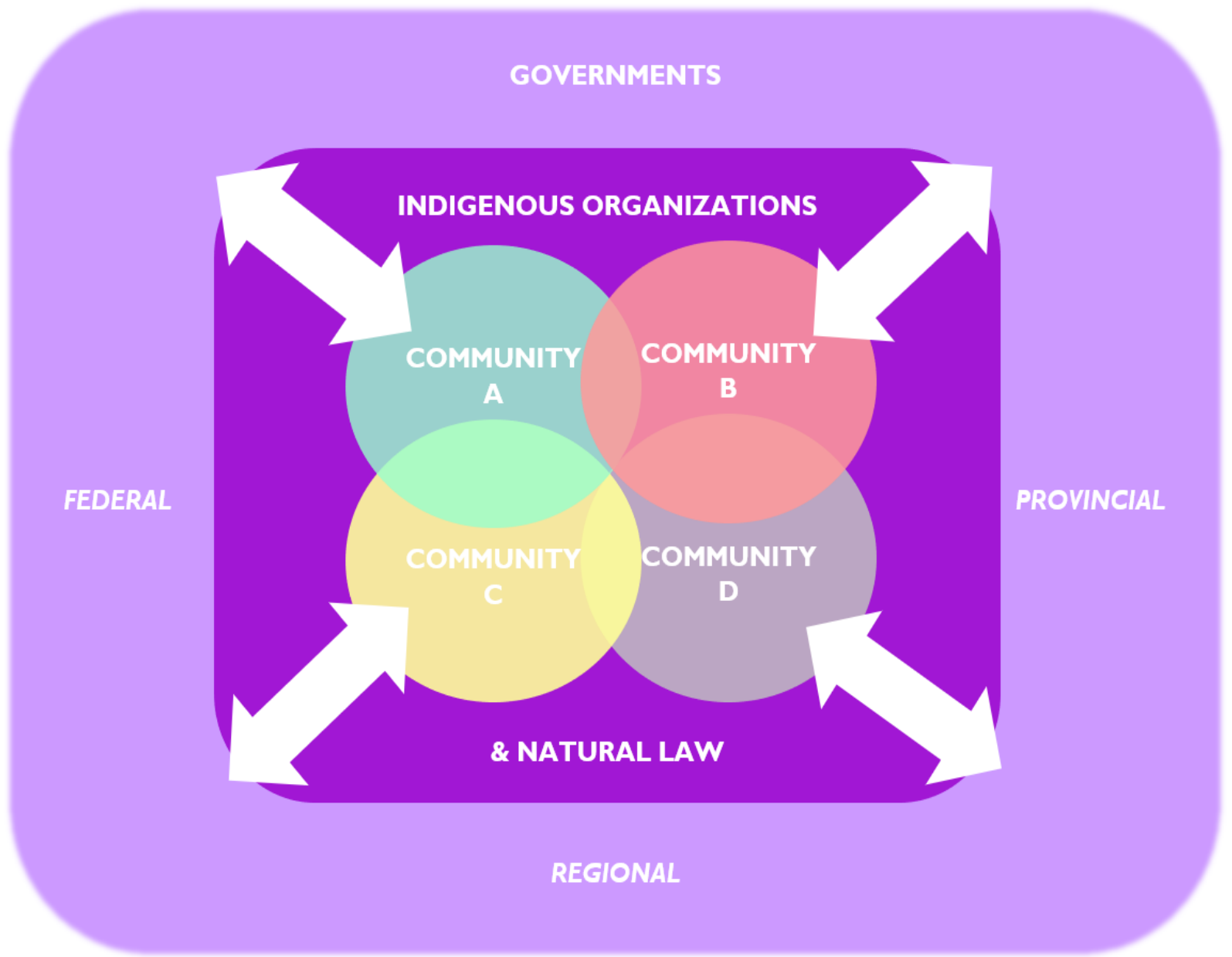


**A graphical depiction of a single community engagement format.**



**Map of Canada highlighting the three prairie provinces. The four high-incidence communities are located in an area that spans the border of Northern Alberta and Saskatchewan (yellow circle).**

**The major metropolitan areas in each province are noted in red; Edmonton and Saskatoon, home to the University of Alberta and the University of Saskatchewan, respectively, are circled.**



**A graphical depiction of a multiple community engagement format.**

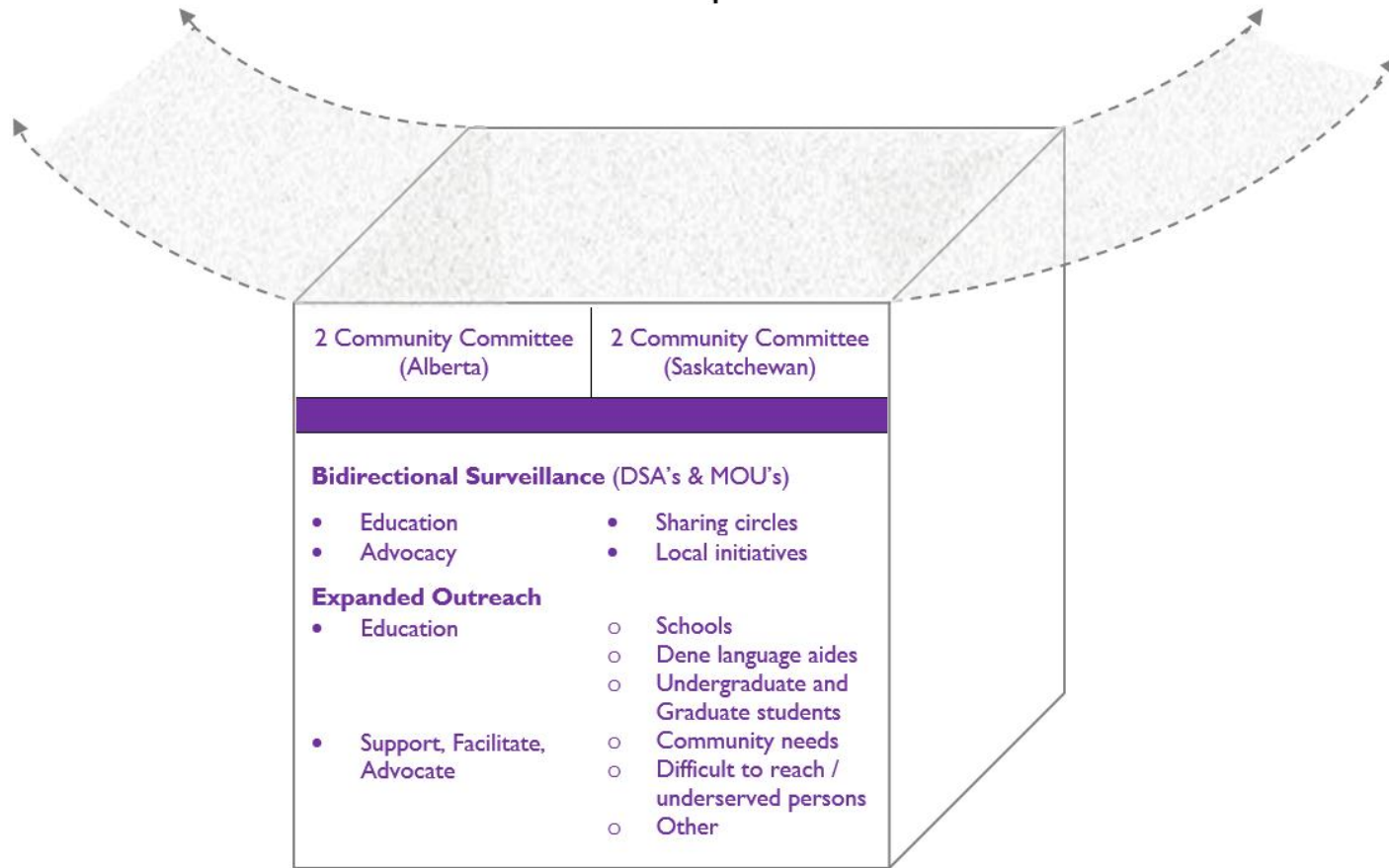


In Phase 2, two local level interventions were agreed to by way of consensus:

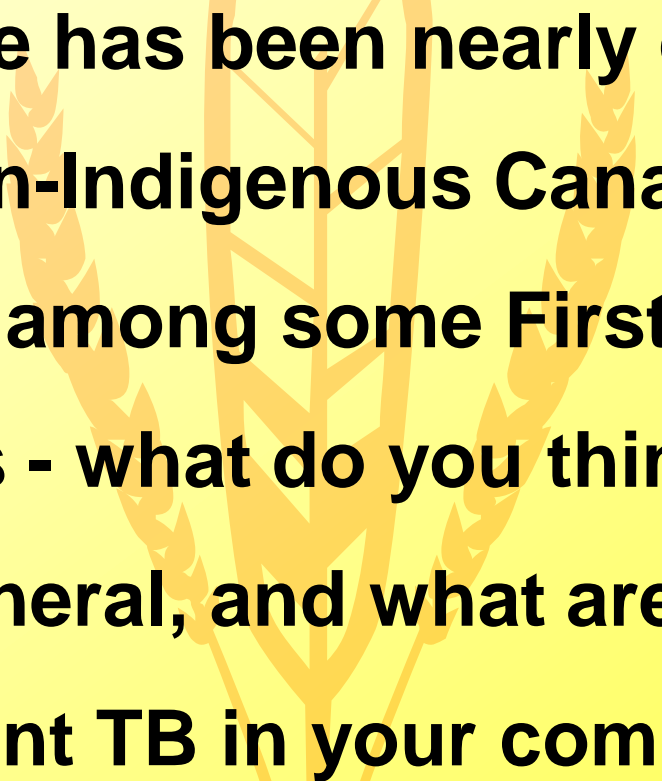
1. region-specific surveillance and translation of those surveillance data back to the community
2. an expanded program of outreach that has as its primary focus community wellness

# All Stakeholder Public Health Coalition: History, Human Rights

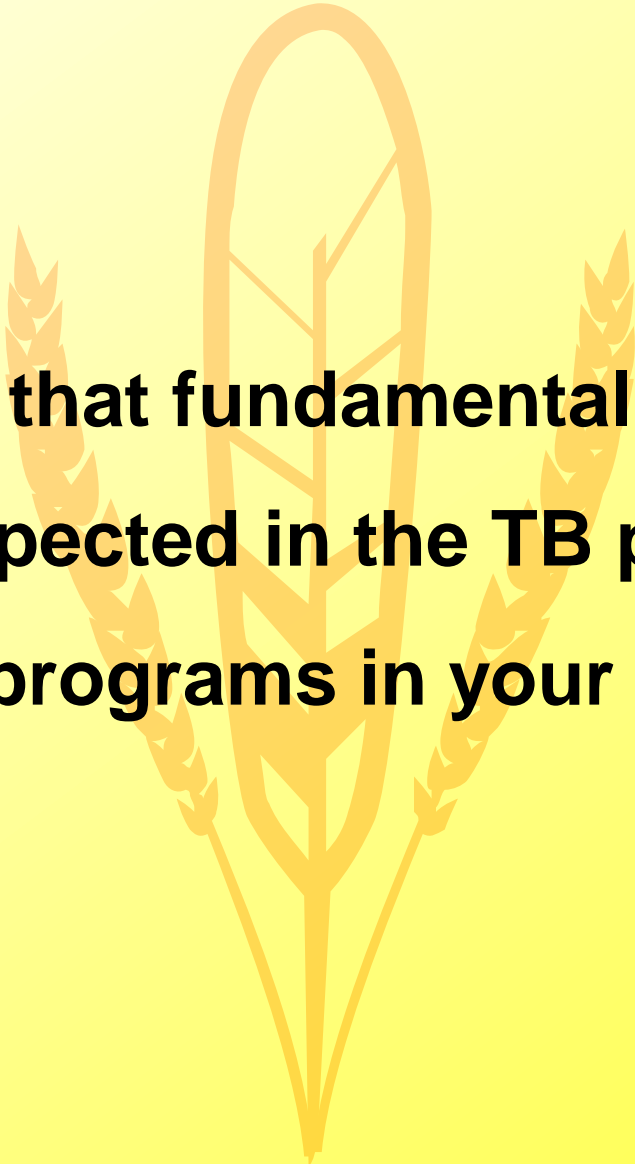
## Ethical Space



The community TB committees and the local level interventions/activities undertaken; their interface with government/programmatic stakeholders in an ethical space. The theoretical space may, ultimately interface with all high-incidence Indigenous communities in Canada—see dotted lines encompassing a larger space and many more communities. DSA – data sharing agreements; MOU – memorandum of understanding

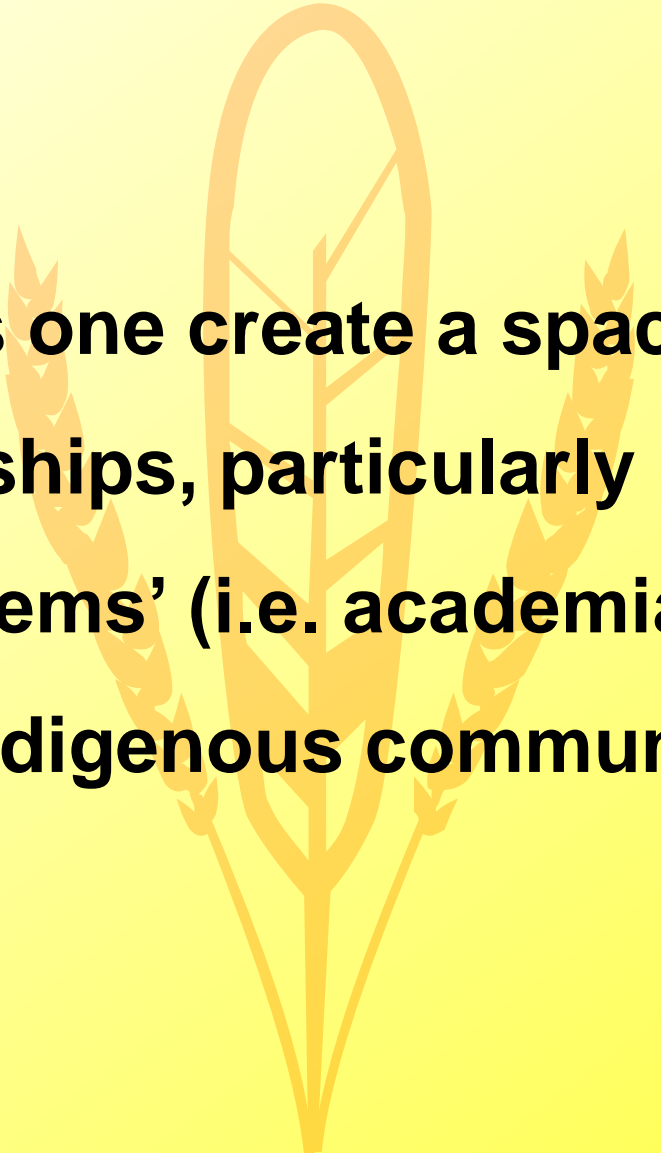


**TB disease has been nearly eliminated among non-Indigenous Canadians, but persists among some First Nations communities - what do you think the root of this is, in general, and what are the roots of persistent TB in your community?**



**Do you think that fundamental human rights  
have been respected in the TB program and/or  
prevention programs in your community?**





**How does one create a space to build relationships, particularly between ‘Western systems’ (i.e. academia, health care) and Indigenous communities?**