



FEMMES AUTOCHTONES DU QUÉBEC INC.
QUEBEC NATIVE WOMEN INC.

**Press release
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Investigation into the death of Joyce Echaquan: Quebec Native Women speaks out

Kahnawake, May 28, 2021 — The public hearings into the death of Joyce Echaquan, which began on May 13, have generated a lot of emotion. Viviane Michel, President of Quebec Native Women (QNW), appeared today at the Trois-Rivières courthouse to speak on behalf of the organization.

The degrading attitude of the staff at the Centre Hospitalier de Lanaudière is unfortunately not a surprise to QNW. It is in fact the type of treatment that Indigenous women in Quebec have experienced since the beginning of colonization. Not only do they suffer prejudice because they are Indigenous, but they also suffer prejudice associated with the "squaw", which presents the Indigenous woman as a bad, unworthy and incapable mother, inevitably addicted to drugs. These stereotypes are identified by the *National Missing and Murdered Indigenous Women and Girls Survey* (hereafter NMMIWG) report.

Despite this, the latter, internalized by more than 150 years of colonialism, are immune to the social influence that could either contest or erode them. The video recording of Joyce Echaquan before she died is clear evidence of this, as it contains all the stereotypes identified by NMMIWG.

Moreover, the racism documented in this tape is not an isolated case. It is a manifestation of systemic discrimination experienced on a daily basis by Indigenous women in Quebec, particularly in the health care system.

QNW believes that the racist and misogynistic bias against Ms. Echaquan has influenced the poor quality of care and the response of staff to her distress and needs. She was not given the attention and dignity she deserved as a person because she was an Indigenous woman.

"A preventable tragedy occurred at the Centre Hospitalier de Lanaudière when Joyce Echaquan went there for care. She had been in intense pain for weeks and instead of regaining her health, she died there," said Viviane Michel, President of QNW.

QNW's expert, Dr. Browne, also testified at the courthouse by confirming the existence of such stereotypes about Indigenous women and that health care workers discriminated against Joyce Echaquan because of these same prejudices.

In particular, the expert noted that one of the most pervasive and damaging stereotypes in the minds of Canadians is that Indigenous people are more likely to use alcohol or substances than other Canadians. The impact of this prejudice and the resulting actions of health care providers lead to misdiagnosis and mistrust of the health care system by Indigenous people. Indeed, it is found that in many cases, Indigenous women avoid seeking health care for fear of being negatively judged and reprimanded by health care providers, and in the worst cases, being placed under surveillance, possibly resulting in the removal of their children.

Dr. Browne also points out the special case of chronic pain. According to her testimony, it is invisible, misunderstood and misdiagnosed pain that is more often experienced by women and can be linked to intergenerational trauma, among other things. Chronically ill patients are misunderstood, face disbelief and are not taken seriously. This is even more true for Indigenous women because of the stereotypes attached to them. To consult the complete expert document presented during his testimony, please refer to the following link: <https://www.faq-qnw.org/wp-content/uploads/2021/05/Dr.-Annette-J.-Browne-Expert-Witness-Written-Submission-May-28-2021.pdf>

While the Canadian Charter of Rights and Freedoms guarantees that every Canadian is entitled to constitutional and human rights protection from discrimination, the ongoing prejudice and poor health outcomes experienced by Indigenous peoples within the health care system reflect an ongoing denial of basic human dignity that is deeply rooted in the history of colonialism in Canada. Thus, several recommendations were addressed to the Coroner.

"We see this as a social problem that goes well beyond racism, prejudice or implicit individual bias. Therefore, it is for these reasons that we consider that the recommendations must go beyond those specific to the Lanaudière Hospital or individual recommendations, but that for a real protection of human life, the systemic problem of racism must be addressed." attests Viviane Michel, president of QNW.

QNW and Dr. Browne also recommend that anti-racism and cultural safety training be implemented. These trainings must take a feminist and intersectional approach to the discrimination experienced by Indigenous women. They must address the prejudices and realities of Indigenous women as well as systemic discrimination. They must also address cultural safety and the particular needs of Indigenous women in order to adapt care accordingly. It is necessary that these trainings be done in real collaboration with Indigenous organizations or individuals, who have the expertise and knowledge.

However, these trainings will not be enough to change the system. Changing the knowledge, attitudes and behaviours of individuals and institutions cannot be sustained without organizational support, policy direction, accountability mechanisms and action within professional bodies and unions: training and education must be integrated as part of a much broader system change.

Finally, it is imperative to put in place accountability mechanisms in cases of racism and discrimination and to do so, the Joyce's Principle must be adopted in the Quebec health and social services network, which includes many relevant recommendations on these latter issues.

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