

Editorial

Cultural safety: a key concept for health promotion in times of Covid-19 and systemic racism ‘syndemic’

On 26 September 2020, Ms Joyce Echaquan, a 37-year-old Atikamekw mother of 7, arrived at a hospital center in Joliette (Québec, Canada) by ambulance. She was seeking medical assistance for acute abdominal pain of unknown cause that she started experiencing the day before. She was quickly stereotyped by the clinical team as a drug addict and a difficult, noncooperative patient (Kamel, 2021). Based on these prejudices, her pleas for help were essentially ignored. On 28 September, in the moments before she died from heart failure with pulmonary edema, Echaquan video-captured racist and degrading comments from healthcare workers with her cell phone, powerfully broadcasting to the world the prejudicial treatment experienced by Indigenous people in the healthcare system.

Ms Echaquan’s mistreatment in the Canadian healthcare system is but one particularly shocking and telling manifestation of systemic racism, an inequitable system of practices and structures that contribute to the exclusion and oppression of minority groups in societies (Amnistie Internationale, 2020). Systemic racism is rooted in past and ongoing colonialism, of which the medical establishment is both an accomplice and an instrument (Shaheen-Hussain, 2021). Systemic racism is at the root of Echaquan’s mistreatment in a care environment that lacked culturally appropriate resources, was characterized by biased behavior and inequitable practices, and in which racist attitudes and comments were tolerated.

While anti-Indigenous racism is rampant in the health systems of colonized countries, the coronavirus (Covid-19) outbreak has only worsened the situation. For example, in Australia, some Aboriginals and Torres Strait Islanders were denied testing, and others have been personally blamed for their inability to

follow recommendations after becoming infected with the virus (Tsirtsakis, 2020). In the USA, Native Americans have been targeted as vectors of the disease and asked to return to their reservation (Phippen, 2020). In Brazil, a congressional inquiry committee recommended that President Bolsonaro be charged with genocide and crimes against humanity for his deliberate neglect of Indigenous groups in the context of the pandemic (Phillips, 2021). The vulnerability of Indigenous peoples to various health and ecological crises is compounded by systemic racism. But more than ever, Covid-19 has made it clear that those who are already being treated unfairly will suffer disproportionately, which is morally, ethically and politically unacceptable.

COVID-19 HAS INCREASED INEQUALITIES AND CULTURAL INSECURITY FOR INDIGENOUS PEOPLES

It is no secret that the social and cultural determinants of health of Indigenous communities are closely linked to a continuing history of colonialism and its devastating consequences, such as forced displacement and relocation, forced assimilation, genocide, institutional violence and systemic racism. As a result of these inequitable systems, Indigenous populations are more likely than other groups to experience life adversity such as intergenerational poverty and traumas, social deprivation, housing issues, family violence, chronic exposure to stress and barriers in access to quality health care (Paradies *et al.*, 2008; Allan and Smylie, 2015). In turn, these harsh living conditions translate into shorter life expectancy, and poorer physical and mental health. This is the context in which the Covid-19 pandemic is occurring. Unsurprisingly, because the virus has spread

following patterns of social inequalities, Covid-19 has disproportionately impacted Indigenous populations around the world (Collin-Vézina, Brend *et al.*, 2020; Curtice and Choo, 2020; McLeod *et al.*, 2020; Power *et al.*, 2020). It has been suggested that the Covid-19 is not a pandemic, but a ‘syndemic’, i.e. an epidemic that spreads synergistically with pre-existing inequitable social conditions (Horton, 2020). In the case of Indigenous populations, this syndemic is the result of the overlay of the Covid-19 pandemic on patterns of vulnerability established by systemic racism and colonialism.

While there is no doubt that the Covid-19 syndemic has generally worsened health inequities for Indigenous populations worldwide, it must be recognized that many of the public health strategies developed also increase social inequities and cultural insecurity because they are blind to the specific needs of Indigenous peoples (Collin-Vézina *et al.*, 2020; Power *et al.*, 2020). For instance, around the world many Indigenous peoples live in small dwellings and multigenerational households; some do not have access to essential resources such as clean water, disinfectant, sanitation (Curtice and Choo, 2020; Power *et al.*, 2020). In this context, it can be difficult to comply with basic prevention strategies like physical distancing, frequent hand washing, surface disinfection or self-isolation when experiencing symptoms. In addition, public health measures have important financial implications for Indigenous groups who fall outside of formal the social and financial protection systems put in place in this time of crisis. In this context, public health strategies such as school closings, confinement and physical distancing contribute to material deprivation and food insecurity and prevent Indigenous peoples from engaging in traditional activities deemed essential to community and ecological well-being, like engaging with the land, performing cultural activities and participating in traditional ceremonies or gatherings (United Nations, 2020). Culturally blind public health measures are another manifestation of systemic racism that increase vulnerability and insecurity for Indigenous populations.

In May 2020, the Department of Economic and Social Affairs of the United Nations released a list of recommendations to include the specific needs and priorities of Indigenous peoples in the fight against Covid-19, including the need to involve Indigenous peoples in responses to the pandemic, to foster culturally appropriate measures, and to respect Indigenous peoples’ right to self-determination in the fight against Covid-19 (United Nations, 2020). These recommendations align closely with the cultural safety approach.

CULTURAL SAFETY IS A RELEVANT CONCEPT TO ENVISION A HEALTH PROMOTION RESPONSE TO THE COVID-19 SYNDEMIC

It has been suggested that community participation, equity and cultural sensitivity are key to a successful management of the Covid-19 syndemic (Mahmood *et al.*, 2021). All these principles are also embedded in the idea of cultural safety, a concept developed by Māori nurse Ramsden (Ramsden, 2002). This concept encourages a critical examination of the healthcare system that recognizes the impact of colonization and racism on Indigenous health, as well as the inherent power relationships underlying its structures and practices (Gerlach, 2012; Mackean *et al.*, 2020). Cultural safety is a radical paradigm shift from other approaches that maintain a focus on the interactions between patients and providers (e.g. cultural awareness, cultural competency), because it is based on a politicized understanding of health and of racial power inequities (Brascoupé and Waters, 2009; Curtis *et al.*, 2019). Conceived as an ‘outcome of nursing (...) education that enables safe service to be defined by those that receive the service’ (Ramsden, 2002), cultural safety privileges the autonomy and self-determination of Indigenous populations in relation to their health services, and as such, promotes their empowerment (Gerlach, 2012). In order to achieve cultural safety, public and governmental institutions must acknowledge the impact of colonialism and racism on Indigenous health, and accept Indigenous difference, exceptionality and expertise.

Cultural safety is a relevant concept for health promotion, because it aligns well with the core principles of the field, such as equity, social justice, participation and self-determination (de Leeuw, 2019). Surprisingly, few articles published in our journal address cultural safety: a quick search found only two articles dealing with this concept (de Leeuw, 2019; Mackean *et al.*, 2020). Cultural safety is an idea that has not yet made significant headway in the field of health promotion, perhaps because it emerged from the healthcare field and may misleadingly be interpreted as having a curative connotation. However, cultural safety is fundamentally about dismantling colonialism and systemic racism in the health system, promoting equity in health and empowering Indigenous populations. As a critical, equity-based approach to system transformation (Curtis *et al.*, 2019), cultural safety offers unique potential to reorient health services in line with the normative ideal of health promotion.

In accordance with the Ottawa Charter (World Health Organization, 1986), ‘health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components’. Over the last decades, health promotion has given little attention or in the opinion of some, failed in its role of reorienting health services (Wise and Nutbeam, 2007; Nutbeam, 2008). The Covid-19 outbreak is a significant opportunity for health promotion to reinvest the field of health services, which have received much of the public attention and the resources to date. As such, cultural safety is a powerful concept to reflect on how health promotion can reorient health services and foster equitable health policies in times of Covid-19 syndemic.

REINVIGORATE A COMMITMENT TO CULTURAL SAFETY

The advent of the COVID-19 outbreak is, without doubt, one of the most challenging events faced by our modern societies. The pandemic has tested the resilience of our systems, increased social inequities, and disempowered individuals and communities regarding their health, leaving health promotion shaken to its core (Gulis, 2020; Van den Broucke, 2020; Catford, 2021). The Covid-19 syndemic provides an opportunity for health promotion to highlight social vulnerabilities related to systemic racism in our societies and to propose relevant responses to social and cultural inequalities underlying health and health services. To do this, the health promotion community must engage with the concept of cultural safety head-on, through the development and implementation of participatory, empowering and decolonizing approaches to research and practice. These approaches, rooted in a critical perspective of the cultural and power inequities that underlie knowledge production, aim to support the empowerment of Indigenous peoples by repositioning Indigenous knowledge, beliefs and values at the center of research and institutions in our societies. As the think tank journal of the health promotion movement, *Health Promotion International* welcomes all contributions in this area.

On another level, the International Union for Health Promotion and Education, as well as our local health promotion associations and communities, should be involved in redesigning and advocating for policies to better address vulnerability created by systemic racism and colonialism. The upcoming IUHPE 2022 conference will


be an opportunity to do just that, as it will provide a forum to ‘challenge the foundations and directions for policy with regard to health, well-being and equity for health promotion’ (Jock *et al.*, 2021). In the current public health emergency, health promotion actors have the collective responsibility to work to renew and strengthen the commitment of governments and public institutions to culturally safe health policies and programs in which communities have control. To do this, health promotion will need to move from its ‘neutral’ position to become a more vocal actor engaged in the fight against complex systems of oppression. Our political leaders must recognize that promotion of equity, decolonization and culturally safe community-generated solutions are key to the war against Covid-19 syndemic.

ACKNOWLEDGEMENTS

The author would like to acknowledge Selma Chipenda-Dansokho for her careful review of this manuscript.

CONFLICT OF INTEREST

The author has no conflict of interest to declare.

Marie-Claude Tremblay 

E-mail: marie-claude.tremblay@fmed.ulaval.ca

REFERENCES

- Allan, B. and Smylie, J. (2015) *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada*. The Wellesley Institute, Toronto, ON.
- Amnistie Internationale (2020) Lexique pour l’antiraciste. <https://amnistie.ca/lexique-pour-lantiraciste> (October 27th, 2021, last accessed).
- Brascoupé, S. and Waters, C. (2009) Exploring the applicability of the concept of cultural safety to aboriginal health and community wellness. *Journal of Aboriginal Health*, 5, 6–41.
- Catford, J. (2021) Our tool kit for COVID ‘breakdown’ needs faith, hope and Hygiea. *Health Promotion International*, 36, 905–907.
- Collin-Vézina, D., Brend, D. and Beeman, I. (2020) When it counts the most: trauma-informed care and the COVID-19 global pandemic. *Developmental Child Welfare*, 2, 172–179.
- Curtice, K. and Choo, E. (2020) Indigenous populations: left behind in the COVID-19 response. *Lancet (London, England)*, 395, 1753.
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J. *et al.* (2019) Why cultural safety rather than cultural competency is required to achieve health equity: a

- literature review and recommended definition. *International Journal for Equity in Health*, 18, 174.
- de Leeuw, E. (2019) The quagmire of competence. *Health Promotion International*, 34, 1–4.
- Gerlach, A. J. (2012) A critical reflection on the concept of cultural safety. *Canadian Journal of Occupational Therapy*, 79, 151–158.
- Gulis, G. (2020) Health promotion is a pro-active discipline. *Health Promotion International*, 35, 1253–1255.
- Horton, R. (2020) Offline: COVID-19 is not a pandemic. *The Lancet*, 396, 874.
- Jock, B. W. I., Clavier, C., de Leeuw, E. and Frohlich, K. L. (2021) Dismantling the status quo: promoting policies for health, well-being and equity: an IUHPE2022 prelude. *Global Health Promotion*, 2021 Jun 16:17579759211019214. Epub ahead of print.
- Kamel, G. (2021) Rapport d'enquête concernant le décès de Joyce Echaquan. Bureau du coroner, Québec, CA, p. 28.
- Mackean, T., Fisher, M., Friel, S. and Baum, F. (2020) A framework to assess cultural safety in Australian public policy. *Health Promotion International*, 35, 340–351.
- Mahmood, M. A., Khan, K. S. and Moss, J. R. (2021) Applying public health principles to better manage the COVID-19 pandemic: “community participation,” “equity,” and “cultural sensitivity”. *Asia-Pacific Journal of Public Health*, 33, 951–952.
- McLeod, M., Gurney, J., Harris, R., Cormack, D. and King, P. (2020) COVID-19: we must not forget about Indigenous health and equity. *Australian and New Zealand Journal of Public Health*, 44, 253–256.
- Nutbeam, D. (2008) What would the Ottawa Charter look like if it were written today? *Critical Public Health*, 18, 435–441.
- Paradies, Y., Harris, R. and Anderson, I. (2008) *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*. Cooperative Research Centre for Aboriginal Health, Casuarina, NT, p. 28.
- Phillips, T. (2021) Bolsonaro should be charged with crimes against humanity, Covid inquiry finds. *The Guardian*, Guardian News and Media Limited.
- Phippen, J. W. (2020) *Bordering on Desperation*. Rolling Stone, New York, NY.
- Power, T., Wilson, D., Best, O., Brockie, T., Bourque Bearskin, L., Millender, E. et al. (2020) COVID-19 and indigenous peoples: an imperative for action. *Journal of Clinical Nursing*, 29, 2737–2741.
- Ramsden, I. (2002) *Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu*, Victoria University of Wellington, Wellington.
- Shaheen-Hussain, S. (2021) *Plus Aucun Enfant Autochtone Arraché: Pour en Finir Avec le Colonialisme Médical Canadien*. Lux, Montréal, CA.
- Tsirtsakis, A. (2020) *Experts Warn ‘Racism Will Cost Lives’ during Coronavirus Response*. NewsGP. The Royal Australian College of General Practitioners, East Melbourne, VIC.
- Lane, R. (2020) The Impact of COVID-19 on Indigenous Peoples, United Nations, Department of Economic and Social Affairs: NY . Policy Brief #70.
- Van den Broucke, S. (2020) Why health promotion matters to the COVID-19 pandemic, and vice versa. *Health Promotion International*, 35, 181–186.
- Wise, M. and Nutbeam, D. (2007) Enabling health systems transformation: what progress has been made in re-orienting health services? *Promotion & Education*, Suppl 2, 23–27.
- World Health Organization (1986) Ottawa charter for health promotion. *Canadian Journal of Public Health*, 77, 425–430.