

Dear Premier Legault,

Last week, Ian Lafrenière, Minister Responsible for Indigenous Affairs, confirmed that your government rejected adopting Joyce's Principle because the Coalition Avenir Québec (CAQ) still refuses to accept that systemic racism exists in provincial healthcare. This week, Environment Minister Benoit Charette, freshly named to lead Quebec's new ministry to fight racism, didn't wait long to deny the very existence of ... systemic racism! This is nothing less than a slap in the face to racialized communities in Quebec.

Moments before her death in Sept. 2020, Joyce Echaquan, an Attikamekw woman from Manawan, suffered brutal, racist and sexist treatment from healthcare providers at a Joliette hospital simply because she was an Indigenous woman. The CAQ government's stubborn refusal to adopt Joyce's Principle is infuriating. Infuriating, but not surprising. After all, you have actively denied the existence of systemic racism for years. This ideological position, despite the plethora of empirical facts and the medical literature that prove otherwise, is not only disingenuous, but is harmful because systemic racism causes unnecessary suffering, and, in extreme cases, quite literally kills people.

Over the course of my medical training and as a pediatric emergency physician, I have been involved in the care of tens of thousands of children. Like many others who work on the frontlines of healthcare, I can confirm that systemic racism is not only present throughout this province and the rest of the country, but that it causes avoidable harm. In my book *Fighting for A Hand to Hold: Confronting Medical Colonialism Against Indigenous Children in Canada**, I go beyond my personal experience to explore the long-standing practice that systematically prevented caregivers from accompanying their children during emergency MedEvac airlifts, which disproportionately impacted Eeyou (Cree) and Inuit communities from northern Quebec. Months before we launched the ultimately successful #aHand2Hold campaign in January 2018, a pediatric emergency clinician-researcher colleague shared with me his succinct but disarmingly accurate perspective of why this practice had persisted for so long: "The root cause unfortunately is systemic racism." Indeed, using Quebec's now-defunct draconian MedEvac practice as a case-study, my book exposes the genocidal crimes committed against Indigenous children by the healthcare system in Canada, with physicians often leading the charge: fomented smallpox epidemics and avoidable tuberculosis deaths; medical experiments and abuse in residential schools, Indian Hospitals, reserves, and communities; forced sterilization; child abduction and disappearances.

My book, which went through a rigorous and anonymous peer-review process by a well-respected academic publisher, relies on many sources, including the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission of Canada, the National Inquiry Into Missing and Murdered Indigenous Women and Girls, the Viens Commission and many scholarly historical works. For several years, you have actively promoted a book that laments the professed regression of "freedom of expression" in Quebec. In light of your concerns about "academic freedom," you recently even posted on social media how a handful of "radicals" are trying to "censor certain words and certain works." Yet, when I was doing research for the

book, it was jarring to realize the extent to which critically historical scholarship I relied on for my sources is currently excluded from healthcare training and professional programs. This form of institutionalized censorship is conveniently ignored by those who are quick to pose as the victims of censorship by “radicals” who wield very little actual power within the current educational system, but who are often simply — and often at great risk to their academic success — exercising their own freedom of expression, which includes the right to dissent against long-standing injustices.

You pride yourself on the importance of reading, which is commendable. Now that my book has been translated to French, I urge you to read it, paying close attention to the powerful contributions by Cindy Blackstock (foreword) and Ellen Gabriel (afterword). After learning about the far-reaching and ongoing medical violence inflicted on Indigenous children in Quebec and Canada that is conspicuously missing from our history books, no one can continue to deny, in good faith, the existence of systemic racism in our healthcare system.

This is not a symbolic or semantic debate; it has tangible consequences on human lives. Indigenous people, including children, will needlessly continue to suffer as a direct result of colonial practices, policies and laws if we don't all work together to end systemic racism in healthcare. Fully implementing Joyce's Principle, which centres the autonomy and self-determination of Indigenous peoples and communities over their own health and social services, is critical if there is a genuine commitment to achieve this goal.

Soon after the #aHand2Hold campaign was launched, a former pediatric resident emailed me to convey her relief that something was finally being done to disrupt the status quo: “I can't even recall all the times in my residency that I was in a situation where this policy affected a child I was taking care of. We knew it was the rule, we knew it was awful, and yet we just kept going.” While the non-accompaniment rule was thankfully replaced by a child-centred policy throughout Quebec as a result of the #aHand2Hold campaign's success, disparities and injustices in healthcare that impact directly on Indigenous communities continue to this day. Premier Legault, we can no longer “just keep going.”

**All royalties from the sale of the book have been directed to pre-designated organizations in support of Indigenous children, youth, and their communities*

<https://fightingforahandtohold.ca/royalties>.