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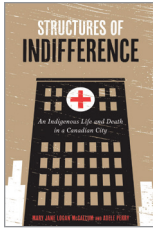
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On September 21, 2008 at 12:51 am, Brian Sinclair, a recognizably Indigenous Anishinaabe man, was pronounced dead at the Winnipeg Health Sciences Center after waiting 34 hours in the emergency waiting room for an urgent, but treatable, bladder infection. Upon his family's insistence, in 2014 an inquest was conducted to determine how and why Sinclair did not receive the urgent medical care he needed and instead, in full view of the hospital staff, was ignored for more than a day while his condition progressively worsened.

In *Structures of Indifference*, the authors contend that the inquest's conclusions were inaccurate because the investigation was limited to an examination of Sinclair's pre-existing medical conditions and past history of substance abuse and to the hospital's deficiencies in staffing and triage procedures. The impact on his death of "stereotyping, false assumptions, and racism within the health care setting" was minimized (107). The medical and support staff assumed that Sinclair was a drunken, homeless Indian looking for a warm place to stay and therefore was not in need of medical assistance,

even though he carried a note from his doctor stating that he needed immediate medical attention.

The authors make a strong case that Sinclair's death cannot be understood without examining the intersecting histories of poverty, systemic racism in all of the institutions that impact Indigenous peoples' lives, and unequal access to health care.

McCallum and Perry use a historical, place-based approach in their analysis of the systemic racism within Winnipeg's health-care system. They examine the roots of racialized medicine in the history of Anishinaabe land and cultural dispossession, racial segregation, settler-colonialist racist beliefs, substandard education and health services, poverty, and institutional devaluation of Indigenous lives. One of the consequences of this history is a health-care system in which Indigenous people are often viewed as drains on the system, as outsiders whose health complaints are viewed as not credible or deserving of treatment.

McCallum and Perry also examine the public records associated with the inquest into Brian Sinclair's death that document how his life had been by influenced by structural racism and indifference. This information refutes the negative stereotypes and assumptions that led to his death, i.e., that he was drunk, homeless, or impoverished and therefore to blame for his illness and early death.

The place-based, historical approach employed in *Structures of Indifference* should make this a useful text in anthropology, sociology, and history courses and interdisciplinary courses on racism, prejudice, and

discrimination. The book will certainly be useful to health-care professionals and others in institutions providing services to Indigenous people such as child welfare, education, and criminal justice systems. It provides a method for recognizing unconscious biases and discriminatory behaviour and the severe, negative consequences of these beliefs and assumptions. The book is a short one, and its primary strength is the fairly comprehensive, in-depth exploration of Brian Sinclair's life and death and the history and persistence of settler colonialism in the Canadian health-care system. The authors note that there is no level of government that "can deny that Canada has a serious racism problem, one that is killing Indigenous people." (60) A longer book might have examined in more detail the broader societal context that normalizes the devaluation of Indigenous lives and the indifference to their needs displayed in the Winnipeg ER and included insights from research on the psychology of oppression, racism, prejudice, and discrimination.

A limitation of the book is that McCallum and Perry do not offer recommendations for combating racism in the Canadian health-care system. They note that the Truth and Reconciliation Commission, in the Calls to Action 18-24, acknowledges the role of settler colonialism on Indigenous health and health care and of discriminatory health-care policies on poor health outcomes. The call was for federal and provincial governments to make significant changes in their delivery of services, including

recognizing and incorporating Indigenous culture into health care, offering culturally safe care, and training health-care providers to be culturally competent. They point out that efforts to improve health-care services have been underway for a number of years, but little progress has been made in changing the institutional structures of racism and indifference.

McCallum and Perry were correct in their prediction that, without structural changes, Indigenous people will continue to receive discriminatory treatment in health-care facilities. The death of Joyce Echaquan, an Atikameka woman, who went to a hospital in Quebec in October 2020 for treatment of severe pain and livestreamed her experience of being racially verbally abused by the nurse and orderly, demonstrated again how Indigenous people are stereotyped, often blamed for their illness and their concerns ignored. A headline in *Time Magazine* (10/9/2020) concerning this incident reads in part that an Indigenous women's death is forcing a racial reckoning in Canada. This reckoning would do well to include the insights of McCallum and Perry, where they state, "The final insult of colonization is that the myths of our settler society hold that ill health and early deaths of Indigenous people are their own fault, bearing no relation to the historical context of social, economic, and cultural oppression stemming from colonialism, white supremacy, and racism right here at home." (102)

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