

## **4.7 (c)**

### **The power to override, dismiss or neglect diverse, inclusive, health expertise during the biggest health crisis of our time is a power that we must all commit to change**

The COVID-19 pandemic has shown us all that urgent action is needed for structural change to effectively address the disproportionate health impacts experienced by racialized, Indigenous, 2SLGBTQ+ and marginalized communities, low-income workers, essential service providers, persons with disability and newcomer communities. The factual evidence of this disproportionate impact is well known.

Currently, Hamilton's Board of Health is entirely comprised of elected members of Council and lacks structural representation and analysis from local health experts, medical/post-secondary institutions, racialized, Indigenous communities, and environmental experts.

At the March 2021 Hamilton Board of Health meeting, several Doctors with medical and health expertise, of diverse identities and lived experience delegated, one after another, to the Hamilton Board of Health. They each highlighted, with urgency, the need to restructure the Board of Health in Hamilton, to harness the wealth of knowledge and expertise of health experts, and diverse community leaders within the very structure of our public health governance. At the meeting, there was an agreement for a report to be generated on Board of Health governance and to be presented to the Board in June, 2021.

The report generated and presented completely omitted any mention the delegations in March or any of the contributions or analyses of the many Doctors that presented. The Mayor, at the June meeting decided to comment on the delegations suggesting that the delegates were making "specific allegations" that are "not true" and that he "really take exceptions to accusation that they've missed the boat on some of these things".

Throughout the process, the Mayor conveyed that he did not understand the relationship between public health and hospitals, and the broader impacts of social determinants of health. The Medical Officer of Health also reported that they were not well versed in matters of health equity and was unable to share any knowledge of research on the value of community involvement in health governance. There currently exists a structure whereby knowledge and expertise are being restricted from having a direct impact on health outcomes for the most marginalized. The power to override, dismiss or neglect diverse, inclusive, health expertise during the biggest health crisis of our time is a power that we must all commit to change.

Videos:

Health Experts at March BOH

<https://drive.google.com/file/d/1QJNR7UGgUni2TR2fqL23pa916EturVOa/view?usp=sharing>

Mayor's Accusations Clip: <https://drive.google.com/file/d/1I-0xd6JV7WifvfoxRuAUMbm7znjuJLgl/view?usp=sharing>

Below are responses from individual delegates who felt compelled to respond to the Mayor's dismissive responses.

**We the undersigned ask that the Mayor formally apologize for his dismissive comments and take seriously the need for diverse, representative, inclusive, community health and medical expertise in health governance and leadership in Hamilton.**

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I am a pediatrician and Adolescent Medicine Specialist. I was not sent to delegate on behalf of my department or hospital, but rather felt compelled to do so as a Black woman raising two Black sons in the GTA and who has been working exclusively in the city of Hamilton for the past 15 years. During my delegation, I explained that I recognized the hard work and dedication of city council members. In fact, I have witnessed the dedication first-hand in another context as my father has been on city council in the West Island of Montreal where I grew up since I was a child. At the same time, I pointed out that public health policy is a specialty area that requires medical knowledge as well as knowledge about the history of racialized and other historically marginalized groups in order to develop plans that do not “unknowingly” have blind spots. While these blind spots may be unintentional, they cost lives – as we have seen with COVID. At the time that I delegated, I genuinely assumed the blind spots or omissions were due to lack of diversity and lack of public health knowledge with EDI specific focus on the part of the Board of Health. I am now struck by the insistence on wanting to have a blind spot that has been pointed out. This insistence – knowing that lives are at stake – is unconscionable. The mayor’s clinging tight to the status quo and subsequent allegations regarding “unfounded accusations” of the delegates is very worrisome. He is right that our concerns were serious. We expressed them in a tone commensurate with the gravity of the situation. The tone of each professional was respectful. The mayor’s suggestion that the delegations of the experienced professionals was accusatory is, in fact, what is dangerous here. Dismissing us as unprofessional people who made false claims and who generate a need for him to protect his staff plays right into dangerous stereotypes about Black people and other people of colour. Please see me for who I am – a qualified medical professional who is also a Black woman dealing with microaggressions on a regular basis. The fact that he did not recognize his statements as such further demonstrates the need for reform.

Dr. Raymond Givens in an New England Journal of Medicine article entitled “One of Us” described this phenomenon perfectly. “Most of us come from families that prepared us to navigate the narrow passage between Scylla and Charybdis. Members of a trainee selection committee express concern that a Black candidate’s reference letter describes him as “quiet.” Scylla. A statement from the first hospital that treated Dr. Moore suggests her self-advocacy may have “intimidated” her medical team. Charybdis. We all recognize the connection. We are allowed to speak of our anguish but not our anger. We can discuss racial bias, but only the “unconscious” or implicit variety.”

I will unabashedly continue to speak about both my pain and my anger as well as systemic racism. After all, there are lives depending on it.

Natasha Johnson, MD, FAAP, FRCPC

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I was born and raised in Hamilton. I take pride in saying that. I have worked all over the world and chose to live and practice medicine in Hamilton where I am a Developmental Paediatrician. I work to improve the health and wellbeing of children and their families in the Hamilton community. When I was invited to delegate to the Hamilton Board of Health I was nervous and excited about the opportunity to talk about how health/illness and wellness cross the boundaries of the city based health services and the hospital based health services. People are not healthy or unhealthy in one place and not the other.

In healthcare we are driven to improve outcomes for our patients. We participate in weekly academic exercises, review boards that dissect clinical cases that we have participated in and simulations that allow us to practice practical skills. We are pushed to strive for excellence because people's lives depend on our skills but not our egos. Healthcare evolves as we learn new ideas, listen to alternative ideas and respond to new data that is being collected.

On March 22, 2021 we brought a delegation of healthcare professionals (doctors & nurses) to speak with the Hamilton Board of Health (BOH) between us we had over 50 years of collective healthcare experience working in various areas of healthcare across the city. We brought our passions, lived experiences and knowledge to the BOH in the hopes that we could do our jobs along with the BOH - to improve the lives of the citizens of

Hamilton.

From the mayor's comments our collective enthusiasm for better health outcomes felt like, to the BOH, that we were:

- (making) pretty specific references to you know things that we (BOH) weren't getting right
- (making) some pretty serious charges around what we were missing in the broader community
- (ignoring) that our staff have moved heaven and earth to provide good outcomes throughout the city

It is unfortunate that our enthusiasm for change was obviously not met by the mayor's promise of:  
"I am totally open to a good serious conversation about how we can prove outcomes in the broader community for our citizens and how we do that through public health".

The mayor's comments have created a narrative that criticism negates hard work, that years of healthcare education do not supersede politics and that healthcare improvements can wait on political processes. They can't. People are dying because we can't face the uncomfortable but necessary conversations about health reform and equity.

The mayor said he was:

"not adverse to having any information coming in that sheds light on all of the important issues that we're gonna have to be dealing with so I'm more than happy to do that and I would encourage anyone to bring specific information not accusation but specific information on how things are and outcomes in other communities that we can turn to"

After highschool in Hamilton, I did over 15 years of university education around the world learning about health and wellbeing and I brought that knowledge to my delegate speech. I spoke from this international and local knowledge base to "shed light on the important issues" that we have been dealing with for many years and will be dealing with into the future if we don't start now to make changes.

Do you want the surgeon who never received feedback to do your knee replacement or the one that listens, learns and constantly strives to improve their technique?

As a passionate, opinionated, dedicated, ethical, courageous physician I am going to speak to those ideas that science has proven will improve the health of the community in which I work and live, even if those ideas are uncomfortable for some to hear.

Kassia Johnson, MD, FRCPC

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My name is Dr. Ruth Rodney. I am an assistant professor at York University in the School of Nursing. I have been a registered nurse for 17 years. My expertise is the culmination of formal education, professional experience in Canada and abroad, and my lived experience as a racialized woman who is also the mother of a black son.

I cannot respond to the mayor's comments without speaking to the four recommendations in the report prepared for the June 14th meeting. Those recommendations foreshadowed the dismissive and erroneous remarks to our delegations by the mayor. The recommendations began by indicating the mayor would speak to the importance of equity, diversity, and inclusion to provincial bodies. It is ironic but not surprising that the mayor would frame a diverse group of health care professionals as accusatory and reduce the recommendations to a personal attack on him and his staff. Yet, we spoke to the importance of better inclusion on the board of health to improve health care outcomes and experiences for all Hamiltonians, which would ultimately benefit him and his staff.

The second recommendation called for ‘an external vendor’ to educate the board on governance. All boards evaluate their membership and identify gaps in skills that if recruited could improve the functioning and outputs of the board. Hamilton has numerous highly qualified health experts that can contribute expertise currently not on the board. I question how can ‘an external vendor’ compare to the medical expertise of 7 health care practitioners who also have governance and lived experience. Will there opinion only matter when it aligns with business as usual. We also provided two examples of major cities within Ontario, Toronto and Ottawa, that have restructured their board providing additional expertise. If the capital of Canada included health and community members on its board of health, why is Hamilton wavering?

In my delegation I spoke about the importance of having diverse representation on the board for racialized frontline workers. It would signal to racialized workers and Hamiltonians that there is a greater chance someone with first-hand knowledge of how race contributes to making healthcare in this city inequitable, inaccessible, and often intimidating are at the decision-making table. However, the third recommendation called for public health staff to engage with a sub-committee on EDI. If EDI is important for public health staff should the Board of Health not reflect it? The final recommendation demonstrated to me that this report was not created in good faith to consider or reflect on the delegates in March. Rather, it was an exercise in regurgitating information that was already known and maintains the status quo.

I am certain that the board of health, including the mayor has been trained on EDI and/or attended workshops to sensitize him on anti-oppression and anti-racism. Yet, the way he spoke about us, “You know there’s a long list of them quite frankly” further supports our call for board restructuring as sensitization training can never replace lived experience. It is baffling when the mayor as an elected official in a position of power rejects the recommendations from highly qualified health care professionals as, “pretty serious charges”, “some really specific accusations”, “certainly not respectful to the good staff” all while stating in the same breath that he is open to conversations on this issue. It is interesting how quickly the same healthcare workers who were called ‘heros’ at the height of this pandemic are now being vilified by the mayor because we dared to step into a realm where we have not been before – but should be.

In closing, my delegation also spoke about my experience as a black nurse working throughout this city and highlighted an example of how nursing leadership resulted in over five thousand long term care residents avoiding more than thirty-nine thousand potential hospital days and over two thousand ER visits in a 2013 report. I provided this example to show nursing leadership can positively impact health outcomes and the link between public health and tertiary care – which directly answered a question the mayor had about the connection between hospital beds and public health. I also acknowledged the difficult decisions that council must often make but believed this was not one of them. Health care is constantly evolving and changing. Restructuring the board is not to erase, discredit, or make light of its successes, rather it is to further expand its impact for the betterment of the entire city.

Ruth Rodney, RN, PhD

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As a physician in Hamilton who understands that the social determinants of health are far more powerful in shaping health outcomes than anything I might offer in my clinical practice, I am compelled to advocate with community members to promote the health of all Hamiltonians. This includes advocating for changes that address the systemic racism that exists throughout public health and health systems in Canada, and Hamilton is no exception. And systemic problems require systemic solutions - like governance models that are designed to achieve health and racial equity.

As I said in my delegation, I was grateful for the opportunity to share my experiences of places where the governance model reflects the community it serves. I was disappointed and frustrated that we followed the process laid out by the city to delegate, in hopes of continuing to build our city together, and instead were

dismissed as making “accusations”. Furthermore, this is a classic tactic used by white people to dismiss the concerns of people of colour. Rather than listening and reflecting and learning, we take criticisms of systems as personal offences and consider our discomfort with receiving criticism as equal to or even more important than the safety of people of colour.

Interestingly the report prepared by Dr Richardson indicates that "Delegation at BOH continues to be an effective way for community members to share experiences and recommendations to inform public health planning." Based on our experiences, I would not characterise delegation as effective. Really it was just a disheartening experience that resulted in our character being attacked by the mayor. I also note that Dr. Richardson's report includes Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework which states as 1 of 11 Areas of Action "Represent and Reflect Ontarians: Strive for all levels of the organization to reflect the communities served." This is exactly what we advocated for in our delegations - that the board of health reflect the community served.

I hope that fellow physicians and healthcare workers stand up for our collective right to advocate and have our voices heard and respected. I hope that the Mayor is accountable for his statement and its impact on us and also the personal and professional communities we are part of. And I hope that Hamilton Public Health, the City of Hamilton, healthcare professionals, and community members can work towards a governance model that advances Hamilton as a place where everyone can live a full, happy, healthy life.

Sincerely,

Claire Bodkin, MD

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Cosigned by,

- 1) Natasha Johnson, MD, FAAP, FRCPC
- 2) Kassia Johnson, MD, FRCPC
- 3) Ruth Rodney, RN, PhD
- 4) Claire Bodkin, MD
- 5) Ameil J. Joseph MSW, RSW, Ph.D.
- 6) Kojo Damptey B.Eng, MA
- 7) Tim O'Shea MD, FRCPC, MPH
- 8) Madeleine Verhovsek MD, FRCPC
- 9) Lyndon George, Health Equity Advocate
- 10) Sarah Jama, Executive Director, Disability Justice Network of Ontario (DJNO)
- 11) Mike Belmore Resident, Ward 2
- 12) Cameron Kroetsch, Community Advocate
- 13) Arianne Di Nardo, Herbalist, Ward 4
- 14) Sherly Kyorkis, Resident, Ward 7
- 15) Dr. Jennifer Tang
- 16) Ailidh Gray, Resident, Ward 3
- 17) Stacey Marjerrison, MD, MSc, FRCPC
- 18) April Kam, MD, MScPH, FRCPC
- 19) Laura Palumbo, Resident, Ward 2
- 20) Scott Hastie, Resident, Ward 1
- 21) Danielle Kaardal, MD
- 22) Derek Jenkins, Resident, Ward 3
- 23) Beatrice Coppers, MD
- 24) Toni Adey
- 25) David Zorko, MD MSc FRCPC

- 26)Brian Henley
- 27)Sarah Khan, MD, MSc, FRCPC
- 28)Katelyn Limeback, NP-peds
- 29)Sara Alavian, MD
- 30)Andrea Madsen, RSW
- 31)Lyla Miklos, Resident, Ward 1
- 32)Don Holland, Resident Ward 1
- 33)Lynda Lukasik, PhD
- 34)James Diemert, Resident, Ward 3
- 35)Vilma Rossi, Resident, Ward 1
- 36>Alix MacLean, resident, ward 4
- 37)Denise Christopherson CEO YWCA Hamilton
- 38)Kat Butler, MD, MSc(A)
- 39>Jessica Bonilla-Damptey, Director, Sexual Assault Centre (Hamilton and Area)
- 40)Frances Murray, Ward 2
- 41>Barbara Howe Retired RN and Ward 1 resident
- 42>John David Neary MD FRCPC, Ward 2 resident
- 43>Emma Cole, Resident, Ward 14
- 44>Kristin Roe, MSW RSW
- 45>Maddie Brockbank BSW, MSW, PhD Student
- 46>Dr. Quinten Clarke, MD
- 47>Marcie Mcilveen
- 48>Nathalie Bouchard
- 49>Gita Wahi, MD, MSc, FRCPC
- 50>Rodrigo Narro Pérez, Resident, Ward 2
- 51>Jen Matthews MSW, RSW
- 52>Laura Buchner, Resident, Ward 4
- 53>Miriam Sager, Resident, Ward 1
- 54>Allyn Walsh MD CCFP FCFP Ward 1
- 55>Rae Jewett, PhD Candidate, Corktown
- 56>Anna D'Angela CCPA, MBA
- 57>Anabelle Ragsag, Resident, Ward 14
- 58>Jordan Carrier
- 59>Simon Oczkowski MD MHSc MSc
- 60>Mary Boulos
- 61>Rachel Weldrick, PhD, Resident, Ward 3
- 62>Craig Burley, LLB, Ward 1
- 63>Denzel Innis, Resident Ward 4
- 64>Krista Warnke, resident, ward 5
- 65>Cynthia Cupido, MD, FRCPC, MSc
- 66>Mark Anderson
- 67>Geraldine McMullen, Hamilton Resident
- 68>Jennifer Brasch, MD, FRCPC, FCPA resident, ward 15
- 69>Jada Fitzpatrick, MD
- 70>Kathleen Nolan, MD FRCPC
- 71>Michael Abraham, resident, ward 2
- 72>CA Klassen, Ward 2 resident
- 73>Darren Green President Hamilton Steelworkers Area Council resident Ward 4
- 74>Brittany Anne Howson-Jan, MD FRCPC
- 75>Rebecca Steckle, RN
- 76>Matthew LaRose, Ward 3 resident
- 77>Paul Mason, Resident, Ward 13

- 78)Aidan Porter, Ward 1
- 79)William, Harper, MD
- 80)Randy Coutts, Resident, Ward 2
- 81)Sarah Kovacs Ward 2 resident
- 82)Kristin Archer, Hamilton resident
- 83)Susan Toth, LL.B.
- 84)Laura Howden, ward 1 resident
- 85)Sue Scharf Green
- 86)Janet Lebeau
- 87)Nadine Stewart
- 88)Nadiya Goswami, MD FRCSC
- 89)Lisa Yang, MD
- 90)Giuliana Guarna, MD
- 91)Ben Forestell, MD
- 92)Lucia Giglia, MSc, MD, FRCPC
- 93)Jackie Gruber
- 94)Sarah Glen
- 95)Cynthia Aldred MRT(R) Ward 9 resident
- 96)Alex Norgaard, MD, FRCSC
- 97)Yasaman Pazouki, MD, FRCSC
- 98)J Mark Walton MD FRCSC
- 99)Catherine Friedman MD
- 100)Christina Grant MD, FRCPC
- 101)Cait MacLennan Penman, Registered Midwife
- 102)Kathleen Hughes, MD, CCFP
- 103)Kate Hand, ward 2 resident
- 104)River Holland-Valade BSW
- 105)Neil Armstrong, Resident, Ward 1
- 106)Nick Tsergas, RN
- 107)Yasaman Pazouki, MD, FRCSC
- 108)Adam George Palios
- 109)Tony Janizewski, ward 2 resident
- 110)Margaret Bennett, Stinson resident Ward 3
- 111)Sara Gilliam, Hamilton
- 112)Christine Brooks-Cappadocia, resident Ward 15
- 113)Nancy Henderson, Resident, Ward 12
- 114)Nathi Zamisa, Resident, Ward 8
- 115)Ian Borsuk
- 116)Flannery Dean
- 117)Kelsea McCready, BSc, MA candidate, resident ward 7
- 118)Kathy Davidson, Resident, Ward 7
- 119)Liz Jackson, Ward 1
- 120)Simón López, Ward 3
- 121)Alicia De Jong. Resident. Ward 14
- 122)Shraddha Mishra
- 123)Amber Dean, Associate Professor, McMaster, and Resident Ward 4
- 124)Sheldon Norton
- 125)Will Rowe, MSW, Co-chair, Kyle's Place
- 126)Agnes Kwiatkowski
- 127)Maggie Cockburn, Ward 1
- 128)Dan Jelly, Resident, Ward 1
- 129)Amber Morrison

- 130)Deborah Brieuw -Simon
- 131)Alice Cavanagh, MD/PhD Student, Ward 1
- 132)Leigh Kirschner, Ward 2
- 133)Dr.Robin Cameron, Ward 1 resident
- 134)Lawrence Mbuagbaw, MD, MPH, PhD
- 135)Erica Clarke, ward 5 resident
- 136)Judith Bishop
- 137)Michael F Hutchings, BAA, Ward 3
- 138)Rohit Prasad, BSW
- 139)Kim Selman, Ward 5 resident
- 140>Hugh Tye, J.D., Ward 1 resident
- 141)Tristan Paul
- 142)Susan Wortman, Registered Psychotherapist, Resident of Ward 1
- 143)Don McLean, Member of Hamilton Gallery of Distinction
- 144)Roshney Kurian, Student and Resident Ward 12
- 145)Lyanne Knott
- 146)Sylvia Nickerson, PhD, ward 2 resident
- 147)Howard Cole, Ward 12
- 148)Hannah Uzelac, Ward 3 Resident
- 149)Don Seymour. Wesley
- 150)Sara Brown
- 151)Marielle Tye, RSW
- 152)Jamie Stuckless, Ward 1 Resident
- 153)Dave Heidebrecht, Ward 2 resident
- 154)Lisa Kabesh
- 155)Matthew Griffin, Ward 9
- 156)Bernice Downey PhD
- 157)Julianne Burgess PhD Cand.
- 158)Sarah Kleemola, Student Radiological Technologist, Ward 13
- 159)Mary Duncan RN (R), ward 3
- 160>Rudi Wallace, Ward 3 resident
- 161)Wilf Ruland (P. Geo.)
- 162)Danielle Williamson
- 163)Shelley Tremain, Ph.D., BIOPOLITICAL PHILOSOPHY
- 164)Graham Crawford
- 165)Kelsey Sutcliffe, Ward 2
- 166)Heather South, Ward 2 resident
- 167)Marilyn Hunt, R.N., Ward 1
- 168)Deanna Rylott, BA, BSW Student, Ward 1
- 169)Catherine Woodley, M.A., M.Sc., Ward 13
- 170)Virginia Megin, B.A., B.Ed, M.Ed.
- 171)Shawnette Cronin
- 172)Jennie Vengris, Ward 1 Resident
- 173>Celeste Licorish
- 174)Sue Markey
- 175)Laura Katz
- 176)Jennifer Bryan, MD, FRCP, University of Toronto
- 177)Amanda McFarland, HBA Ward 7
- 178)John O'Connor, Assoc. Professor, Family Medicine
- 179>Anne Dlugosz, retired high school teacher
- 180)Teresa Chan, MD, FRCPC, MHPE
- 181)Ellie Vyver, MD, FRCPC

- 182)John Brewer, resident ward 3
- 183)Terry Ellis, B.A resident ward 4
- 184)Janice Webster, Ward 2 resident
- 185)Angela Carol CYW BSW MD CCFP FCFP
- 186)Patti McLeod, Ward 2
- 187)Dr. Angela Carol CYW BSW MD CCFP FCFP Ward 2
- 188)Amy Pellarin, Ward 2
- 189)Ruth Frager
- 190)Ron Ballantine, Ward 3 Resident and EH Board Member
- 191)Maimuna S. Khan, BSW, RSW, MSW Candidate
- 192)Kate Black, MA, BSW, RSW
- 193)Emily Hart, resident Ward 9
- 194)Diana Meskauskas
- 195)Joanna Gale, small Business owner and resident ward 4
- 196)Laura Babcock, Ward 6 resident
- 197)Maureen McKeating, Ward 8 resident
- 198)Afro Canadian Caribbean Association of Hamilton-Wentworth
- 199)Brent Sobol, OCT and Ward 3 resident
- 200)Christa Brighton, Resident Ward 4
- 201)Sarah Prest, Ward 3 resident
- 202)Janina Empringham Ward 14 resident
- 203)Alex Zafer, Ward 2 resident