
SCHEDULE “A”
Amended Alberta Human Rights Commission Complaint of
BENEDICT CROW CHIEF

Section B

The complaint is being made about the following respondents:

1. Strathmore District Health Services

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Strathmore, Alberta T1P 1J9

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2. Alberta Health Services

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Schedule “A” – Complaint of Benedict Crow Chief and
Appointment of Administrator of Estate



Kaelan Unrau, Legal Counsel for Benedict Crow Chief

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Date: April 14, 2023
Amended August 11, 2023

Section E

Part 1: Main Points

Introduction

1. The Complainant, Benedict (“**Ben**”) Crow Chief, brings this complaint in relation to direct, indirect, and systemic discrimination experienced by him and his wife, Myra Crow Chief, at Strathmore District Health Services (“**Strathmore Hospital**” or the “**Hospital**”) prior to Myra’s death on April 21, 2022.
2. Indigenous persons, such as Ben and Myra, face widespread inequities within Alberta’s healthcare system, especially in the area of emergency care.¹ As a result, Indigenous persons experience much worse health outcomes as compared to non-Indigenous persons. These inequities can be exacerbated where they intersect with other areas of marginalization, such as disability or gender.
3. While the treatment experienced by Ben and Myra is discriminatory in and of itself, it must also be understood as part of a broader pattern of anti-Indigenous discrimination at Strathmore Hospital and at other emergency care facilities in Alberta.

About Ben and Myra

4. Ben and Myra are both visibly Indigenous persons and members of Siksika Nation (“**Siksika**”) – a Siksikai’tsitapi (Blackfoot) Nation whose primary reserve, Siksika 146, is located less than an hour’s drive southeast of the Town of Strathmore. Ben and Myra were residing on-reserve at the time of Myra’s death.
5. Myra was 49 years old at the time of the incidents described in this complaint. She lived with a number of serious health conditions, including chronic kidney disease,

¹ These inequities are becoming increasingly well documented. See, for example, Patrick McLane et al, “First Nations emergency care in Alberta: descriptive results of a retrospective cohort study” (2021) 21:423 *BMC Health Serv Res*, online: doi.org/10.1186/s12913-021-06415-2; Patrick McLane et al, “First Nations status and emergency department triage scores in Alberta: a retrospective cohort study” (2022) 194:2 *CMAJ*, online: doi.org/10.1503/cmaj.210779; Pamela Roach et al, “Prevalence and characteristics of anti-Indigenous bias among Albertan physicians: a cross-sectional survey and framework analysis” (2023) 13:2 *BMJ*, online: doi.org/10.1136/bmjopen-2022-063178.



and was a person with a physical disability within the meaning of the *Alberta Human Rights Act*.

5A. Ben is the administrator of Myra's estate, having been appointed pursuant to the intestacy provisions of the *Indian Act* on May 16, 2022.

Systemic, Anti-Indigenous Discrimination at Strathmore Hospital

6. For Ben, Myra, and other Siksika members residing on-reserve, Strathmore Hospital is the closest public health facility to offer emergency services. The next nearest hospitals are located in Calgary, more than a 90-minute drive from the reserve – which is too far to safely travel in the event of an emergency.

7. Strathmore Hospital is notorious within the Siksika community as a locus of systemic, anti-Indigenous discrimination. Many Siksika members are reluctant to visit the Hospital notwithstanding its proximity to the reserve. Many members choose to travel the additional distance to Calgary, even in circumstances of acute medical need, rather than risk receiving discriminatory treatment at Strathmore.

8. The systemic discrimination experienced by Siksika members, as described further at paragraphs 30A and 30B below, ranges from incidents of overt racism and stereotyping, including with respect to substance use, to the failure of hospital personnel to accommodate the particular needs and circumstances of Indigenous persons – a historically disadvantaged group that continues to experience widespread discrimination.

Discriminatory Treatment Experienced by Myra and Ben on April 17, 2022

9. In the early hours of Sunday, April 17, 2022, Myra and Ben were at home sleeping when Myra woke up with a coughing fit. During one of the coughs, Myra felt a sudden, intense pain in her abdomen, which continued to grow worse over time.

10. Myra and Ben were very concerned. Two months earlier, on January 29, 2022, Myra had visited the Foothills Medical Centre in Calgary ("**Foothills Hospital**") after experiencing several instances of melena (bloody stool caused by gastrointestinal bleeding). While medical staff found no active bleeding at that time, Myra was advised to return to the hospital if she experienced new bleeding or was otherwise concerned.

11. Now, Myra was experiencing excruciating pain in her abdomen. She took some painkillers but they had no discernable effect. Ben called 911 and requested an



ambulance. By the time the ambulance arrived, at around 2:30 am, Myra was reporting that her pain was between 7/10 and 8/10.

12. Myra and Ben care for four young children, including a three-month-old infant who could not be left unattended, so Ben was unable to join Myra in the ambulance. But while they were leaving, he tried to persuade the paramedics to take his wife to Foothills Hospital, since he feared Strathmore Hospital would not provide the care she needed. The paramedics refused and departed for Strathmore at around 3 am.

13. During the 30- to 40-minute ride to the Hospital, Myra informed the paramedics that her pain had now risen to 10/10. The paramedics gave Myra a dose of morphine to help ease the pain.

14. Myra arrived at Strathmore Hospital at around 3:30 am. There were few other patients in the waiting room at the time. At around 5:00 am, Myra was triaged and given a triage acuity score of 2/5 – a serious score requiring emergent care and rapid medical intervention. She was also reporting pain of 7/10, notwithstanding the morphine, and had developed severe nausea.

15. Myra remained in the emergency department at Strathmore Hospital for the next seven hours, during which time she was persistently ignored by Hospital staff. At no point was she given a bed. She kept in periodic contact with Ben by cellphone during this time. Myra explained to Ben that she was trying to sleep but was unable to do so on account of the pain and nausea. She also described how she was being neglected by the nurses, who would go long stretches without checking in on her and her pain levels.

16. At one point, Myra – who was still suffering from severe pain and nausea – called Ben in tears to describe her efforts to get a drink of water. She said that no one was checking in on her or asking her about her needs. She explained how, when she was finally able to flag a nurse down, the nurse responded to her request for water briskly and with visible annoyance. Myra told Ben that, at the same time that the nurses were neglecting her, she could see them congregating and socializing among themselves.

17. This lack of attention came as no surprise to Ben and Myra. Myra lived with a number of medical conditions, including chronic kidney disease, which had caused her to visit the Hospital on multiple occasions in the past. During those visits, she and Ben had often witnessed nurses and hospital staff prioritizing non-Indigenous patients, such as by treating them first or otherwise giving them longer and more frequent attention. These past experiences of preferential treatment were one of the reasons why Ben had not wanted the paramedics to take his wife to Strathmore Hospital.



18. Myra also told Ben that the Hospital had not been taking adequate steps to manage her pain. She said that she had tried informing the nurses that the painkillers were not working, but the nurses brushed her off and told her to wait for what the doctor would say. In the end, Myra would be discharged without any prescription for painkillers and without the source of her pain being identified.

19. Later that morning, Myra's attending physician, [REDACTED], ordered that Myra be transferred to the Peter Lougheed Centre in Calgary ("**Peter Lougheed**") for a CT scan. Myra departed for Peter Lougheed at around noon and received the scan at around 12:45 pm.

20. Myra was transported back to Strathmore Hospital following the scan. She waited at the Hospital for several more hours, while Peter Lougheed prepared and sent the scan results to Strathmore Hospital. The Hospital received the scan results later that afternoon. Unbeknownst to Myra or Ben at the time, the results identified evidence of active abdominal bleeding, described in terms of a "[l]arge hematoma within the muscles of the left anterior abdominal wall ... with evidence of active contrast extravasation."

21. Following Strathmore Hospital's receipt of the CT scan results, Myra was finally seen by another doctor – [REDACTED], the attending physician – for a short consult. For reasons that remain unclear, the doctor, [REDACTED], did not inform Myra that the scan had revealed evidence of an active abdominal bleed. Nor was Myra provided with a copy of the CT scan results or given any prescription for pain medication. Instead, the doctor [REDACTED] told Myra that her pain could be dealt with at her next dialysis session, then scheduled for the next day at the Sheldon M. Chumir Health Centre in Calgary ("**Sheldon Chumir**").

22. Myra was discharged from the Hospital at around 4:00 pm and called Ben to pick her up. Ben arrived at Strathmore Hospital at around 5:00 pm. After going through mandatory COVID-19 screening, Ben approached the front desk and asked for his wife. A nurse escorted Ben past the waiting room, which was not busy at the time, and down a long hallway that led to the X-ray rooms.

23. Off to the side of a poorly lit section of hallway, Ben came across Myra sitting alone in a wheelchair. She was crying in pain. Myra told Ben that the nurses had been walking past her rather than listening to her and that she just wanted to leave.

24. The escorting nurse did not stop to speak with Ben or Myra. But as she was walking away, Ben tried to ask the nurse for more information about Myra's condition.



He asked whether they had found the source of the pain, to which the nurse replied that the tests had found nothing of note. When Ben asked why they were discharging Myra if her pain had not been identified or dealt with, he was told that the issue could be addressed at Myra's upcoming dialysis appointment. The nurse's answers were very curt and she seemed annoyed by Ben's questions.

25. Ben and Myra left the hospital and went straight home. Myra was still in considerable pain and they both felt diminished and devalued by the way they had been treated at Strathmore Hospital. The lack of attention and explanation provided by Hospital personnel made them feel that they did not matter and that the Hospital did not consider them important enough to be given information.

Myra Later Passed Away at Foothills Hospital on Account of Abdominal Bleeding

26. Myra was still in pain when Ben drove her to Sheldon Chumir the following day for dialysis. There was no doctor on-site. Back at home later that evening, Myra began to grow confused and disoriented. Her condition was worse the next day. Given their experience at Strathmore Hospital, Ben decided to borrow gas and parking money, arrange for a babysitter, and drive Myra directly to Foothills Hospital.

27. Myra arrived at Foothills Hospital on April 19, 2022, where she was diagnosed with active abdominal bleeding. As described above, evidence of bleeding had appeared on the CT scan administered on April 17, 2022, but it had not been communicated to Myra and Ben by Strathmore Hospital.

28. Myra was formally admitted to Foothills Hospital on April 20, 2022. She passed away the following day. The preliminary cause of death was found to be "systemic hypoperfusion/shock, likely secondary to rectus sheath hematoma."

Strathmore Hospital and AHS Discriminated Against Ben and Myra on the Basis of Race, Ancestry, Colour, Physical Disability, and Gender

29. Ben and Myra's Indigeneity, as well as Myra's physical health conditions and gender, played a material role in the adverse treatment that Ben and Myra received at Strathmore Hospital on April 17, 2022. Not only did that treatment reflect and perpetuate negative stereotypes around Indigenous and disabled persons, as described further below, but the effects of the treatment were exacerbated by the historical and ongoing disadvantage of Indigenous persons in the provincial healthcare system. Simply put, neglect and other adverse treatment in healthcare has a disproportionate impact on Indigenous persons, especially Indigenous persons with physical or other disabilities.



30. The adverse treatment experienced by Ben and Myra is discriminatory in its own right. But the discriminatory effects of that treatment become even clearer when it is viewed as part of the larger pattern of systemic anti-Indigenous discrimination at Strathmore Hospital and other urgent care facilities administered by Alberta Health Services (“AHS”) across the province. Many Siksika members have had similar experiences at the Hospital and have witnessed non-Indigenous patients receive preferential treatment.

30A. The common patterns and themes of systemic anti-Indigenous discrimination, as experienced by Siksika members at Strathmore Hospital, have centered on the following:

- a. healthcare personnel subjecting Indigenous patients to negative stereotypes, such as by:
 - i. assuming that Indigenous patients are intoxicated, are drug users, or are otherwise seeking drugs;
 - ii. viewing Indigenous patients as “frequent flyers” within the healthcare system;
- b. Indigenous patients being subjected to disproportionately long wait times, especially as compared to white patients;
- c. healthcare personnel otherwise failing to take patient concerns seriously when they are raised by Indigenous patients, such as by:
 - i. failing to administer medical tests in a timely fashion or at all;
 - ii. conversely, administering or prescribing unnecessary tests;
 - iii. providing cursory and inaccurate diagnoses;
- d. hospital security and peace officers targeting and harassing Indigenous visitors and patients; and
- e. healthcare personnel displaying poor cultural competency, such as by:
 - i. blatantly disregarding cultural practices;



- ii. displaying little familiarity with the needs, circumstances, and history of Indigenous persons, such as residential schools and the effects of intergenerational trauma.

30B. These common patterns and themes, in turn, have resulted in delayed treatment, missed diagnoses, and other poor treatment outcomes for Siksika members and other Indigenous patients at Strathmore Hospital. Similar treatment has also occurred at other AHS-administered urgent care facilities frequented by Siksika members – in particular, at Foothills, Rockyview General Hospital, South Health Campus, and Peter Lougheed in Calgary.

31. Without limiting the generality of the foregoing, Ben and Myra were adversely affected by:

- a. negative stereotypes about Indigenous and disabled patients being “frequent flyers” who are presumed to be misusing or overusing the healthcare system, especially for emergency and urgent care;
- b. negative stereotypes about Indigenous patients being drug-seeking;
- c. negative stereotypes about Indigenous, female, and disabled patients being less “worthy” of care;
- d. negative stereotypes about Indigenous, female, and disabled persons being “irresponsible” or unwilling to take responsibility for their healthcare or to follow through on aftercare instructions;
- e. negative stereotypes about how Indigenous, female, and disabled persons express pain;
- f. race and gender-based norms around when and how much to speak; and
- g. anti-Indigenous racism.

32. The discrimination experienced by Ben and Myra have contributed to and continue to contribute to the following adverse effects:

- a. delay in treatment for Myra’s abdominal bleeding;
- b. pain and suffering experienced by Myra due to inadequate pain management;



- c. injury to dignity and self-respect;
- d. fear by Ben, as well as other Siksika members, to visit Strathmore Hospital for acute care needs, even in the face of longer travel times needed to visit alternative facilities; and
- e. more broadly, erosion of Indigenous persons' trust in the provincial healthcare system.

32A. While the discrimination experienced by Ben and Myra at Strathmore Hospital arose primarily in relation to their Indigeneity, the effects of that discrimination were exacerbated through the intersection of Myra's physical disability and gender, each of which contributed to the respondents' perpetuation of negative stereotypes as outlined above.

33. In addition, as described further at Section G below, Ben experienced discrimination from AHS when he attempted to resolve his concerns through AHS's internal patient complaint process. Instead of taking steps to understand or address those concerns, AHS and Strathmore Hospital dismissed Ben's experiences out of hand, perpetuating the stereotype that the concerns of Indigenous persons are not worthy of belief or consideration.



Section F

How do you think the issue could be reasonably resolved?

34. The adverse treatment experienced by Ben and Myra forms part of a larger pattern of systemic anti-Indigenous discrimination at Strathmore Hospital and more broadly at AHS-administered emergency facilities. For that reason, the issue can only be resolved by means of systemic and forward-looking remedies.

35. Systemic remedies that could help reasonably resolve the systemic anti-Indigenous discrimination at Strathmore Hospital include:

- a. recognizing the existence of systemic racism at the Hospital and other AHS facilities and making a commitment to help end it;
- b. engaging a third party (as mutually agreed on by the parties) to conduct a comprehensive “equity audit” of the Hospital in order to identify practices, protocols, and policies that disproportionately impact Indigenous persons and to issue corresponding recommendations;
- c. creating dedicated Indigenous roles in health leadership and decision-making at the Hospital;
- d. creating dedicated Indigenous roles in the AHS patients complaint process;
- e. further committing to Indigenous leadership and hiring practices that encourage Indigenous persons to work at Strathmore Hospital and other AHS facilities; and
- f. requiring hospital personnel, including physicians, to participate in mandatory anti-racism, cultural humility, and trauma-informed training, as developed by First Nations governing bodies and representative organizations.



Section G

Have you taken other actions related to this complaint?

36. Ben has attempted to address the issues raised in this complaint through AHS's internal patient complaint process. Far from addressing concerns of anti-Indigenous discrimination, however, the AHS complaint process serves to exacerbate the disregard and neglect experienced by many Indigenous persons in the provincial healthcare system.

37. On April 19, 2022, after Myra was diagnosed in Calgary with an active abdominal bleed, Ben contacted Strathmore Hospital by phone to ask about:

- a. why the Hospital had not informed Ben or Myra of the active bleed;
- b. why Myra had been discharged (rather than being treated at Strathmore Hospital or transferred to another facility); and
- c. why Myra had been left alone in a dimly lit hallway without proper pain management.

38. Ben also asked for security camera footage of Myra sitting in the hallway.

39. Ben does not recall the name of the person at the Hospital with whom he spoke on April 19, 2022, but his impression was that it was someone in a senior management role. In any event, Strathmore Hospital did not answer Ben's questions or provide the requested footage. Instead, the Hospital directed Ben to submit a complaint through the AHS website.

40. Ben submitted an online complaint that same day. He also submitted a complaint to the Alberta Ombudsman's Office on April 26, 2022, but was again directed back to AHS's patient complaint process.

41. Ben did not receive a response to his complaint for over eight months. On January 5, 2023, AHS finally sent Ben a three-page letter consisting of short responses from Strathmore Hospital's Medical Chief of Staff and the Emergency Department Manager. The letter denied that Myra or Ben had received any adverse treatment on April 17, 2022.

42. Although the letter did not identify any actions taken by the Hospital in relation to Ben's complaint – other than "review[ing] Myra's chart" and speaking "to the treating



physicians” – it went on to state that Strathmore Hospital was pursuing three general “initiatives” for “ensuring [that] all Indigenous patients are treated with dignity and respect”:

- a. requiring all hospital staff to take “Indigenous awareness and cultural sensitivity training,” including “8 hours of online learning”;
- b. hiring an “Indigenous Wellness Coordinator”; and
- c. providing further “[o]ngoing education opportunities” to hospital staff.

43. The letter concluded by identifying four “[f]uture opportunities” for Strathmore Hospital:

- a. creating an “onsite multi-cultural space”;
- b. holding an “Indigenous naming ceremony” for the Hospital;
- c. providing “Indigenous cultural awareness education sessions” to all staff members, in collaboration with Siksika Chief and Council; and
- d. providing mutual “[s]hadowing opportunities” for Strathmore Hospital and Siksika Health Services staff.

44. AHS’s response, which does not meaningfully grapple with or address Ben’s concerns, contributes to the stereotype that the concerns of Indigenous persons are not worthy of belief or consideration.

45. Ben has taken no further actions with respect to this complaint.

