EPIC News

Decolonizing Care for 2-Spirit Health: A Conversation with Missy Fishman

Part 1 | Stepping back - Why we need to decolonize how we think about being human

This is the first in a series of three articles that developed from a conversation between EPIC News and Missy Fishman, a 2-spirit woman, educator, and advocate. An abridged version of this article was published in the Fall 2026 Issue of EPIC News. Parts 2 and 3 will be published early 2027.

In our journey towards docolonization, reconciliation, and culturally safe care for 2-Spirit people, the first step to take is a step backward – zooming out see a bigger picture. This means learning to see people in a more holistic way, to understand the complex and interrelated systems within each person and among people. It also means understanding the context in which people live - historical and ongoing colonial systems and how they affect health and access to care. And it means understanding our own place in those systems and the opportunity to effect real change.

Why is it necessary for people working in health care to understand Two-Spirit identities?

Health care providers need to understand Two-Spirit identities because identity directly affects whether someone receives and experiences care as safe, respectful and affirming. Two-Spirit identity encompasses gender, sexuality, culture, spirituality, community relationships and responsibilities. Its meaning can differ according to the person, their Nation and their community.

When health care providers understand only one part of someone's identity, other important parts of that person are omitted. An LGBTQIA+ service may be welcoming around gender and sexuality while lacking cultural safety for Indigenous people. An Indigenous health service may understand colonialism and racism while still carrying assumptions about gender and sexuality. Two-Spirit people can find themselves moving between systems that each recognize only part of who they are and this is something I have found incredibly difficult.

As a Two-Spirit woman and educator, I see holistic and patient-centred practice as a basic part of respectful care. A person shouldn't have to educate their healthcare provider about their identity while simultaneously trying to receive care. Healthcare providers don't need to be experts in every Indigenous culture, but they do need enough knowledge and humility to recognize what they don't know, avoid assumptions, ask respectful questions and honour how people define themselves.

Training can provide an important foundation, but cultural safety is demonstrated in what happens afterward—in everyday practice, relationships and decision-making. It shows up in how a person is welcomed, what assumptions are made, whether their choices are respected, and whether their knowledge, culture, family and relationships are meaningfully included in their care. Healthcare providers and organizations are responsible for creating the conditions for culturally safe care, but only the person receiving that care can determine whether it felt culturally safe for them.

What are the ongoing impacts of colonialism on Two-Spirit people?

Colonialism attempted to reorganize Indigenous life according to European Christian ideas about gender, sexuality, family, governance and authority. Across many Indigenous Nations, people with diverse genders, sexualities and community roles had their own names, teachings and responsibilities. These traditions were distinct from Nation to Nation.

Rigid gender roles and heterosexual nuclear family structures were imposed through churches, residential schools, child welfare systems, legal and other colonial institutions. These values belonged to colonizers, not to the original people of this land. Indigenous languages, kinship systems, ceremonies and ways of passing on knowledge were disrupted and suppressed.

Over time, these new social norms brought fear and shame into families and communities, contributing to lateral violence and pushing many Two-Spirit people away from places where they should have belonged.

That harm did not stay in the past. Today, Two-Spirit people continue to experience racism, homophobia and transphobia, as well as poverty, housing insecurity and higher rates of violence. Encountering health and wellness services built around Western ideas of health, gender and healing, with little room for Indigenous identities, knowledge or ways of caring for one another.

In healthcare, the impact of these harms can show up as disengagement or distrust on the part of Two-Spirit healthcare recipients. A person may have been stereotyped, misgendered, dismissed or excluded from decisions about their own care. They may also have watched these things happen to people they love. Rather than creating narratives or assumptions based in opposition, providers need to ask what may have made it difficult for that person to feel safe.

We can begin to correct this by practicing relational accountability which begins by recognizing this history and being honest about the power healthcare providers hold. It asks providers to listen without judgment, respect each person's choices and take responsibility for earning trust.

Two-Spirit people are so much more than what colonialism has done to us. Surviving attempts to erase us, held onto teachings, created community and contributed to a powerful resurgence. Reclaiming language, identity, ceremony, belonging and our place within community can all be part of health and healing.

Why is an intersectional approach necessary in population-based, equity-focused health care?

Intersectionality helps us understand how different identities overlap in a person's life. A Two-Spirit person doesn't leave their Indigeneity behind when entering an LGBTQIA+ service or leave their gender and sexuality behind when entering an Indigenous service. We arrive as whole people. Racism, colonialism, homophobia, transphobia, ableism and poverty can overlap, shaping how we're seen, how we're treated and whether we feel safe enough to seek care.

Population-based health care relies heavily on categories because they make information easier to collect and compare. But those same categories can hide people who live at the intersections. When Indigenous people are treated as one population, differences involving gender and sexuality can be missed. When 2SLGBTQIA+ people are treated as one population, the effects of colonialism, racism, land displacement and cultural disconnection can be overlooked.

An intersectional approach changes how questions are asked, how information is understood, how services are designed and how success is measured. It means looking within populations as well as between them. It also means involving Two-Spirit people and communities from the beginning—not asking for their thoughts after the important decisions have already been made.

Meaningful engagement requires ongoing communication, respect for community knowledge and accountability for what happens after people have contributed.

Why is it important to understand bodies, people, communities and the earth as complex, interlocking systems?

One of the teachings that has most shaped how I understand health comes through the medicine wheel. It was one of my first and most foundational teachings about interconnectedness—how our physical, emotional, mental and spiritual well-being are connected to one another, and to community, culture, water, land and the conditions in which we live. That neglecting one area of well-being has impacts on the others.

I received these teachings from my Anishinaabe Aunties and Elders in Treaty 13, where I was raised and adopted into community. These teachings won't look the same across all Indigenous Nations. Each Nation carries its own distinct teachings and ways of understanding health. No single Indigenous model can represent them all. Still, many Indigenous knowledge systems invite us to see the relationships among parts of life that Western health systems often separate.

Our bodies are affected by whether we have safe housing, clean water, nourishing food, supportive relationships, access to land, freedom from violence and a sense of belonging.

They're also affected by grief, racism, chronic stress, violence, family history and the experiences of previous generations.

A health system divided into specialties can become very good at treating one symptom or diagnosis while losing sight of the person carrying it. Decolonizing health care asks us to zoom out. What has happened around this person? What relationships and conditions affect their well-being? What has been disrupted? What keeps them strong? How do they understand health and healing?

Seeing health relationally also changes how we understand responsibility. A policy can strengthen or weaken trust. An intake form can recognize someone or make them disappear. A treatment plan can support a person's relationships and cultural practices or separate them from what helps keep them well.

Understanding Indigenous connection to land plays an important role in perpetuating both harm and healing. Displacement, environmental contamination and loss of access to traditional foods, medicines and cultural practices have harmful consequences to our health. For Indigenous people land can also be a powerful source of medicine, teaching, connection and healing.

It's time to unpack how our healthcare systems have been structured and ask what our relationships require of us. Where has harm been done? What needs to change? What are we contributing to the system as it is—and what are we prepared to repair?

Approaching decolonization with these questions in mind helps move this work from ideas or statements of solidarity to a practise in how we treat people, make decisions, shape policies and use resources.

A settler-colonial mindset relies heavily on classification, hierarchy and control. It tries to make the complexity of human beings more manageable by sorting us into categories. Gender was organized around a rigid male–female binary, heterosexuality became the expected norm, and certain family structures were treated as more legitimate than others.

Human beings have always been more complex than those categories allow. When one culture's classifications are treated as universal truths, people who don't fit them are framed as exceptions or problems. Two-Spirit people may be reduced to an Indigenous version of an LGBTQIA+ identity or treated as a "third gender." Both descriptions leave out the cultural, spiritual, relational and Nation-specific meanings that Two-Spirit identity can carry.

This mindset also shapes what happens between a provider and recipient The provider is often treated as the expert who observes, defines and decides, while the patient is expected to explain themselves using the system's language. People whose bodies, identities or families don't fit established categories may have to explain or defend who they are repeatedly just to receive care.

Challenging settler-colonial mindsets requires humility, self-location and accountability. Health-care workers need to notice the assumptions they've inherited, understand their own place

within colonial systems and examine the power they hold in relation to patients and communities. Where trust has been damaged, healthcare providers also have a responsibility to help repair it.

Categories can help us communicate and organize services, but they can't become more important than the person in front of us. People receiving care need to be the authority on their own identity and whether they feel seen, affirmed, respected and safe. Cultural safety depends on the quality of the relationship, how power is shared and whether providers and institutions are willing to listen and change when Indigenous people tell them something isn't working.



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